

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
FAIRVIEW HOSPITAL

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
PITTSFIELD, MA 012014109

D Employer identification number
04-2133860

E Telephone number
(413) 447-2508

G Gross receipts \$ 62,495,255

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BERKSHIREHEALTHSYSTEMS.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1912

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF ALL PEOPLE IN OUR COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY

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

| | |
|--|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 23 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 20 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 379 |
| 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 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 905,921 | 569,909 |
| 9 Program service revenue (Part VIII, line 2g) | 55,571,840 | 59,824,907 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,115,038 | 1,435,831 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 218,160 | 225,352 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 58,810,959 | 62,055,999 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 32,031,633 | 33,899,937 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 179,753 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 22,330,111 | 22,480,619 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 54,361,744 | 56,380,556 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 4,449,215 | 5,675,443 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 49,666,793 | 53,788,024 |
| 21 Total liabilities (Part X, line 26) | 12,972,323 | 12,870,090 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 36,694,470 | 40,917,934 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-08-14

DARLENE RODOWICZ CHIEF FINANCIAL OFFICER/TREASURER
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no | |
| Firm's address ▶ | | | | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF FAIRVIEW HOSPITAL IS TO IMPROVE THE HEALTH OF ALL PEOPLE IN THE BERKSHIRES & 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 \$ 50,290,153 including grants of \$) (Revenue \$ 60,006,873)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 50,290,153

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | 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> | 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> | Yes | |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | No |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | No |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | 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> | | No |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 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> | | 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> | | 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) | | |
| 28a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 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> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| 35b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 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> | | 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> | | 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 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

| | | | | | |
|--|--|------------|-----|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 379 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | No | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | No | |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | Yes | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Yes | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | No | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | No | |

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 (23); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 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? (No); 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-A 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, [x] Another's website, [x] 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 CHIEF FINANCIAL OFFICERTREASURER 725 NORTH STREET PITTSFIELD, MA 012014109 (413) 447-2809

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 | 147,368 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 107,453 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 315,088 | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | 13,017 | | | |
| | h Total. Add lines 1a-1f | | 569,909 | | | |
| Program Service Revenue | 2a NET PATIENT SVC REVENUE | Business Code | | | | |
| | | 622000 | 58,708,033 | 58,708,033 | | |
| | b ANCILLARY SVCS & SALES | 622000 | 1,116,874 | 1,116,874 | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 59,824,907 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 614,854 | | 614,854 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | | 45,709 | | | |
| | | b Less rental expenses | | 2,325 | | |
| | c Rental income or (loss) | | 43,384 | | | |
| | d Net rental income or (loss) | | 43,384 | | 43,384 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | 921 | | |
| | | | 1,084,653 | | | |
| | | b Less cost or other basis and sales expenses | | 264,597 | 0 | |
| | c Gain or (loss) | | 820,056 | 921 | | |
| | d Net gain or (loss) | | 820,977 | | 820,977 | |
| 8a Gross income from fundraising events (not including \$ 147,368 of contributions reported on line 1c) See Part IV, line 18 | a | | 172,334 | | | |
| | b Less direct expenses | | 172,334 | | | |
| | 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 | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a CAFETERIA SALES | 722514 | 181,968 | | 181,968 | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 181,968 | | | | |
| 12 Total revenue. See Instructions | | 62,055,999 | 59,824,907 | 0 | 1,661,183 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 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. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 969,282 | 966,146 | 2,430 | 706 |
| 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 | 26,041,299 | 25,726,736 | 243,750 | 70,813 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 967,263 | 955,589 | 9,045 | 2,629 |
| 9 Other employee benefits | 4,207,256 | 4,162,203 | 35,055 | 9,998 |
| 10 Payroll taxes | 1,714,837 | 1,694,600 | 15,681 | 4,556 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 5,236,985 | | 5,236,985 | |
| b Legal | 289 | | 289 | |
| c Accounting | | | | |
| d Lobbying | 28,281 | 28,281 | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees | 19,710 | | 19,710 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,128,546 | 3,109,499 | 5,292 | 13,755 |
| 12 Advertising and promotion | 142,987 | 99,377 | 1,187 | 42,423 |
| 13 Office expenses | 5,457,782 | 5,397,259 | 50,611 | 9,912 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 896,901 | 886,465 | 8,225 | 2,211 |
| 17 Travel | 187,998 | 182,428 | 2,179 | 3,391 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 133,322 | 133,322 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,281,049 | 2,254,130 | 26,919 | |
| 23 Insurance | -92,636 | -91,543 | -846 | -247 |
| 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 BAD DEBT | 1,707,695 | 1,707,695 | | |
| b MAINTENANCE & REPAIRS | 874,192 | 863,875 | 10,317 | |
| c MINOR EQUIPMENT | 630,492 | 627,167 | 3,278 | 47 |
| d HEALTH SAFETY NET ASSES | 498,055 | 498,055 | | |
| e All other expenses | 1,348,971 | 1,088,869 | 240,543 | 19,559 |
| 25 Total functional expenses. Add lines 1 through 24e | 56,380,556 | 50,290,153 | 5,910,650 | 179,753 |
| 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|-----------------------|
| Assets | 1 Cash—non-interest-bearing | 9,916 | 1 | 22,768 |
| | 2 Savings and temporary cash investments | 420,429 | 2 | 458,547 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 6,605,924 | 4 | 6,242,807 |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | 795,485 | 8 | 923,054 |
| | 9 Prepaid expenses and deferred charges | 206,450 | 9 | 45,092 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 39,688,936 | | |
| | b Less accumulated depreciation | 10b 27,197,485 | 12,433,130 | 10c 12,491,451 |
| | 11 Investments—publicly traded securities | 23,343,944 | 11 | 24,583,938 |
| | 12 Investments—other securities See Part IV, line 11 | 3,067,400 | 12 | 3,197,532 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 2,784,115 | 15 | 5,822,835 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 49,666,793 | 16 | 53,788,024 | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,556,826 | 17 | 3,476,171 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 21,560 | 19 | 19,112 |
| | 20 Tax-exempt bond liabilities | 3,913,975 | 20 | 3,586,965 |
| | 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 | 5,479,962 | 25 | 5,787,842 |
| | 26 Total liabilities. Add lines 17 through 25 | 12,972,323 | 26 | 12,870,090 |
| 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 | 33,014,860 | 27 | 36,914,498 |
| | 28 Temporarily restricted net assets | 3,421,368 | 28 | 3,745,194 |
| | 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 | 36,694,470 | 33 | 40,917,934 | |
| 34 Total liabilities and net assets/fund balances | 49,666,793 | 34 | 53,788,024 | |

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 | 62,055,999 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 56,380,556 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 5,675,443 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 36,694,470 |
| 5 | Net unrealized gains (losses) on investments | 5 | -19,532 |
| 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 | -1,432,447 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 40,917,934 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 04-2133860

Name: FAIRVIEW HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

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 FY2019 "COMMUNITY BENEFITS REPORT" AT [HTTPS //WWW CHARITIES AGO STATE MA US/CHARITIES/](https://www.charities.ago.state.ma.us/charities/) FOR MORE DETAILS

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 | | | |
| RICHARD ALCOMBRIGHT TRUSTEE TERM BEGAN 1/1/2019 | 1 00 | X | | | | | | 0 | 0 | 0 |
| JEROME ANDERSON TRUSTEE TERM ENDED 12/31/2018 | 2 00 | X | | | | | | 0 | 0 | 0 |
| MARCELLA BRADWAY TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY DOHERTY TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| DANIEL DOYLE TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| AFRANCIS KING TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| JONATHAN GRENOBLE TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| DENNIS HOGAN TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN KIRMANIK TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |
| GEORGE SMITH TRUSTEE TERM ENDED 12/31/2018 | 0 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| THOMAS O ANDREWS TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| ALFRED A BARBALUNGA TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| JOHN L BISSELL TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| BRONLY S BOYD TRUSTEE/CHAIRMAN | 1 00 2 00 | X | | X | | | | 0 | 0 | 0 |
| ALBERT BRAVO DPM TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| BRIAN T BURKE MD TRUSTEE/PHYSICIAN | 49 00 1 00 | X | | | | | | 237,343 | 0 | 41,513 |
| TIMOTHY BURKE TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT CELLA JR MD TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| KIT DOBELLE TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID HALL TRUSTEE TERM BEGAN 1/1/2019 | 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 | Insttutchnal Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EDMUND HORNSTEIN DO TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| ELLEN L KENNEDY TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| JAMES G KOLESAR TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL MCINERNEY MD TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| LAURIE NORTON MOFFATT TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| DAVID E PHELPS PRESIDENT/TRUSTEE | 3 50 46 50 | X | | X | | | | 0 | 784,434 | 46,882 |
| BARTON D RASER TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| CAROLE G SIEGEL TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| VIRGINA STANTON SMITH ESQ TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| ERWIN A STUEBNER 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 | | | |
| JOSEPH C THOMPSON TRUSTEE | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| EMILY WILLIAMS PHD TRUSTEE TERM BEGAN 1/1/2019 | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| CHERYL M BOUDREAU CLERK | 2 00 38 00 | | | X | | | | 0 | 115,683 | 17,882 |
| DARLENE M RODOWICZ TREASURER | 3 00 47 00 | | | X | | | | 0 | 551,301 | 40,216 |
| ADRIAN ELLIOT MD DIRECTOR, EMERGENCY DEPT | 50 00 | | | | X | | | 381,743 | 0 | 44,315 |
| DOREEN HUTCHINSON VICE PRESIDENT, OPERATIONS | 50 00 | | | | X | | | 227,604 | 0 | 44,591 |
| ALEC R BELMAN MD PHYSICIAN/FORMER KEY EE | 50 00 | | | | | X | | 407,124 | 0 | 40,059 |
| JOSHUA M PACHECO MD PHYSICIAN | 50 00 | | | | X | | | 352,913 | 0 | 41,697 |
| ARTHUR E CHIN MD PHYSICIAN | 50 00 | | | | X | | | 285,119 | 0 | 47,189 |
| JENNIFER A NYKIEL PHYSICIAN | 50 00 | | | | X | | | 273,978 | 0 | 31,618 |

