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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRVIEW HOSPITAL <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 725 NORTH STREET <hr/> City or town, state or province, country, and ZIP or foreign postal code PITTSFIELD, MA 012014109	D Employer identification number 04-2133860 <hr/> E Telephone number (413) 447-2508 <hr/> G Gross receipts \$ 57,825,730
F Name and address of principal officer DARLENE RODOWICZ 725 NORTH ST PITTSFIELD, MA 012014109		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BERKSHIREHEALTHSYSTEMS.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1912 M State of legal domicile MA

Part I Summary

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)	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	332
6	Total number of volunteers (estimate if necessary)	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0
8	Contributions and grants (Part VIII, line 1h)	1,029,992
9	Program service revenue (Part VIII, line 2g)	47,393,073
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,108,662
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	506,413
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,038,140
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)	26,956,320
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,925	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,729,556
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,685,876
19	Revenue less expenses Subtract line 18 from line 12	3,352,264
20	Total assets (Part X, line 16)	38,469,622
21	Total liabilities (Part X, line 26)	14,998,784
22	Net assets or fund balances Subtract line 21 from line 20	23,470,838

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 _____ DARLENE RODOWICZ CHIEF FINANCIAL OFFICER Type or print name and title	Date 2016-08-15
Paid Preparer Use Only	Prnt/Type preparer's name _____ Firm's name ▶ _____ Firm's address ▶ _____	Preparer's signature _____ Date _____ Check <input type="checkbox"/> if self-employed Firm's EIN ▶ _____ Phone no _____

Part III Statement of Program Service Accomplishments

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

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

4a (Code) (Expenses \$ 42,593,698 including grants of \$ 1,248) (Revenue \$ 49,185,604)
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 FY2015 "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 42,593,698

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, 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 made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records. DARLENE RODOWICZ CFO

725 NORTH STREET
PITTSFIELD, MA 012014109 (413) 447-2809

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

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

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,899,607	2,208,509	408,214

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **49**

	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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COMALLI GROUP INC 7 WESTVIEW RD PITTSFIELD, MA 012018021	CONSTRUCTION SVCS	437,504
CANNON DESIGN PO BOX 10006 NEW YORK, NY 102590006	DESIGN SERVICES	382,764
DIVERSIFIED CLINICAL SVCS 5220 BELFORT RD STE 200 JACKSONVILLE, FL 322566019	HEALTHCARE SERVICES	325,310
BERKSHIRE SURGICAL ASSOC PC 777 NORTH ST STE 407 PITTSFIELD, MA 012014141	HEALTHCARE SERVICES	313,970
SCRIBE AMERICA LLC PO BOX 417756 BOSTON, MA 022417756	HEALTHCARE SERVICES	183,179

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	105,942				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	571,994				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,316,164				
	g	Noncash contributions included in lines 1a-1f \$	31,360				
	h	Total. Add lines 1a-1f		1,994,100			
Program Service Revenue	2a	NET PATIENT SVC REVENUE	622110	48,484,024	48,484,024		
	b	ANCILLARY SVCS & SALES	622110	701,580	701,580		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		49,185,604			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		405,647		405,647	
	4	Income from investment of tax-exempt bond proceeds		9,645		9,645	
	5	Royalties					
	6a	Gross rents	(i) Real	42,099			
			(ii) Personal				
			Less rental expenses	2,964			
			Rental income or (loss)	39,135			
	d	Net rental income or (loss)		39,135		39,135	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	5,837,616			
			(ii) Other		12,000		
			Less cost or other basis and sales expenses	4,782,337		0	
			Gain or (loss)	1,055,279		12,000	
	d	Net gain or (loss)		1,067,279		1,067,279	
	8a	Gross income from fundraising events (not including \$ 105,942 of contributions reported on line 1c) See Part IV, line 18					
	a		153,038				
b	Less direct expenses b		153,038				
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	722514	185,981			185,981	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		185,981				
12	Total revenue. See Instructions		52,887,391	49,185,604	0	1,707,687	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,248	1,248		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	896,532	891,711	4,142	679
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	21,539,852	21,115,700	364,390	59,762
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	816,067	800,004	13,799	2,264
9	Other employee benefits	3,653,700	3,589,322	55,354	9,024
10	Payroll taxes	1,417,386	1,390,190	23,364	3,832
11	Fees for services (non-employees)				
a	Management	4,378,664		4,378,664	
b	Legal				
c	Accounting				
d	Lobbying	14,536	14,536		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,037		25,037	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,122,026	3,084,078	5,409	32,539
12	Advertising and promotion	155,012	106,617	2,086	46,309
13	Office expenses	3,611,733	3,554,910	46,458	10,365
14	Information technology	336,300	336,300		
15	Royalties				
16	Occupancy	784,391	770,088	12,741	1,562
17	Travel	168,033	162,250	3,030	2,753
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	199,955	199,955		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,981,481	1,943,462	38,019	
23	Insurance	388,594	381,138	6,406	1,050
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	RECIPROCAL/TEACHNG FEES	1,278,875	1,278,875		
b	BAD DEBT	953,977	953,977		
c	MAINTENANCE & REPAIRS	773,259	758,421	14,838	
d	MINOR EQUIPMENT	371,751	367,944	3,780	27
e	All other expenses	1,185,433	892,972	286,702	5,759
25	Total functional expenses. Add lines 1 through 24e	48,053,842	42,593,698	5,284,219	175,925
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	131,678	1	148,926
	2 Savings and temporary cash investments	721,990	2	788,254
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,882,809	4	4,618,753
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	20,415	7	7,015
	8 Inventories for sale or use	462,386	8	607,122
	9 Prepaid expenses and deferred charges	110,904	9	59,385
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	31,431,839		
	b Less accumulated depreciation	20,239,526		
	11 Investments—publicly traded securities	12,114,665	10c	11,192,313
	12 Investments—other securities See Part IV, line 11	16,883,186	11	17,747,972
	13 Investments—program-related See Part IV, line 11	2,256,580	12	2,028,888
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	7,254	14	1,674
16 Total assets. Add lines 1 through 15 (must equal line 34)	877,755	15	2,425,198	
	38,469,622	16	39,625,500	
Liabilities	17 Accounts payable and accrued expenses	3,341,299	17	3,434,814
	18 Grants payable		18	
	19 Deferred revenue	612,566	19	107,817
	20 Tax-exempt bond liabilities	5,532,664	20	5,189,464
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,512,255	25	4,236,296
	26 Total liabilities. Add lines 17 through 25	14,998,784	26	12,968,391
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,567,646	27	23,377,294
	28 Temporarily restricted net assets	2,644,950	28	3,021,573
	29 Permanently restricted net assets	258,242	29	258,242
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	23,470,838	33	26,657,109	
34 Total liabilities and net assets/fund balances	38,469,622	34	39,625,500	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,887,391
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,053,842
3	Revenue less expenses Subtract line 2 from line 1	3	4,833,549
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,470,838
5	Net unrealized gains (losses) on investments	5	-1,647,278
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,657,109

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEROME J ANDERSON TRUSTEE	1 00 2 00	X						0	0	0
(1) THOMAS O ANDREWS TRUSTEE/NOT SERVING AT FISCAL YR END	1 00 2 00	X						0	0	0
(2) ALFRED A BARBALUNGA TRUSTEE	1 00 2 00	X						0	0	0
(3) BRONLY S BOYD TRUSTEE	1 00 2 00	X						0	0	0
(4) MARCELLA W BRADWAY MD TRUSTEE	1 00 2 00	X						0	0	0
(5) BRIAN T BURKE MD TRUSTEE/PHYSICIAN	49 00 1 00	X						234,741	0	42,260
(6) KIT DOBELLE TRUSTEE	1 00 2 00	X						0	0	0
(7) TIMOTHY C DOHERTY TRUSTEE/CHAIRMAN	1 00 2 00	X		X				0	0	0
(8) RICHARD M DOHONEY TRUSTEE/NOT SERVING AT FISCAL YR END	1 00 2 00	X						0	0	0
(9) A KING FRANCIS TRUSTEE	1 00 2 00	X						0	0	0
(10) DENNIS J HOGAN TRUSTEE	1 00 2 00	X						0	0	0
(11) EDMUND H HORNSTEIN DO TRUSTEE/CONTRACT PHYSICIAN	1 00 2 00	X						0	63,301	0
(12) JOHN R KEARNS MD TRUSTEE/PHYSICIAN	1 00 49 00	X						0	85,350	0
(13) ELLEN L KENNEDY TRUSTEE	1 00 2 00	X						0	0	0
(14) JAMES G KOLESAR TRUSTEE	1 00 2 00	X						0	0	0
(15) SUSAN M KORMANIK TRUSTEE	1 00 2 00	X						0	0	0
(16) LORINDA ACKLEY MAZUR TRUSTEE	1 00 2 00	X						0	0	0
(17) JOAN M MCFALLS TRUSTEE	1 00 2 00	X						0	0	0
(18) MICHAEL R MCINERNEY MD TRUSTEE	1 00 2 00	X						0	0	0
(19) LAURIE NORTON MOFFATT TRUSTEE	1 00 2 00	X						0	0	0
(20) DAVID E PHELPS PRESIDENT/TRUSTEE	3 50 46 50	X		X				0	712,285	42,633
(21) DAVID E PHELPS ANNUAL LIFE INSURANCE	3 50 46 50	X		X				0	107,692	0
(22) BARTON D RASER TRUSTEE	1 00 2 00	X						0	0	0
(23) CAROLE G SIEGEL TRUSTEE	1 00 2 00	X						0	0	0
(24) GEORGE T SMITH TRUSTEE	1 00 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARILYN L SPERLING TRUSTEE/TERM ENDED 09-30-15	1 00 2 00	X						0	0	0
(1) JOSEPH C THOMPSON TRUSTEE	1 00 2 00	X						0	0	0
(2) ANN H TRABULSI TRUSTEE/TERM ENDED 09-30-15	1 00 2 00	X						0	0	0
(3) CHERYL M BOUDREAU CLERK	2 00 38 00			X				0	107,771	14,827
(4) EUGENE A DELLEA PRESIDENT, FAIRVIEW HOSPITAL	50 00			X				0	245,809	22,637
(5) DARLENE M RODOWICZ TREASURER	3 00 47 00			X				0	473,586	38,285
(6) ADRIAN ELLIOT MD DIRECTOR, EMERGENCY DEPT	50 00				X			372,372	0	38,994
(7) DOREEN HUTCHINSON VICE PRESIDENT, OPERATIONS	50 00				X			211,574	0	40,733
(8) MICHAEL FASANO MD ANESTHESIOLOGIST	50 00					X		0	412,715	42,444
(9) SURESH GUNDAJI MD PHYSICIAN	50 00					X		279,202	0	27,268
(10) CORINNE D KALSER MD PHYSICIAN	50 00					X		265,775	0	35,799
(11) WILLIAM F PETRONE MD PHYSICIAN	50 00					X		278,242	0	21,429
(12) GLEN R LOVEJOY MD PHYSICIAN	50 00					X		257,701	0	40,905

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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 <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

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

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

Name of the organization 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		14,536
j Total Add lines 1c through 1i			14,536
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	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 09/30/2015, THE PORTION OF THE DUES PAID TO THE AHA FOR LOBBYING ACTIVITIES WAS \$2,912, AND THE PORTION OF THE DUES PAID TO THE MHA FOR LOBBYING ACTIVITIES WAS \$11,624, FOR A TOTAL OF \$14,536

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art..., a Revenue included..., b Assets included...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment 0%
b Permanent endowment 18.870%
c Temporarily restricted endowment 81.130%
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations and 3a(ii) related organizations.

