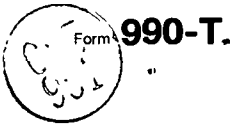


1709



Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017

2016

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

FAIRVIEW HOSPITAL

04-2133860

501(c)(03)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity codes (See instructions)

408(e) 220(e)

725 NORTH STREET

408A 530(a)

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

900099

529(a)

PITTSFIELD, MA 01201-4109

C Book value of all assets at end of year

F Group exemption number (See instructions.)

43,395,899.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

4

BERKSHIRE HEALTH SYSTEMS, INC

04-2442944

Part III Tax Computation			
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____			
c Income tax on the amount on line 34		▶ 35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		▶ 36	
37 Proxy tax. See instructions		▶ 37	
38 Alternative minimum tax		▶ 38	
39 Tax on Non-Compliant Facility Income. See instructions		▶ 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		▶ 40	0.

Part IV Tax and Payments			
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a	
b Other credits (see instructions)		41b	
c General business credit. Attach Form 3800		41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		41d	
e Total credits. Add lines 41a through 41d		41e	
42 Subtract line 41e from line 40		42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
44 Total tax. Add lines 42 and 43		44	0.
45a Payments: A 2015 overpayment credited to 2016		45a	
b 2016 estimated tax payments		45b	
c Tax deposited with Form 8868		45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)		45d	
e Backup withholding (see instructions)		45e	
f Credit for small employer health insurance premiums (Attach Form 8941)		45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶		45g	
46 Total payments. Add lines 45a through 45g		46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		▶ 49	0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶		▶ 50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		X

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Signature of officer <u><i>Daniel Rodon</i></u>	Date <u>12/10/2018</u>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Check <input type="checkbox"/> if self-employed
	Firm's name ▶	Firm's EIN ▶	
	Firm's address ▶	Phone no.	

FAIRVIEW HOSPITAL

04-2133860

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO