EXTENDED TO AUGUST 15, 2018

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Form 990-EZ

Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [X] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [X] Application pending

C Name of organization
THE MEDICAL STAFF OF COOLEY DICKINSON HOSPITAL, INC

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
30 LOCUST ST

City or town, state or province, country, and ZIP or foreign postal code
NORTHAMPTON, MA 01060

D Employer identification number
81-3871395

E Telephone number
413-582-2000

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.COOLEYDICKINSON.ORG

J Tax-exempt status (check only one) — [ ] 501(c)(3) [X] 501(c) (5) ◀(insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 81,375.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	81,375.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	81,375.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	56,438.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	156.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	16,752.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	73,346.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,029.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	339,632.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	347,661.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0.	22	224,521.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24	123,140.
25	**Total assets**	0.	25	347,661.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0.	27	347,661.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a 60,039.

29 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a 9,150.

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 69,189.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [X]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RAYMOND F. CONWAY, MD PRESIDENT	8.00	0.	0.	0.
GEOFFREY ZUCKER, MD VICE PRESIDENT	1.00	0.	0.	0.
NAVNEET MARWAHA, MD SECRETARY	1.00	0.	0.	0.
PETER CHRISTAKOS, MD TREASURER AS OF 9/11/2017	4.00	0.	0.	0.
SANJEEV GOSWAMI, MD DIRECTOR	1.00	0.	0.	0.
TONBIRA ZAMAN, MD DIRECTOR	1.00	0.	0.	0.
KHAMA ENNIS-HOLCOMBE, MD DIRECTOR	1.00	0.	0.	0.
ALAN GARLICK, DMD DIRECTOR	1.00	0.	0.	0.
TUCKER KUENY, MD TREASURER THRU 9/10/17; DIRECTOR	4.00	0.	0.	0.
EDWARD PATTON,MD DIRECTOR	1.00	0.	0.	0.
LISA GLANTZ, MD DIRECTOR	1.00	0.	0.	0.
JONATHAN SCHWAB, MD DIRECTOR	1.00	0.	0.	0.

09

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ PETER CHRISTAKOS Telephone no. ▶ 413-582-2000 Located at ▶ 30 LOCUST ST, NORTHAMPTON, MA ZIP + 4 ▶ 01060			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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 8/10/18 Date

▶ PETER CHRISTAKOS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAMES T. KRUPIENSKI	JAMES T. KRUPIENSKI	08/10/18		P01448008

Firm's name ▶ MEYERS BROTHERS KALICKA, P.C. Firm's EIN ▶ 04-2713795

Firm's address ▶ 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040 Phone no. 413-536-8510

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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

2016

Open to Public Inspection

Name of the organization: THE MEDICAL STAFF OF COOLEY DICKINSON HOSPITAL, INC

Employer identification number: 81-3871395

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETING EXPENSES	6,544.
RECOGNITION AWARDS EXPENSE	890.
CONTINUING MEDICAL EDUCATION PROGRAM EXPENSE	9,150.
MISCELLANEOUS	168.
TOTAL TO FORM 990-EZ, LINE 16	16,752.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
TRANSFER FROM COOLEY DICKINSON HOSPITAL	339,632.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM COOLEY DICKINSON HOSPITAL	0.	123,140.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ASSIST THE MEDICAL STAFF OF COOLEY DICKINSON FULFILL THE REQUIREMENTS SET FORTH BY THE COOLEY DICKINSON HEALTH CARE CORPORATION, THAT IS TO PROVIDE HIGH QUALITY HEALTH CARE TO OUR PATIENTS BY PROVIDING EDUCATION AND TRAINING.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED EDUCATIONAL & QUALITY IMPROVEMENT ACTIVITIES FOR MEMBERS OF THE MEDICAL STAFF OF COOLEY DICKINSON HOSPITAL AND ALL OTHERS WITH DELINEATED PRIVILEGES AT COOLEY

DICKINSON HOSPITAL. PROVIDED A COLLEGIAL AND GOVERNING BODY FOR COOLEY DICKINSON HOSPITAL TO ENSURE A HIGH LEVEL OF PROFESSIONAL PERFORMANCE BY ALL MEMBERS OF THE MEDICAL STAFF THROUGH AN ONGOING REVIEW & EVALUATION OF EACH MEMBER'S PERFORMANCE.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CONTINUING MEDICAL EDUCATION PROGRAM (CME) IS AN EDUCATIONAL PROGRAM DIRECTED TOWARD ENHANCING BOTH THE MEDICAL KNOWLEDGE AND THE SKILLFUL FUNCTIONING OF THE PHYSICIAN STAFF. IT RECEIVES ACCREDITATION FROM THE MASS MEDICAL SOCIETY WHICH IS ITSELF ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION. THE PROGRAM OFFERS ABOUT 60 LIVE EDUCATIONAL PROGRAMS PER YEAR INVITING EXPERT SPEAKERS FROM THIS HOSPITAL, MGH, AND OTHER AREA HOSPITALS. PHYSICIANS ARE ABLE TO COUNT PARTICIPATION IN THESE PROGRAMS TOWARD THE BOARD OF REGISTRATION IN MEDICINE'S REQUIREMENTS FOR RE-LICENSURE.

FORM 990-EZ, PART V LINE 33, ACTIVITIES NOT PREVIOUSLY REPORTED:

THE ORGANIZATION IS THE INCORPORATION OF ACTIVITIES PREVIOUSLY CONDUCTED BY COOLEY DICKINSON HOSPITAL AND PREVIOUSLY REPORTED UNDER THE HOSPITAL'S EIN #. THE HOSPITAL DECIDED ACTIVITIES WERE BETTER CONDUCTED BY A SEPARATE ENTITY WITH ITS OWN GOVERNING BOARD.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

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

2016

Open to Public Inspection

Name of the organization	Employer identification number
THE MEDICAL STAFF OF COOLEY DICKINSON HOSPITAL, INC	81-3871395

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization THE MEDICAL STAFF OF COOLEY DICKINSON HOSPITAL, INC

Employer identification number 81-3871395

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ADAM LAU, MD DIRECTOR	1.00	0.	0.	0.
JOSEPH POLINO, MD DIRECTOR	1.00	0.	0.	0.
HOLLY MICHAELSON, MD DIRECTOR	1.00	0.	0.	0.
MARGARET RUSSO, MD DIRECTOR	1.00	0.	0.	0.
TOR KROGIUS, MD DIRECTOR	1.00	0.	0.	0.
STEVEN ESRICK, MD DIRECTOR	1.00	0.	0.	0.
PAUL BAECHER, MD DIRECTOR	1.00	0.	0.	0.
LINDSAY ROCKWELL, MD DIRECTOR	1.00	0.	0.	0.
NEAL CHUANG, MD DIRECTOR	1.00	0.	0.	0.
JAMES KIRCHHOFFER, MD DIRECTOR	1.00	0.	0.	0.