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

Table with 2 columns: Yes, No. Row for 3b.

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	52,507	F
(3) Other (A) BLACKROCK EQUITY INDEX FUND B	1,976,381	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,028,888	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,285,764
(2) DEFERRED COMPENSATION	128,276
(3) LIFE INSURANCE-CASH VALUE	11,158
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,425,198

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO THIRD PARTY PAYORS	3,399,912
ACCRUED FIN 47 ACCRETION	708,108
DEFERRED COMPENSATION	128,276
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,236,296

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS FAIRVIEW HOSPITAL HAS FIVE PERMANENT ENDOWMENT FUNDS, AS DESCRIBED BELOW (1) THE BALDWIN FUND'S INCOME IS TO BE USED FOR THE CARE OF PEOPLE WITHOUT OR OF LIMITED MEANS (2) THE BEECHER FUND'S INCOME IS TO BE USED TO OFFSET THE HEALTHCARE COSTS OF AGING WOMEN OR UNWED MOTHERS (3) THE BRANDI FUND'S INCOME HAS THREE PURPOSES (A) TO PROVIDE SCHOLARSHIPS FOR THE CONTINUING EDUCATION OF NURSES OR PROSPECTIVE NURSES ASSOCIATED WITH THE HOSPITAL, (B) TO SERVE AS A SOURCE OF EMERGENCY LOANS TO RETIRED NURSES OR CERTAIN NURSES WHO ARE CURRENTLY WORKING FOR THE HOSPITAL, AND (C) FOR THE PURCHASE OF EQUIPMENT, FURNISHINGS, OR OTHER ITEMS FOR THE BENEFIT OF THE NURSES OR THE MATERNITY SECTION OF THE HOSPITAL (4) 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 (5) THE STANLEY FUND'S INCOME IS TO BE USED FOR THE REPAIR, UPKEEP, AND ADDITIONS TO THE HOSPITAL'S X-RAY EQUIPMENT
SCHEDULE D, PART X, LINE 2 FIN 48 (ASC 740) FOOTNOTE	THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY FINANCIAL INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES (INCLUDING FAIRVIEW HOSPITAL) FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014 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

2014

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address 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. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	221,435	37,545		258,980
	2 Less Contributions	98,351	7,591		105,942
	3 Gross income (line 1 minus line 2)	123,084	29,954		153,038
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	28,439	4,960		33,399
	6 Rent/facility costs	28,310	14,558		42,868
	7 Food and beverages	23,890	6,478		30,368
	8 Entertainment	22,423			22,423
	9 Other direct expenses	20,022	3,958		23,980
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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 Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activities conducted 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? Yes No

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee 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? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2014

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FAIRVIEW HOSPITAL

Employer identification number 04-2133860

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
3a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
3b Did the organization use FPG as a factor in determining eligibility for providing discounted care?
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Financial Assistance 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 Financial Assistance and Means-Tested Government Programs and Other Benefits.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			92,891		92,891	0.200 %
4 Environmental improvements			3,886		3,886	0.010 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			277,643		277,643	0.590 %
9 Other						
10 Total			374,420		374,420	0.800 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	20,307,391
6	Enter Medicare allowable costs of care relating to payments on line 5	20,125,782
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	181,609
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?
1

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.BERKSHIREHEALTHSYSTEMS.ORG/</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>WWW.MASS.GOV/AGO/COMMUNITYBENEFITS</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>300 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance?	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.BERKSHIREHEALTHSYSTEMS.ORG/ACCESS</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 FAIRVIEW HSP OUTPATNT PHYSICAL THERAPY 10 MAPLE AVE GREAT BARRINGTON, MA 01230	OUTPATIENT SERVICES
2 FAIRVIEW PHYSICAL & SPORTS THERAPY CTR 710 STOCKBRIDGE RD STE 1 LEE, MA 01238	OUTPATIENT SERVICES
3 FAIRVIEW HOSPITAL AQUATIC THERAPY PROG 15 CHRISSEY RD GREAT BARRINGTON, MA 01230	OUTPATIENT SERVICES
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	COMPUTATION OF COMMUNITY BENEFIT EXPENSE - 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. BECAUSE FAIRVIEW HOSPITAL IS A FEDERALLY-DESIGNATED CRITICAL ACCESS HOSPITAL, THE REVENUE RECEIVED FROM MASSACHUSETTS FOR PATIENTS ELIGIBLE FOR MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS (LINES 7B & 7C, COLUMN (D)) IS BASED ON A COST-BASIS MODEL AND IS HIGHER THAN IT WOULD BE FOR NON-CRITICAL ACCESS HOSPITALS. AS A RESULT, THE NET COMMUNITY BENEFIT EXPENSE IN COLUMN (E) OF LINES 7B & 7C IS A NEGATIVE NUMBER. BAD DEBT EXPENSE HAS BEEN EXCLUDED FROM THE COMPUTATION OF ALL COMMUNITY BENEFIT EXPENSE SHOWN IN PART I, LINE 7

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	COMPUTATION OF COMMUNITY BENEFIT EXPENSE PERCENTAGES - BAD DEBT EXPENSE OF \$953,977 ATTRIBUTABLE TO PATIENT ACCOUNTS AND INCLUDED IN FORM 990, PART IX, LINE 25 COLUMN (A) HAS BEEN EXCLUDED FROM THE COMPUTATION OF ALL COMMUNITY BENEFIT EXPENSE, INCLUDING THE CALCULATION OF THE PERCENTAGES SHOWN IN SCHEDULE H PART I, LINE 7 COLUMN (F)

Form and Line Reference	Explanation
SCHEDULE H (FORM 990) PART I, LINE 6B	PUBLIC ACCESS TO COMMUNITY BENEFITS REPORT - FAIRVIEW HOSPITAL AND BERKSHIRE MEDICAL CENTER EACH FILE A SEPARATE COMMUNITY BENEFITS REPORT WITH THE STATE OF MASSACHUSETTS FAIRVIEW'S FISCAL YEAR 2015 COMMUNITY BENEFITS REPORT CAN BE ACCESSED AT WWW.CBSYS.AGO.STATE.MA.US/CBPUBLIC/PUBLIC/ANNUAL_REPORTS_START.ASPX

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>AS SUMMARIZED IN PART II, EXPENDITURES BY FAIRVIEW HOSPITAL TO PROTECT OR IMPROVE THE COMMUNITY'S HEALTH OR SAFETY INCLUDE THE FOLLOWING</p> <p>LINE 3 COMMUNITY SUPPORT EMERGENCY PREPAREDNESS - COMMUNITY BENEFIT EXPENSE \$14,751 THE HOSPITAL PARTICIPATED IN EMERGENCY PREPAREDNESS ACTIVITIES SUCH AS CONTINUING EDUCATION, PARTNERSHIP BUILDING, AND SUSTAINABILITY PURCHASES TO STRENGTHEN THE HOSPITAL'S ALL-HAZARD RESPONSE TO LOCAL, REGIONAL AND NATIONAL EVENTS</p> <p>LINE 3 COMMUNITY SUPPORT BIOTERRORISM PREPAREDNESS - COMMUNITY BENEFIT EXPENSE \$10,126 THE HOSPITAL PARTICIPATED IN BIOTERRORISM PREPAREDNESS EFFORTS SUCH AS MAINTAINING A PHARMACEUTICAL CACHE, TRAINING WITH COMMUNITY PARTNERS, AND CONTINUING EDUCATION</p> <p>LINE 3 COMMUNITY SUPPORT MEDICAL RESERVE CORPS - COMMUNITY BENEFIT EXPENSE \$29,609 THE HOSPITAL SUPPORTS THE BERKSHIRE MEDICAL RESERVE CORPS WHO ARE A GROUP OF LICENSED MEDICAL PROFESSIONALS AND NON-LICENSED INDIVIDUALS WHO ARE TRAINED TO RESPOND TO A PUBLIC HEALTH EMERGENCY SUCH AS A PANDEMIC OR SHELTERING SITUATION</p> <p>LINE 3 COMMUNITY SUPPORT COMMUNITY INFECTION CONTROL - COMMUNITY BENEFIT EXPENSE \$8,368 FAIRVIEW HOSPITAL SPONSORED FREE COMMUNITY FLU CLINICS FUNDS WERE USED TO PAY FOR THE CLINIC PLANNER, NURSES, SUPPLIES AND ADVERTISING</p> <p>LINE 3 COMMUNITY SUPPORT EMS COORDINATOR - COMMUNITY BENEFIT EXPENSE \$19,798 FAIRVIEW FUNDS AN EMERGENCY MEDICAL SERVICES COORDINATOR WHO WORKS WITH ALL LOCAL VOLUNTEER AND PAID AMBULANCE SQUADS TO PROVIDE CONTINUING EDUCATION, REGULATORY UPDATES, AND BEST PRACTICE UPDATES</p> <p>LINE 3 COMMUNITY SUPPORT HAZARDOUS MATERIALS RESPONSE DRILLS - COMMUNITY BENEFIT EXPENSE \$10,239 FAIRVIEW CONDUCTS COMMUNITY-WIDE HAZARDOUS MATERIAL FULL-SCALE EXERCISES WHICH INCLUDE PARTICIPATION FROM LOCAL POLICE, FIRE, AND EMS AGENCIES</p> <p>LINE 4 ENVIRONMENTAL IMPROVEMENTS COMPOSTING - COMMUNITY BENEFIT EXPENSE \$3,886 IN ORDER TO REDUCE THE WASTE IN THE LOCAL LANDFILL, FAIRVIEW HAS CONTRACTED WITH A COMPANY WHO REMOVES ITS COMPOSTABLE WASTE SUCH AS FOOD SCRAPS AND PAPER PRODUCTS THE WASTE IS TAKEN TO A COMMERCIAL FACILITY WHERE IT IS PROCESSED INTO USABLE COMPOST</p> <p>LINE 8 WORKFORCE DEVELOPMENT PHYSICIAN RECRUITMENT - COMMUNITY BENEFIT EXPENSE \$150,838 THIS IS IN RESPONSE TO CRITICAL PHYSICIAN SHORTAGES IN THE HOSPITAL'S SERVICE AREA AND THE EXPENDITURES REPORTED ARE AN INVESTMENT IN INCREASING ACCESS TO PRIMARY CARE AND SPECIALTY PHYSICIANS AVAILABLE TO THE COMMUNITY BY ASSISTING IN ESTABLISHING NEW PHYSICIANS IN THE SERVICE AREA</p> <p>LINE 8 WORKFORCE DEVELOPMENT HEALTHCARE CAREER DEVELOPMENT PROGRAMS - COMMUNITY BENEFIT EXPENSE \$126,805 FAIRVIEW OFFERED LOCAL MIDDLE AND HIGH SCHOOL STUDENTS SHADOW AND INTERNSHIP EXPERIENCES EXPOSING THEM TO DIVERSE CAREERS IN HEALTHCARE FVH OFFERED STUDENTS PURSUING SPECIALIZED MEDICAL EDUCATION, INCLUDING PHYSICIAN'S ASSISTANTS AND PHYSICAL THERAPISTS, THE OPPORTUNITY TO GAIN CLINICAL EXPERIENCE AT THE HOSPITAL FAIRVIEW ALSO OFFERED INTERNSHIPS TO NURSING STUDENTS</p>

Form and Line Reference	Explanation
PART III, LINE 2	COMPUTATION OF BAD DEBT EXPENSE - IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, FAIRVIEW HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

Form and Line Reference	Explanation
PART III, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FINANCIAL ASSISTANCE POLICY - NO BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FAIRVIEW HOSPITAL'S FINANCIAL ASSISTANCE POLICY HAS BEEN REPORTED ON PART III, LINE 3 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 A PORTION OF FREE CARE EXPENSE, CALCULATED USING THE RATIO OF PATIENT CARE COST TO CHARGES AS COMPUTED USING WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS, IS INCLUDED IN THE "FINANCIAL ASSISTANCE AT COST" AMOUNT IN SCHEDULE H PART I, LINE 7(A), COLUMN (C)

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE 4 ("CHARITY CARE") TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY FINANCIAL INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES (INCLUDING FAIRVIEW HOSPITAL) FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014 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 GUIDELINES, 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 "

Form and Line Reference	Explanation
PART III, LINE 8	THE AMOUNT REPORTED ON PART III SECTION B LINE 6 ("MEDICARE ALLOWABLE COSTS OF CARE RELATING TO PAYMENTS ON LINE 5") WAS DETERMINED USING THE COST ALLOCATION METHODOLOGY USED FOR THE MEDICARE COST REPORTS

Form and Line Reference	Explanation
PART III, LINE 9B	THE FOLLOWING INDIVIDUALS AND PATIENT POPULATIONS ARE EXEMPT FROM ANY COLLECTION OR BILLING PROCEDURES PURSUANT TO STATE REGULATIONS 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, AND "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 A 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 FVH DOES NOT GARNISH A PATIENT'S OR THE PATIENT'S GUARANTOR'S WAGES OR EXECUTE A LIEN ON THE PATIENT'S OR THE PATIENT'S GUARANTOR'S PERSONAL RESIDENCE OR MOTOR VEHICLE 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 and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT - FAIRVIEW ASSESSES THE NEEDS AND CHANGES IN OUR COMMUNITY THROUGH A BROAD RANGE OF ASSESSMENT INITIATIVES AND CONSTANT INTERACTION AND ENGAGEMENT WITH THE LOCAL COMMUNITY STATISTICAL EVIDENCE FROM HOSPITAL DATABASES, INCLUDING IN-PATIENT, EMERGENCY AND MAJOR DIAGNOSTIC CATEGORIES, AUGMENT FEDERAL, STATE AND LOCAL ASSESSMENTS WHICH HELP IDENTIFY AREAS CONSISTENT WITH, AND THOSE ABOVE, STANDARD NORMS FAIRVIEW RELIES ON THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH DEMOGRAPHIC DATA AND HEALTH REGIONALIZATION STATUS REPORTS TO OBTAIN THIS INFORMATION FAIRVIEW ALSO PARTICIPATES WITH THE WORK OF REGIONAL PARTNER ORGANIZATIONS AND UTILIZES ASSESSMENTS MADE AVAILABLE ON BEHALF OF SPECIFIC COMMUNITY INTERESTS AMONG THE ORGANIZATIONS THAT PROVIDE RELEVANT DATA ARE BERKSHIRE HEALTH SYSTEMS COMMUNITY HEALTH ASSESSMENT SURVEY, SOUTHERN BERKSHIRE YOUTH COALITION YOUTH SURVEY, UNITED WAY COMMUNITY IMPACT BASELINE REPORT, MASSACHUSETTS PREVENTION NEEDS ASSESSMENT SURVEY, CROSS-CULTURAL ACTION NETWORK, MASSACHUSETTS COUNTY HEALTH RANKINGS, BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT BMI REPORTS, AND THE BERKSHIRE BOARDS OF HEALTH ASSOCIATION BERKSHIRE COMMUNITY HEALTH ASSESSMENT FAIRVIEW ALSO CONDUCTS ITS OWN SURVEY, SPECIFICALLY TARGETING THE SOUTHERN BERKSHIRE REGION, TO UNDERSTAND RESIDENTS' PERCEPTIONS OF HEALTHCARE SERVICE ACCESS, OBSTACLES TO CARE, PREFERRED METHODS OF COMMUNICATIONS, PERCEIVED HEALTH THREATS AND SIGNIFICANT ISSUES THAT AFFECT THEIR HEALTH STATUS FAIRVIEW HOSPITAL PLACES A HIGH PRIORITY ON BUILDING CLOSE ALLIANCES WITH EDUCATIONAL, BUSINESS, HEALTH AND WELFARE, SAFETY, AND LAW ENFORCEMENT AGENCIES AND SOCIAL SERVICES IN THE SOUTHERN BERKSHIRES THROUGH CONTINUAL ENGAGEMENT AND PARTNERING, FAIRVIEW STAYS ABREAST OF THE BROAD RANGE OF ISSUES AFFECTING OUR COMMUNITY ALLOWING IT TO RESPOND TO ISSUES THROUGH A CONSTITUENCY FOCUSED OUTREACH AND EDUCATION PROGRAM, WHICH IS BASED ON HEALTH NEEDS ASSESSMENTS AND TARGETS SPECIFIC HEALTH INFORMATION TO MEET THE NEEDS OF SPECIAL POPULATIONS, FAIRVIEW STRIVES TO INCREASE AWARENESS OF AND ACCESS TO PROGRAMS AND SERVICES, EDUCATION, SUPPORT AND INFORMATION, AND TO RAISE THE OVERALL HEALTH LITERACY AMONG OUR NEIGHBORS IN ADDITION, COMMUNITY HOSPITAL COMMITTEES, INCLUDING THE PATIENT FAMILY ADVISORY COUNCIL, ETHICS COUNCIL AND SPECIAL EVENTS COMMITTEES ALLOW FAIRVIEW TO MAINTAIN A DIRECT LINE TO OUR COMMUNITY, IN OUR EFFORT TO SERVE OUR COMMUNITY EFFECTIVELY</p>

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - FAIRVIEW HOSPITAL IS EXTREMELY PROACTIVE IN HELPING PATIENTS ACCESS COVERAGE THROUGH CONTINUOUS OUTREACH ACTIVITIES AND MEDIA COVERAGE, FAIRVIEW'S ADVOCACY FOR ACCESS TEAM PROMOTES INFORMATION ABOUT ELIGIBILITY TO INDIVIDUALS WHO CAN RECEIVE ASSISTANCE FROM FEDERAL, STATE, AND LOCAL GOVERNMENTS PATIENTS ARE CONNECTED TO THESE PROGRAMS BOTH FROM WITHIN THE HOSPITAL AS WELL AS ON A COMMUNITY LEVEL FAIRVIEW HOSPITAL IS COMMITTED TO REMOVE THE OBSTACLES TO HEALTH DUE TO COVERAGE THE ADVOCACY FOR ACCESS OFFICE, LOCATED IMMEDIATELY AT THE ENTRANCE TO THE HOSPITAL IN THE FRONT LOBBY, OFFERS FLEXIBLE HOURS AND TRANSLATION SERVICES TO LOWER BARRIERS TO CARE TRAINED STAFF INITIATE, SUPPORT AND FACILITATE ENROLLMENT TO ASSIST INDIVIDUALS AND FAMILIES NAVIGATE EXTENSIVE ADMINISTRATIVE PROCESSES A FINANCIAL ADVISOR IS AVAILABLE DURING BUSINESS HOURS TO ASSIST PATIENTS IN CREATING FLEXIBLE BILLING ARRANGEMENTS, ADDRESS BILLING ISSUES AND QUESTIONS, AND REFER PATIENTS TO THE ADVOCACY FOR ACCESS OFFICE WHEN APPROPRIATE AS A TESTAMENT TO IMPACT, FAIRVIEW HOSPITAL'S ADVOCACY FOR ACCESS COORDINATOR HAS BEEN SELECTED BY BERKSHIRE MAGAZINE'S "BERKSHIRE 25" IN 2016, HONORING INDIVIDUALS IN THE BERKSHIRE REGION WHO MAKE A DIFFERENCE AND CONTRIBUTE TO MAKE LIFE IN THE BERKSHIRES SO SPECIAL THE SERVICE ECONOMY IN THE SOUTHERN BERKSHIRES HAS MANY UNINSURED AND UNDERINSURED WORKERS MANY OF THESE INDIVIDUALS HOLD MORE THAN ONE JOB THE ADVOCACY FOR ACCESS TEAM HAS PLACED SPECIAL EMPHASIS ON REACHING OUT TO THE SELF-EMPLOYED AS WELL AS IMMIGRANT COMMUNITIES TO PROVIDE THEM WITH INFORMATION AND ENROLL THEM IN HEALTH COVERAGE DURING THE PAST YEAR

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION - FAIRVIEW HOSPITAL SERVES A RURAL AREA IN THE SOUTHWESTERN CORNER OF MASSACHUSETTS IN ADDITION TO NEARBY COMMUNITIES ACROSS THE BORDERS OF NEW YORK AND CONNECTICUT THERE IS A WIDE SOCIO-ECONOMIC RANGE IN THE COMMUNITY, NECESSITATING A DIVERSE COMMUNICATIONS PLAN, INCLUDING BOTH TRADITIONAL AND SOCIAL MEDIA HOWEVER, FAIRVIEW RECOGNIZES THE IMPACT THAT WORD-OF-MOUTH CONTINUES TO HOLD AND ENGAGES WITH A NETWORK OF COMMUNITY LEADERS WHO REPRESENT VARIOUS CONSTITUENCIES TO TAP INTO THESE NETWORKS DIRECTLY AND THROUGH COMMUNITY AFFILIATIONS SUCH AS THE SOUTHERN BERKSHIRE REGIONAL EMERGENCY PLANNING COMMITTEE, AN ALLIANCE OF THE TOWNS, EMERGENCY SERVICES, BOARDS OF HEALTH, SELECTMEN OF INDIVIDUAL TOWNS, AND THE HOSPITAL FAIRVIEW HOSPITAL ENGAGES WITH THE COMMUNITY USING MULTIPLE TRADITIONAL AND NON-TRADITIONAL MEDIA AVENUES TO SHARE INFORMATION ACROSS THE MULTIPLE GEOGRAPHIC, SOCIO-ECONOMIC AND DEMOGRAPHIC AUDIENCES WE SERVE THROUGH COLLABORATION AND ONGOING DISCUSSION, FAIRVIEW DISPERSES IMPORTANT HEALTH INFORMATION TO SEGMENTS OF THE COMMUNITY THROUGH THEIR FORMAL AND INFORMAL NETWORKS, WHICH ARE PARTICULARLY STRONG IN RURAL COMMUNITIES FOR EXAMPLE, TO REACH THE NON-ENGLISH SPEAKING POPULATION, FAIRVIEW SHARES IMPORTANT HEALTH INFORMATION THROUGH SOCIAL SERVICE, RELIGIOUS, EDUCATIONAL, CULTURAL AND BUSINESS CHANNELS WHERE OTHER NEEDS ARE MET WHILE THE SOUTHERN BERKSHIRE COMMUNITY IS PREDOMINATELY CAUCASIAN, THERE IS A GROWING MULTI-CULTURAL COMMUNITY FAIRVIEW HOSPITAL HAS EXPANDED ITS NETWORK OF CONTACTS AND RESOURCES TO SERVE THIS COMMUNITY WHEN ANY HEALTH ISSUE IS ADDRESSED OR PROGRAM PROMOTED, THERE ARE MANY POINTS OF CONTACT REPRESENTING THIS COMMUNITY TO INITIATE A SIMILAR DISTRIBUTION OF INFORMATION TAILORED TO THE NEEDS OF SPECIFIC GROUPS DUE TO THE SIGNIFICANCE OF THE REGION AS A VACATION AND RETIREMENT DESTINATION, HOUSING COSTS HAVE ESCALATED AND EXCEED THE SCOPE OF LOCAL WAGES, FORCING MANY FAMILIES AND INDIVIDUALS TO STRUGGLE WITH BASIC LIVING EXPENSES FAMILIES LIVING BELOW 200% OF THE POVERTY LEVEL AND THE AVERAGE PER CAPITA INCOME ARE BOTH SIGNIFICANTLY LOWER THAN THE STATE AVERAGE THE NUMBER OF ELDERS (SURPASSING 20% IN SOME RURAL LOCATIONS) EXCEEDS STATE AVERAGES STUDENTS ON REDUCED OR FREE LUNCH SERVICES HAVE BEEN RISING STEADILY AND NOW APPROACH 40% IN THE ELEMENTARY AND MIDDLE SCHOOLS FOR THIS REASON, WORKING WITH THE SCHOOLS AND SENIOR ORGANIZATIONS ARE CENTRAL TO FAIRVIEW'S COMMUNICATIONS AND OUTREACH STRATEGY RURAL HOMELESSNESS IS A HIDDEN, BUT PERVASIVE SOCIAL AND ECONOMIC ISSUE FAIRVIEW HOSPITAL COLLABORATES WITH BOTH THE LOCAL HOMELESS SHELTER AND VOLUNTEERS IN MEDICINE TO PROVIDE NEEDED MEDICAL CARE AND MEALS THE PERCENTAGE OF ELDERS IN THE SOUTHERN BERKSHIRES IS SIGNIFICANTLY ABOVE THE STATE AVERAGE, SURPASSING 20% IN SOME RURAL COMMUNITIES ADDITIONALLY, MANY ELDERS ARE LIVING ALONE SENIOR CENTERS AND SERVICES ARE AN IMPORTANT COMMUNITY RESOURCE AND FAIRVIEW REGULARLY OFFERS PROGRAMS THROUGH THESE ORGANIZATIONS PUBLIC TRANSPORTATION IS LIMITED AND NOT EASILY ACCESSIBLE AS A RESULT, TRANSPORTATION IS AN OBSTACLE TO 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 HELP 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</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH - FURTHERING OUR CHARITABLE PURPOSE AS PART OF BERKSHIRE HEALTH SYSTEMS, FAIRVIEW HOSPITAL'S COMMUNITY BENEFIT MISSION IS COMMITTED TO IDENTIFY, PRIORITIZE, AND MAKE INVESTMENTS THAT ADDRESS OUR COMMUNITIES' HEALTH NEEDS AND RAISE THE HEALTH STATUS OF OUR NEIGHBORS. FAIRVIEW HOSPITAL IS COMMITTED TO BUILD A HEALTHIER COMMUNITY AND APPROACHES THIS CHALLENGE AS A KEY LEADER IN A REGIONAL NETWORK THAT IS FOCUSED ON ADDRESSING PRIORITY HEALTH ISSUES AMONG VULNERABLE POPULATIONS THROUGH OFFERING HIGH QUALITY EDUCATION, PROGRAMS AND SERVICES THAT WILL IMPROVE HEALTH STATUS. FAIRVIEW SERVES AS THE RURAL REGION'S PRIMARY HEALTHCARE ORGANIZATION, AND ADDRESSES THE NEEDS OF "AT RISK AND VULNERABLE POPULATIONS AS PART OF OVERALL PUBLIC HEALTH. FAIRVIEW SEEKS INPUT AND FEEDBACK TO IMPROVE EFFICIENT USE OF RESOURCES TO MEET IDENTIFIED COMMUNITY NEEDS AND ACTS AS A CATALYST TO PROMOTE HEALTH INITIATIVES SUCH AS FLU CLINICS, EMERGENCY PLANNING, AND OTHER PUBLIC HEALTH MANDATES. FAIRVIEW PARTICIPATES IN THE BERKSHIRE MEDICAL CENTER MONTHLY COMMUNITY BENEFITS MEETINGS AS WELL AS MAINTAINING A SEPARATE FAIRVIEW HOSPITAL COMMUNITY BENEFITS COMMITTEE WHICH MEETS TWICE A YEAR AND PROVIDES A PLATFORM THAT FOCUSES ON THE TWELVE SOUTHERN BERKSHIRE TOWNS IN ITS SERVICE AREA, ENGAGING COMMUNITY PROFESSIONALS ON THE SPECIFIC NEEDS OF OUR GEOGRAPHIC DISTRICT. THE FHCBC INCLUDES 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 THROUGH THE COMMUNITY BENEFITS REPORTING PROCESS. FAIRVIEW HAS ARTICULATED AND QUANTIFIED THE ISSUES AND RESPONSES THAT ADDRESS PRIORITY NEEDS FROM THE STATEWIDE FRAMEWORK DEVELOPED BY THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE AS THE CENTER OF HEALTHCARE IN THE SOUTHERN BERKSHIRES, FAIRVIEW PROVIDES THE SAFETY NET AND PRIMARY SERVICES THAT ARE VITAL TO THE COMMUNITY'S HEALTH NEEDS AND OFFERS PROGRAMS THAT ARE DESIGNED TO SUPPORT THE MOST VULNERABLE INDIVIDUALS AS WELL AS BUILD A HEALTHIER FUTURE FOR THE REGION. FAIRVIEW HOSPITAL VALUES THE COMMUNITY'S VITAL ROLE AS PARTNERS IN THE VITALITY OF THEIR COMMUNITY. HOSPITAL MEMBERS OF THE COMMUNITY, REPRESENTING VARIOUS DEMOGRAPHIC AND CONSTITUENCY GROUPS, SERVE ON OUR GOVERNING BOARDS AS WELL AS VARIOUS COMMITTEES, INCLUDING THE PATIENT FAMILY ADVISORY COUNCIL, THE ETHICS COMMITTEE AND OTHER GROUPS THAT CREATE OPPORTUNITY FOR DIALOGUE 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. AT THE END OF FISCAL YEAR 2015, THE CURRENT GOVERNING BODY OF FAIRVIEW HOSPITAL CONSISTED OF 17 COMMUNITY VOLUNTEERS, FOUR 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 ALSO 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 FOR WHICH IT DOES NOT EXPECT REIMBURSEMENT. THE HOSPITAL UTILIZES SURPLUS FUNDS FOR CAPITAL IMPROVEMENTS, TO MAINTAIN ACCESS TO HOSPITAL SERVICES AND PRIMARY CARE, TO EXPAND ACCESS POINTS OF CARE, AND TO SUPPORT SERVICES THAT SUPPORT COMMUNITY BENEFIT PRIORITIES INCLUDING CHRONIC DISEASE, EDUCATION, AND ACCESS TO CARE. FAIRVIEW'S EXTENSIVE COMMUNITY OUTREACH AND SUPPORT PROGRAMS INCLUDE TOBACCO TREATMENT, PARKINSON'S EXERCISE, AND CPR AND LIFE SAFETY TRAINING. IN ADDITION, FAIRVIEW PROVIDES FINANCIAL SUPPORT FOR LOCAL INITIATIVES, INCLUDING YOUTH SPORTS AND RECREATION, PROGRAMS SUPPORTING AWARENESS AND ACCESS TO LOCAL HEALTH ISSUES SUCH AS SUBSTANCE ABUSE, AND ROAD SAFETY INITIATIVES DESIGNED TO IMPROVE DRIVER SKILLS IN RESPONSE TO HIGH RATES OF ACCIDENTS AND FATALITIES ON UNLIT RURAL COUNTRY ROADS. FAIRVIEW HOSPITAL'S SERVICE AREA IS DESIGNATED A MEDICALLY UNDERSERVED REGION. A HIGH PRIORITY HAS</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>BEEN PLACED ON STABILIZING THE CURRENT MEDICAL COMMUNITY, AS WELL AS ATTRACTING NEW PHYSICIANS AND SPECIALISTS TO THE REGION. FAIRVIEW COLLABORATES WITH AREA MEDICAL PRACTICES AND SERVICES TO BUILD A STRONG FOUNDATION OF SERVICES AND INFORMATION TO ASSURE HIGH QUALITY CARE IS AVAILABLE. 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. IN ADDITION, FAIRVIEW HOSPITAL OFFERS MANY OPPORTUNITIES FOR ACCESS FOR STUDENTS TO EXPLORE AND FURTHER THEIR SKILLS IN MEDICINE. DEVELOPING OUR FUTURE WORKFORCE THROUGH ACCESSIBLE TRAINING AND CAREER PROGRAMMING IS STRATEGICALLY IMPORTANT TO DEVELOP A FUTURE WORKFORCE IN AN INCREASING CHALLENGING HEALTHCARE ENVIRONMENT. 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 AS THE CENTER OF THE HEALTHCARE 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, AND COMMONWEALTH CARE DEADLINES, HEALTHY MENUS, MORE SUSTAINABLE OR ENVIRONMENTALLY FRIENDLY POLICIES, AND 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. A SPECIFIC AREA OF FOCUS THAT REFLECTS THE IMPORTANCE AND IMPACT OF COLLABORATION IS YOUTH OBESITY. FAIRVIEW HOSPITAL HAS LAUNCHED OPERATION BETTER START, A SATELLITE PROGRAM OF BERKSHIRE MEDICAL CENTER, TO BRING AN AWARD WINNING PROGRAM TO THE SOUTHERN BERKSHIRES. THIS PROGRAM TARGETS OBESITY IN YOUTH WITH A MULTI-DISCIPLINARY TEAM THAT ADDRESSES THE MANY ISSUES INVOLVED IN OBESITY AND TREATS NOT ONLY THE CHILD, BUT THE FAMILY, TO ACHIEVE IMPROVED HEALTH FOR THE ENTIRE FAMILY UNIT. IN OTHER AREAS, FAIRVIEW HAS TAKEN A PROACTIVE APPROACH TO BETTER HEALTH THROUGH BETTER NUTRITION AS WELL. IN ADDITION TO NUTRITION COUNSELING, FAIRVIEW OFFERS A SIX-WEEK MINDFULNESS EATING PROGRAM, AND ITS FOOD SERVICES IS A LEADER IN THE NATION AS A HOSPITAL THAT SETS A HIGHER STANDARD IN HEALTHY EATING WITHIN THE HOSPITAL. FAIRVIEW WAS THE FIRST HOSPITAL IN THE COUNTRY TO DISCONTINUE THE SALE OF SUGAR-SWEETENED BEVERAGES AT THE HOSPITAL AND THE FIRST HOSPITAL IN MASSACHUSETTS TO SIGN THE HEALTHCARE WITHOUT HARM PLEDGE.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTHCARE SYSTEM - 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 THE VARIOUS AFFILIATES, SUCH AS THE FACULTY PRACTICE ORGANIZATION, ARE FULLY INTEGRATED INTO THE COMMUNITY BENEFIT PROCESS AND SUPPORT THE HOSPITAL'S PRIORITIES BY HONORING OUR FREE CARE GUIDELINES AND ENGAGING IN SPECIFIC PROGRAMS AND INITIATIVES DESIGNED TO MEET COMMUNITY NEEDS

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MA

Additional Data

Software ID:

Software Version:

EIN: 04-2133860

Name: FAIRVIEW HOSPITAL

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

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY HEALTH NEEDS ASSESSMENT - FAIRVIEW HOSPITAL HAS UTILIZED AN ACTIVE COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF ITS COMMUNITY BENEFIT PROCESS FOR A NUMBER OF YEARS THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS UPDATED IN CONJUNCTION WITH THE CHNA OF BERKSHIRE MEDICAL CENTER AS ONE OF THE MANY SOURCES OF INFORMATION THAT DIRECTS ITS EFFORTS, AND THE UPDATE IN 2014 DIRECTED ITS EFFORTS IN THE FISCAL YEAR ENDED 09/30/15 FAIRVIEW'S CHNA UTILIZED ALL AVAILABLE CLINICAL, HEALTH STATUS, DEMOGRAPHIC, AND SOCIO-ECONOMIC DATA AVAILABLE TO FORM THE FOUNDATION OF OUR NEEDS ASSESSMENT IN ADDITION WE GATHERED AVAILABLE QUALITATIVE DATA FROM OUR MANY ADVISORY GROUPS, COMMUNITY FORUMS, SURVEYS (INCLUDING AN E-SURVEY CONDUCTED IN BOTH ENGLISH AND SPANISH), AND FOCUS GROUPS THE WELLNESS AND OUTREACH PROGRAMS ALSO SUPPLEMENT OUR UNDERSTANDING OF THE HEALTH STATUS OF OUR COMMUNITY, HEALTH RISK FACTORS, AND BARRIERS TO HEALTH AND HEALTHCARE THE FEEDBACK GATHERED INPUT ON SPECIFIC ACTIONS THAT COULD BE TAKEN AT INDIVIDUAL, FAMILY, AND ORGANIZATIONAL LEVELS AS WELL AS IDENTIFYING GAPS IN SERVICE IN ADDITION TO PRIORITIZING THE MOST IMPORTANT NEEDS FOR THE COMMUNITY AS A WHOLE WE HAVE PARTICIPATED IN THIS COMMUNITY GROUP AT LEAST ANNUALLY TO REVIEW DATA, CONFIRM PRIORITIES, DISCUSS NEEDS, AND WORK TOGETHER TO ADDRESS THE IDENTIFIED PRIORITIES AND NEEDS FOLLOWING THE FORMALIZED COUNTY HEALTH INITIATIVE (CHI) IN 2012 WITH THE GOAL OF WORKING TOGETHER TO IMPROVE COMMUNITY HEALTH, FAIRVIEW HAS CONTINUED TO COLLABORATE AND CONTINUES TO PLAY A ROLE AS A SOUTHERN BERKSHIRE COUNTY PARTNER IN THE BERKSHIRE PARTNERSHIP FOR HEALTH THE LEADERSHIP TEAM OF THE CHI INCLUDED BERKSHIRE MEDICAL CENTER, FAIRVIEW HOSPITAL, NORTH ADAMS REGIONAL HOSPITAL, BERKSHIRE COUNTY BOARDS OF HEALTH, THE BERKSHIRE ALLIANCE FOR PUBLIC HEALTH, TRI-TOWN HEALTH DEPARTMENT, PITTSFIELD BOARD OF HEALTH, BERKSHIRE UNITED WAY, AND NORTHERN BERKSHIRE COMMUNITY COALITION THE NEEDS DATA, ALONG WITH STATE PRIORITIES, ARE USED TO DETERMINE OUR ANNUAL COMMUNITY BENEFIT PRIORITIES, WHICH ARE ESTABLISHED BY THE COMMUNITY BENEFIT AND ACCESS COMMITTEE OF THE BOARD OF TRUSTEES IN ITS PLANNING, FVH LOOKS FOR OPPORTUNITIES TO MAKE BETTER AND MORE EFFECTIVE USE OF EXISTING RESOURCES AND PROVIDERS, AS WELL AS TO IDENTIFY GAPS IN SERVICE FVH WORKS WITH INTERNAL RESOURCES AND COMMUNITY AND REGIONAL PARTNERS, WITH THE HELP OF EVIDENCE BASED OR BEST PRACTICE PROGRAMS, TO DEVELOP AND IMPLEMENT PROGRAMS AND INITIATIVES TO MEET COMMUNITY NEED

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

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL	PART V, SECTION B, LINE 6A CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES - FAIRVIEW HOSPITAL IS AN AFFILIATE HOSPITAL OF BERKSHIRE MEDICAL CENTER AND BERKSHIRE HEALTH SYSTEMS, THE REGIONAL PROVIDER OF HEALTHCARE IN THE BERKSHIRES FAIRVIEW HOSPITAL PARTICIPATES IN THE BERKSHIRE HEALTH SYSTEMS COMMUNITY HEALTH NEEDS ASSESSMENT AND CONSIDERS IT THE PRIMARY RESOURCE FOR COMMUNITY FEEDBACK FOR OVERALL HEALTH NEEDS AND STATUS OF OUR REGION THE HEALTHCARE PRIORITIES IDENTIFIED BY THE BERKSHIRE HEALTH SYSTEMS REPORT ARE THE GUIDING FRAMEWORK THAT FAIRVIEW USES TO EFFECTIVELY COLLABORATE WITH OTHER PROVIDERS TO IDENTIFY PRIORITY NEEDS AND DEVELOP PLANS TO MEET THEM THROUGH EXTENSIVE COMMUNITY ENGAGEMENT, FAIRVIEW CONTINUALLY IDENTIFIES PERCEPTIONS OF HEALTHCARE, NEEDS AND OPPORTUNITIES WHERE THE HOSPITAL CAN PLAY A ROLE

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL	<p>PART V, SECTION B, LINE 11 WERE ALL NEEDS IDENTIFIED IN CHNA ADDRESSED? - EDUCATION AND OUTREACH, CHRONIC DISEASE MANAGEMENT AND CARDIAC CARE REFLECT FAIRVIEW'S RESPONSIVENESS TO AREAS IDENTIFIED IN THE CHNA IN ITS ROLE AS A CRITICAL ACCESS HOSPITAL SERVING THE RURAL COMMUNITIES IN THE SOUTHWESTERN CORNER OF THE BERKSHIRES, FAIRVIEW COLLABORATES WITH BERKSHIRE MEDICAL CENTER (BMC) TO STRENGTHEN PROGRAMS AT FAIRVIEW HOSPITAL AND IMPACT COMMUNITY HEALTH BEYOND HOSPITAL WALLS THE LAUNCHING OF OPERATION BETTER START, A SATELLITE PROGRAM OF BMC THAT TARGETS YOUTH OBESITY AND DIABETES EDUCATION, HAS BEEN EXTENDED TO A COMMUNITY COLLABORATION WITH LOCAL SCHOOLS AND CHURCHES TO MAKE A BACKPACK OF FOOD AVAILABLE DURING A SUMMER EDUCATION PROGRAM FOR ELEMENTARY STUDENTS AND FAMILIES AT RISK, ADDRESSING FOOD VULNERABILITY AND INCREASING THE SUCCESS OF THE VITAL EDUCATION PROGRAM THAT KEEPS CHILDREN FROM FALLING BEHIND ACADEMICALLY FAIRVIEW HOSPITAL HAS ESTABLISHED ITS OWN CANYON RANCH LIFE ENHANCEMENT INSTITUTE PROGRAM, A FREE 12-WEEK PROGRAM HELPING COMMUNITY MEMBERS TAKE CHARGE OF THEIR HEALTH, FOLLOWING THE SUCCESS OF THE PROGRAM AT BMC IN RURAL EMERGENCY MANAGEMENT EFFORTS, FAIRVIEW WORKS CLOSELY WITH BMC'S EMERGENCY MANAGEMENT PROGRAM WITH EXTENSIVE NETWORKING, EDUCATION AND COMMUNITY CAPACITY BUILDING THAT BRINGS RESOURCES TO THE SMALL TOWNS IN THE AREA THAT WOULD NOT HAVE ACCESS TO THIS SUPPORT OTHERWISE FAIRVIEW HOSPITAL FOLLOWS THE PRIORITIES OF THE BERKSHIRE HEALTH SYSTEMS COMMUNITY HEALTH NEEDS ASSESSMENT IN CASES THAT REQUIRE MORE SPECIALTY, OR IT CANNOT FINANCIALLY SUPPORT, FAIRVIEW HOSPITAL MAY NOT BE ABLE TO FILL THE NEED LOCALLY AND RELIES ON A REGIONAL NETWORK OF HEALTH RESOURCES OF BERKSHIRE HEALTH SYSTEMS BERKSHIRE HEALTH SYSTEMS (BHS) REGULARLY ASSESSES THE HEALTH NEEDS OF BERKSHIRE COUNTY RESIDENTS AS PART OF THE STRATEGIC PLANNING PROCESS AND COMMUNITY BENEFITS PROGRAMMING BHS COMPILED THE BERKSHIRE COUNTY HEALTH ASSESSMENT REPORT IN COLLABORATION WITH THE COUNTY HEALTH INITIATIVE STEERING COMMITTEE COMPRISED OF BERKSHIRE MEDICAL CENTER, FAIRVIEW HOSPITAL, BERKSHIRE COUNTY BOARDS OF HEALTH ASSOCIATION, TOWN HEALTH DEPARTMENT, BERKSHIRE PUBLIC HEALTH ALLIANCE, PITTSFIELD HEALTH DEPARTMENT, BERKSHIRE UNITED WAY, BERKSHIRE REGIONAL PLANNING COMMISSION, AND NORTHERN BERKSHIRE COMMUNITY COALITION THE INTENT IS TO BROADLY IDENTIFY THE MAJOR TRENDS IN HEALTH STATUS AND OUR COMMUNITY'S HEALTH NEEDS WITH AN UNDERSTANDING OF THE FACTORS THAT ARE LIKELY TO AFFECT THE POPULATION OF BERKSHIRE COUNTY THE FRAMEWORK OF THIS PLAN SPANS FISCAL YEARS 2015-2017 THE OBJECTIVES OF THE CHNA WERE TO GATHER STATISTICALLY VALID INFORMATION ON THE HEALTH STATUS OF THE RESIDENTS OF BERKSHIRE COUNTY, TO DEVELOP ACCURATE COMPARISONS TO STATE AND NATIONAL BENCHMARKS OF HEALTH AND QUALITY OF LIFE MEASURES TO PROVIDE TRENDING INFORMATION FOR THE FUTURE, TO IDENTIFY KEY AREAS OF SIGNIFICANT COMMUNITY NEEDS AND VULNERABLE POPULATIONS, TO UTILIZE FINDINGS FOR COMMUNITY BENEFIT AND HOSPITAL PLANNING ACTIVITIES, AND TO MEET THE MASSACHUSETTS ATTORNEY GENERAL'S AND IRS REQUIREMENTS RELATED TO THE NEEDS ASSESSMENT WHILE DEMOGRAPHIC, SOCIOECONOMIC AND HEALTH STATUS INDICATORS PROVIDE AN EFFECTIVE MEANS OF IDENTIFYING POTENTIAL NEEDS AND/OR PROBLEMS, SUCH A BROAD-BASED VIEW CANNOT IDENTIFY ALL OF THE HEALTH AND HUMAN SERVICE PROBLEMS FACING A COMMUNITY THIS IS RATHER ONE STEP OF MANY IN AN ON-GOING PROCESS OF COLLECTING AND DISSEMINATING HEALTH STATUS INFORMATION SO THAT, WORKING TOGETHER, WE CAN ADDRESS THE HEALTH NEEDS OF OUR COMMUNITY AND HELP TO ENSURE BETTER OUTCOMES FOR ALL THE PEOPLE LIVING IN BERKSHIRE COUNTY WE INCORPORATE FEEDBACK FROM MANY COMMUNITY FORUMS, INCLUDING NORTHERN BERKSHIRE COMMUNITY COALITION MONTHLY COMMUNITY MEETINGS, BI-ANNUAL COMMUNITY MEETINGS, RURAL HEALTH PLANNING TEAM, AND MANY COMMUNITY OUTREACH INTERACTIONS COMMUNITY BENEFIT AND ACCESS COMMITTEES A STANDING COMMITTEE OF THE BOARD OF TRUSTEES - ITSELF MADE UP OF COMMUNITY VOLUNTEERS - THIS COMMITTEE IS RESPONSIBLE FOR UNDERSTANDING THE HEALTH NEEDS AND BARRIERS TO CARE IN OUR SERVICE AREA THE COMMITTEE OVERSEES THE COMMUNITY BENEFIT PROCESS OF THE ORGANIZATION, INCLUDING HEALTH NEEDS ASSESSMENTS, DETERMINING TARGET POPULATIONS AND PRIORITIES, DEVELOPMENT OF THE COMMUNITY BENEFITS PLAN AND EVALUATING PERFORMANCE AGAINST GOALS AND OBJECTIVES THE COMMITTEE IS COMPRISED OF PEOPLE FROM THE BOARD OF TRUSTEES AND THE COMMUNITY AT LARGE, AND MEETS MONTHLY THROUGHOUT THE YEAR THE BHS COMMUNITY BENEFITS AND ACCESS COMMITTEE REVIEWS AND DISCUSSES COMMUNITY BENEFIT PROGRAMS, POTENTIAL NEW INITIATIVES, COMMUNITY NEEDS, AND OUTCOMES THE COMMITTEE FORMALLY REVIEWS ANY UPDATES TO COMMUNITY NEEDS AND REAFFIRMS PRIORITIES ANNUALLY AND COMPLETES A COMPREHENSIVE NEEDS ASSESSMENT EVERY THREE YEARS THROUGHOUT THE YEAR, INTERNAL COMMUNITY BENEFITS AND PROGRAM LEADERS MEET TO COORDINATE THE COMMUNITY BENEFIT PLAN AND PROGRAMS IN 2012 WE FORMALIZED THE CO</p>

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL	<p>UNTY HEALTH INITIATIVE (CHI) WITH THE GOAL OF WORKING TOGETHER TO IMPROVE COMMUNITY HEALTH THE LEADERSHIP TEAM OF THE CHI INCLUDES BERKSHIRE MEDICAL CENTER, FAIRVIEW HOSPITAL, BERKSHIRE COUNTY BOARDS OF HEALTH ASSOCIATION, BERKSHIRE PUBLIC HEALTH ALLIANCE, TRI-TOWN HEALTH DEPARTMENT, PITTSFIELD HEALTH DEPARTMENT, BERKSHIRE REGIONAL PLANNING COMMISSION, BERKSHIRE UNITED WAY, AND NORTHERN BERKSHIRE COMMUNITY COALITION BHS IS THE ONLY HEALTH SYSTEM IN BERKSHIRE COUNTY AND THEREFORE WE ASSUME A SIGNIFICANT LEADERSHIP ROLE IN ADDRESSING THE PRIORITIES IDENTIFIED IN THE CHNA WE ARE FORTUNATE TO WORK COLLABORATIVELY WITH MANY COMMUNITY ORGANIZATIONS BERKSHIRE HEALTH SYSTEMS HAS A STRONG REPUTATION AS A LEADER AND COLLABORATOR IN MEETING COMMUNITY HEALTH NEEDS THROUGH ITS ONGOING COMMUNITY BENEFIT PROGRAMS AND SERVICES BHS PLANS TO PROVIDE COMMUNITY BENEFIT PROGRAMS IN RESPONSE TO THE HEALTH NEEDS IDENTIFIED IN THE 2015-2017 COMMUNITY HEALTH NEEDS ASSESSMENT THESE INCLUDE, BUT ARE NOT LIMITED TO, NORTH COUNTY NEIGHBORHOOD FOR HEALTH, CANYON RANCH LIFE ENHANCEMENT PROGRAM, PRESCRIPTION PAIN MEDICATION INITIATIVE, PREVENTION WELLNESS TRUST FUND INITIATIVES, HEALTH EDUCATION PROGRAMS, SCREENINGS, SUPPORT GROUPS, MENTAL HEALTH SERVICES, AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES AND ACCESS TO CARE THROUGH A NUMBER OF LEVERAGED SOURCES (GRANTS) DUE TO EVER CHANGING HEALTHCARE NEEDS, THE STRATEGIES MAY CHANGE, AND NEW PROGRAMS MAY BE ADDED OR PROGRAMS MAY BE ELIMINATED DURING THE 2015 - 2017 PERIOD LISTED BELOW ARE THE IDENTIFIED PRIORITY HEALTH NEEDS, INCLUDING THE HOSPITAL'S STRATEGIC PRIORITY HEALTH NEEDS THE FY15 CHNA REINFORCED EXISTING TRENDS AND PRIORITIES IN OUR COMMUNITY AND A COMPLETE IMPLEMENTATION STRATEGY WILL BE REFRESHED IN FY16 CLINICAL CARE ACCESS TO MEDICAL PROFESSIONALS, ACCESS FOR UNDERINSURED AND UNINSURED, AND HEALTHCARE DISPARITIES HEALTH BEHAVIORS ADOLESCENT AND YOUTH - TEEN PREGNANCY, INFECTIOUS DISEASE, OBESITY, SMOKING, AND SUBSTANCE ABUSE MORBIDITY AND MORTALITY CANCER, CARDIOVASCULAR HEALTH, DIABETES, INFECTIOUS DISEASE, MATERNAL/CHILD HEALTH, MENTAL HEALTH - DEPRESSION, AND STROKE/BLOOD PRESSURE PHYSICAL ENVIRONMENT EMERGENCY PREPAREDNESS SOCIAL/ECONOMIC COMMUNITY DEVELOPMENT AND SAFETY THE MOST RECENT ASSESSMENT INCLUDED A NEW FOCUS ON THE POPULATION OF NORTH COUNTY GIVEN THE SUDDEN CLOSING OF NORTH ADAMS REGIONAL HOSPITAL IN MARCH 2014 BHS AND BERKSHIRE MEDICAL CENTER WORKED WITH INPUT AND SUPPORT FROM MANY GOVERNMENT AND COMMUNITY ORGANIZATIONS TO RESTORE CLINICAL SERVICES AND THIS PROCESS IS STILL GOING ON IN THE RECENT CHNA WE ALSO NOTED AN INCREASE IN VIOLENCE IN OUR COMMUNITY AND A DRAMATIC INCREASE IN OVERDOSES AND DEATHS DUE TO SUBSTANCE ABUSE BHS IS COLLABORATING WITH THE BRIEN CENTER, PUBLIC HEALTH AUTHORITIES, THE LOCAL FQHC, AND LAW ENFORCEMENT OFFICIALS TO ENHANCE EXISTING EFFORTS TO EXPAND OUR WORK FOR PREVENTION, TREATMENT AND DIVERSION</p>

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

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL	PART V, SECTION B, LINE 22D THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO A PATIENT ELIGIBLE FOR FINANCIAL ASSISTANCE IS 95% OF THE FACILITY'S STANDARD CHARGES

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW.BERKSHIREHEALTHSYSTEMS.ORG/ACCESS

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

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

Form and Line Reference	Explanation
FAIRVIEW HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	SAME AS 16A ABOVE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J (FORM 990), PART II	<p>SUPPLEMENTAL COMPENSATION INFORMATION IN REFERENCE TO FORM 990, PART VII AND SCHEDULE J PART II, NO COMPENSATION IS PAID BY THE FILING ENTITY TO ANY DIRECTOR (TRUSTEE) FOR HIS OR HER ROLE AS DIRECTOR (TRUSTEE) BRIAN T BURKE, MD'S REPORTED COMPENSATION RELATES SOLELY TO SERVICES RENDERED FOR TAX-EXEMPT PURPOSES AND NOT TO HIS ROLE AS DIRECTOR (TRUSTEE) THE PRINCIPAL OFFICERS OF FAIRVIEW HOSPITAL ARE ALL COMPENSATED BY BHS MANAGEMENT SERVICES, INC (BMS), A SUPPORTING ORGANIZATION OF THE FILING ENTITY A PORTION OF THE COMPENSATION AMOUNT PAID TO THE PRINCIPAL OFFICERS OF THE FILING ENTITY IS ALLOCATED INTERNALLY AMONG THE FILING ENTITY AND ITS 26 ASSOCIATED NON-PROFIT, TAX-EXEMPT ENTITIES IN ORDER TO PROPERLY REFLECT THE DIVISION OF THE OFFICERS' TIME AND EFFORT AMONG THOSE VARIOUS ENTITIES AND EACH ENTITY'S RELATIVE CONTRIBUTION TO THE OFFICERS' TOTAL COMPENSATION (SEE BELOW) COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, DAVID PHELPS, IS REVIEWED AND ESTABLISHED AT LEAST BIANNUALLY BY THE INDEPENDENT VOLUNTEER GOVERNING BODY OF BERKSHIRE HEALTH SYSTEMS, INC (PARENT ORGANIZATION OF FAIRVIEW HOSPITAL), BASED ON PERFORMANCE REVIEWS AND COMPARISON TO INDEPENDENTLY ESTABLISHED, REGIONALLY APPROPRIATE BENCHMARKS FOR SIMILAR POSITIONS IN SIMILARLY SIZED HEALTHCARE ORGANIZATIONS, AS VERIFIED BY INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SET IN ACCORDANCE WITH GOVERNING BODY-ESTABLISHED PRINCIPLES BASED ON COMPARABLE BENCHMARKS IDENTIFIED BY SUCH INDEPENDENT CONSULTANTS IN THE REPORTING YEAR, THE GOVERNING BODY TARGETED TOTAL COMPENSATION FOR MANAGEMENT EMPLOYEES AT THE 60TH PERCENTILE OF APPROPRIATE BENCHMARKS (OTHER THAN THE CHIEF EXECUTIVE OFFICER WHOSE TOTAL COMPENSATION REMAINS TARGETED AT THE 50TH PERCENTILE) FOR MOST OF MR PHELPS' 20-PLUS YEAR TENURE AS CHIEF EXECUTIVE OFFICER, A WRITTEN AGREEMENT BETWEEN BERKSHIRE HEALTH SYSTEMS (BHS) AND MR PHELPS HAS CALLED FOR BHS (AND ITS AFFILIATES) TO FUND A RETIREMENT PROGRAM THAT, WHEN ADDED TO HIS BASE COMPENSATION AND OTHER ROUTINE BENEFITS, IS INTENDED TO BRING MR PHELPS' TOTAL COMPENSATION CLOSE TO THE 50TH PERCENTILE RANGE OF TOTAL COMPENSATION FOR COMPARABLE EXECUTIVES IN COMPARABLE HEALTHCARE ORGANIZATIONS, AS DETERMINED BY INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION REVIEWERS MR PHELPS' TOTAL COMPENSATION AS REPORTED ON THIS TAX RETURN INCLUDES THE COST OF A LIFE INSURANCE POLICY AS WELL AS CERTAIN OTHER TAXABLE BENEFITS THAT ARE GENERALLY AVAILABLE TO EMPLOYEES OF FAIRVIEW HOSPITAL AND ITS RELATED ORGANIZATIONS MR PHELPS' LIFE INSURANCE PAYMENT IS REPORTED SEPARATELY IN FORM 990 PART VII SECTION A LINE 1A AND SCHEDULE J PART II THE FOLLOWING LIST SHOWS THE ENTITIES TO WHICH THE IDENTIFIED OFFICER PROVIDED SERVICES, THE AVERAGE WEEKLY HOURS ALLOCATED TO EACH ENTITY, AND THE RESPECTIVE ALLOCABLE SHARE OF HIS OR HER ANNUAL COMPENSATION (REPORTABLE COMPENSATION AND OTHER COMPENSATION) FOR CALENDAR 2014 DAVID E PHELPS, PRESIDENT (ALLOCATION IS INCLUSIVE OF \$107,692 ANNUAL LIFE INSURANCE PAYMENT WHICH IS INCLUDED IN FORM 990 PART VII SECTION A LINE 1A ITEM 22 COLUMN E AND SCHEDULE J PART II ITEM 3 COLUMN B (III)) BERKSHIRE MEDICAL CENTER, INC 25 9 WEEKLY HOURS/50 WEEKLY HOURS \$448,719 FAIRVIEW HOSPITAL 3 5 HOURS/50 HOURS \$60,404 BERKSHIRE FACULTY SERVICES, INC 8 6 HOURS/50 HOURS \$151,011 BERKSHIRE INDEMNITY CO, SPC, LTD 2 HOURS/50 HOURS \$30,202 BHS MANAGEMENT SERVICES, INC (10 HOURS/50 HOURS) FOR BENEFIT OF BOURNE MANAGEMENT SYSTEMS, INC \$12,253 GREENFIELD MANAGEMENT SYSTEMS, INC \$11,391 NEW BEDFORD MANAGEMENT SYSTEMS, INC \$12,944 NORTHAMPTON MANAGEMENT SYSTEMS, INC \$11,218 EAST LONGMEADOW MANAGEMENT SYSTEMS, INC \$6,386 DANVERS MANAGEMENT SYSTEMS, INC \$6,040 PEABODY MANAGEMENT SYSTEMS, INC \$10,873 SOUTH YARMOUTH MANAGEMENT SYSTEMS, INC \$6,903 BERKSHIRE PENNSYLVANIA, INC \$1,553 XENIA EAST MANAGEMENT SYSTEMS, INC \$1,553 WILLOWOOD OF GREAT BARRINGTON, INC \$9,492 WILLOWOOD OF NORTH ADAMS, INC \$10,873 WILLOWOOD OF WILLIAMSTOWN, INC \$13,634 HILLCREST EXTENDED CARE SERVICES, INC \$25,197 BERKSHIRE RETIREMENT COMMUNITY, INC \$5,350 BERKSHIRE EXTENDED CARE SERVICES, INC \$690 INTEGRINURSE, INC \$2,071 INTEGRIScript, INC \$5,005 HOSPICECARE IN THE BERKSHIRES, INC \$11,908 PITTSFIELD MANAGEMENT SYSTEMS, INC \$7,249 TOTAL REPORTABLE COMPENSATION AND OTHER COMPENSATION \$862,919 DARLENE RODOWICZ, TREASURER BERKSHIRE MEDICAL CENTER, INC 37 WEEKLY HOURS/50 WEEKLY HOURS \$379,294 FAIRVIEW HOSPITAL 3 HOURS/50 HOURS \$30,754 BERKSHIRE FACULTY SERVICES, INC 7 HOURS/50 HOURS \$71,759 BERKSHIRE INDEMNITY CO, SPC, LTD 2 5 HOURS/50 HOURS \$25,628 BHS MANAGEMENT SERVICES, INC FOR THE BENEFIT OF BERKSHIRE HEALTHCARE SYSTEMS, INC 0 5 HOUR/50 HOURS \$5,126 TOTAL REPORTABLE COMPENSATION AND OTHER COMPENSATION \$512,561</p>

Additional Data

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRIAN T BURKE MD, TRUSTEE/PHYSICIAN	(i) 227,159 (ii) 0	0 0	7,582 0	10,641 0	32,374 0	277,756 0	0 0
DAVID E PHELPS, PRESIDENT/TRUSTEE	(i) 0 (ii) 673,069	0 0	0 39,216	0 11,825	0 31,117	0 755,227	0 0
DAVID E PHELPS, ANNUAL LIFE INSURANCE	(i) 0 (ii) 0	0 0	0 107,692	0 0	0 0	0 107,692	0 0
EUGENE A DELLEA, PRESIDENT, FAIRVIEW HOSPITAL	(i) 0 (ii) 213,707	0 0	0 32,102	0 10,354	0 12,563	0 268,726	0 0
DARLENE M RODOWICZ, TREASURER	(i) 0 (ii) 425,865	0 0	0 47,721	0 11,825	0 27,150	0 512,561	0 0
ADRIAN ELLIOT MD, DIRECTOR, EMERGENCY DEPT	(i) 346,259 (ii) 0	24,003 0	2,110 0	11,925 0	27,945 0	412,242 0	0 0
DOREEN HUTCHINSON, VICE PRESIDENT, OPERATIONS	(i) 181,141 (ii) 0	0 0	30,433 0	9,114 0	32,111 0	252,799 0	0 0
MICHAEL FASANO MD, ANESTHESIOLOGIST	(i) 0 (ii) 377,817	0 16,000	0 18,898	0 11,825	0 31,309	0 455,849	0 0
SURESH GUNDAJI MD, PHYSICIAN	(i) 265,909 (ii) 0	12,295 0	998 0	808 0	28,675 0	308,685 0	0 0
CORINNE D KALSER MD, PHYSICIAN	(i) 252,835 (ii) 0	6,048 0	6,892 0	11,339 0	26,935 0	304,049 0	0 0
WILLIAM F PETRONE MD, PHYSICIAN	(i) 254,741 (ii) 0	11,647 0	11,854 0	10,158 0	14,299 0	302,699 0	0 0
GLEN R LOVEJOY MD, PHYSICIAN	(i) 240,508 (ii) 0	11,647 0	5,546 0	10,382 0	31,166 0	299,249 0	0 0

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH & EDUCATION FACIL AUTHORITY SER F	04-2456011	57586CLN3	07-26-2005	53,089,428	REFUND SER C & D BONDS,CAPITAL EXP		X		X		X
B MASS DEVELOPMENT FINANCE AGENCY BHS ISSUESER G	04-3431814	57583UQP6	05-23-2012	93,491,421	REFUND SER A, B, & E, CAPITAL EXP		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,080,000	7,450,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	55,538,012	93,491,421		
4	Gross proceeds in reserve funds	5,018,901			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,003,800	1,245,681		
8	Credit enhancement from proceeds	898,795			
9	Working capital expenditures from proceeds	73,681			
10	Capital expenditures from proceeds	9,003,428	8,171,944		
11	Other spent proceeds	39,539,407	84,073,796		
12	Other unspent proceeds				
13	Year of substantial completion	2008		2011	
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Collectibles, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNTS SHOWN ON SCHEDULE M, PART I, COLUMN (B) ARE THE NUMBER OF ITEMS RECEIVED CONTRIBUTIONS REPORTED IN PART I, LINES 25, 26, AND 28 WERE IN THE FORM OF GIFT CERTIFICATES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	FAIRVIEW HOSPITAL RELIES ON BHS MANAGEMENT SERVICES, INC (BMS) TO PROVIDE MANAGEMENT AND SUPPORT SERVICES THE FOLLOWING LIST SHOWS POSITIONS THAT ARE HELD BY EMPLOYEES OF BMS AND THE AMOUNT OF COMPENSATION PAID IN CALENDAR YEAR 2014 TO THOSE EMPLOYEES BY BMS DAVID E PHELPS, CHIEF EXECUTIVE OFFICER (SEE COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II) DARLENE M RODOWICZ, CHIEF FINANCIAL OFFICER (SEE COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II) JOHN ROGERS, VP-GENERAL COUNSEL (SEE COMPENSATION REPORTED ON BHS MANAGEMENT SERVICES' FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II) ARTHUR MILANO, VP-HUMAN RESOURCES (SEE COMPENSATION REPORTED ON BHS MANAGEMENT SERVICES' FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II) EUGENE A DELLEA, PRESIDENT-FAIRVIEW HOSPITAL (SEE COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II) ANTHONY J RINALDI, VP-FAIRVIEW HOSPITAL (SEE COMPENSATION REPORTED ON BHS MANAGEMENT SERVICES' FORM 990, PART VII, SECTION A, AND SCHEDULE J, PART II)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BERKSHIRE HEALTH SYSTEMS, INC IS THE SOLE CORPORATE MEMBER

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	BERKSHIRE HEALTH SYSTEMS, INC WILL MAKE THE FORMS 990 FOR BHS AND ITS 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

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.

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 COMPENSATION OF CEO DAVID PHELPS IS REVIEWED AND ESTABLISHED AT LEAST BIANNUALLY BY THE INDEPENDENT VOLUNTEER GOVERNING BODY OF BERKSHIRE HEALTH SYSTEMS, INC (PARENT ORGANIZATION OF FAIRVIEW HOSPITAL), BASED ON PERFORMANCE REVIEWS AND COMPARISON TO INDEPENDENTLY ESTABLISHED, REGIONALLY APPROPRIATE BENCHMARKS FOR SIMILAR POSITIONS IN SIMILARLY SIZED HEALTHCARE ORGANIZATIONS, AS VERIFIED BY INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS SET IN ACCORDANCE WITH GOVERNING BODY ESTABLISHED PRINCIPLES BASED ON COMPARABLE BENCHMARKS IDENTIFIED BY SUCH INDEPENDENT CONSULTANTS IN THE REPORTING YEAR, THE GOVERNING BODY TARGETED TOTAL COMPENSATION FOR MANAGEMENT EMPLOYEES AT THE 60TH PERCENTILE OF APPROPRIATE BENCHMARKS (OTHER THAN THE CHIEF EXECUTIVE OFFICER WHOSE TOTAL COMPENSATION REMAINS TARGETED AT THE 50TH PERCENTILE.)

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN (B)	AVERAGE HOURS PER WEEK EDMUND H HORNSTEIN, DO'S HOURS SHOWN ARE FOR SERVICES AS A TRUSTEE, FOR WHICH HE RECEIVES NO COMPENSATION DR HORNSTEIN RECEIVES PAYMENT FROM BERKSHIRE MEDICAL CENTER FOR PHYSICIAN SERVICES JOHN R KEARNS, MD'S HOURS SHOWN ARE FOR SERVICES AS A TRUSTEE, FOR WHICH HE RECEIVES NO COMPENSATION DR KEARNS RECEIVES PAYMENT FROM BERKSHIRE MEDICAL CENTER FOR PHYSICIAN SERVICES ALL TRUSTEES (BOARD MEMBERS) RECEIVE NO COMPENSATION FOR SERVICES AS TRUSTEES

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN (A)	TRUSTEES NOT SERVING AT FISCAL YEAR-END THE TERMS OF THOMAS O ANDREWS, RICHARD M DOHONEY, AND EDMUND H HORNSTEIN, D O ON THE BOARD OF TRUSTEES (DIRECTORS) EXPIRED PRIOR TO THE END OF THE FISCAL YEAR REPORTED ON THIS RETURN IN ADDITION, THE TERMS OF MARILYN L SPERLING AND ANN H TRABULSI EXPIRED ON 09/30/2015, THE END OF THE FISCAL YEAR REPORTED ON THIS RETURN

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2C	OVERSIGHT OF AUDIT & SELECTION OF INDEPENDENT ACCOUNTANT A COMMITTEE OF THE BOARD OF TRUSTEES HAS RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR FISCAL YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BERKSHIRE HEALTH SYSTEMS INC 725 NORTH ST PITTSFIELD, MA 01201 04-2442944	PARENT CORPORATION	MA	501(C)(3)	11B-II	N/A		No
(2) BERKSHIRE MEDICAL CENTER INC 725 NORTH ST PITTSFIELD, MA 01201 04-2791396	ACUTE CARE HOSPITAL	MA	501(C)(3)	3	N/A		No
(3) BERKSHIRE FACULTY SERVICES INC 725 NORTH ST PITTSFIELD, MA 01201 04-2995053	PHYSICIAN SERVICES	MA	501(C)(3)	11B-II	N/A		No
(4) BHS MANAGEMENT SERVICES INC 725 NORTH ST PITTSFIELD, MA 01201 22-2755258	MANAGEMENT SERVICES	MA	501(C)(3)	11B-II	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TRI-STATE MEDICAL MANAGEMENT CORPORATION 725 NORTH STREET PITTSFIELD, MA 01201 04-2913352	REAL ESTATE MANAGEMENT	MA	FAIRVIEW HOSPITAL	C			100.000 %		No
(2) WILLIAMSTOWN MEDICAL ASSOCIATES PC 197 ADAMS ROAD WILLIAMSTOWN, MA 01267 04-2680535	HEALTHCARE SERVICES	MA	N/A	C					No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
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	
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRI-STATE MEDICAL MANAGEMENT CORP	D	147,014	FAIR MARKET VALUE

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

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

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

Part VII **Supplemental Information**

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

Return Reference**Explanation**