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 | | | |
| CHRISTOPHER CLARK PHYSICIAN | 50 00 | | | | | X | | 223,701 | 0 | 49,073 |

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 above (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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** 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
- 17a 10%-facts-and-circumstances test—2018.** 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
- b 10%-facts-and-circumstances test—2017.** 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
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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. | | |
| | 1 | | |
| 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). | | |
| | 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. | | |
| | 3a | | |
| 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. | | |
| | 3b | | |
| 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. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| 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. | | |
| | 4b | | |
| 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. | | |
| | 4c | | |
| 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). | | |
| | 5a | | |
| 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? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 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 I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 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 . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) 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 . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| 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.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 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? <i>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.</i> | | |
| 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? <i>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.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 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)? <i>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).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> 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? <i>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.</i> | Yes | No |
| 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? <i>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.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 (explain in Part VI). **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) | | |

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

| 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 04-2133860

Name: FAIRVIEW HOSPITAL

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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 on 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 | | 28,281 |
| j Total Add lines 1c through 1i | | | 28,281 |
| 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 HEALTH & HOSPITAL ASSOCIATION (MHA) A PORTION OF THESE DUES ARE USED BY THE AHA AND THE MHA TO CONDUCT LOBBYING ACTIVITIES FOR THE FYE 09/30/2019, THE PORTION OF THE DUES PAID TO THE AHA FOR LOBBYING ACTIVITIES WAS \$3,260, AND THE PORTION OF THE DUES PAID TO THE MHA FOR LOBBYING ACTIVITIES WAS \$25,021, FOR A TOTAL OF \$28,281 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,641,198 | 1,558,385 | 1,453,671 | 1,368,237 | 1,377,268 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 59,941 | 82,813 | 104,714 | 85,434 | -9,031 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,701,139 | 1,641,198 | 1,558,385 | 1,453,671 | 1,368,237 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 15 180 %
 - c** Temporarily restricted endowment ▶ 84 820 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | No | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | No | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 16,887 | | 16,887 |
| b Buildings | | 2,144,669 | 2,115,001 | 29,668 |
| c Leasehold improvements | | 2,286,042 | 1,107,690 | 1,178,352 |
| d Equipment | | 24,361,946 | 17,569,531 | 6,792,415 |
| e Other | | 10,879,392 | 6,405,263 | 4,474,129 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 12,491,451 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) BLACKROCK EQUITY INDEX FUND B | 3,197,532 | F |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 3,197,532 | |

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

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

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) DUE FROM AFFILIATES | 5,306,380 |
| (2) DEFERRED COMPENSATION | 502,970 |
| (3) LIFE INSURANCE-CASH VALUE | 13,485 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 5,822,835 |

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

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| DUE TO THIRD PARTY PAYORS | 4,354,946 |
| ACCRUED FIN 47 ACCRETION | 929,926 |
| DEFERRED COMPENSATION | 502,970 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 5,787,842 |

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 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' on 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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
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Additional Data

Software ID:

Software Version:

EIN: 04-2133860

Name: FAIRVIEW HOSPITAL

Supplemental 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 |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | FIN 48 (ASC 740) FOOTNOTE THE FINANCIAL ACTIVITIES OF FAIRVIEW HOSPITAL ARE INCLUDED WITHIN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018 THOSE FINANCIALS INCLUDE THE FOLLOWING FOOTNOTE ADDRESSING ANY LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48, STATING "THE HEALTH SYSTEM FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE LIKELY THAN NOT' THRESHOLD THE HEALTH SYSTEM HAS DETERMINED THAT THERE ARE NO SUCH POSITIONS, INDIVIDUALLY OR IN THE AGGREGATE, THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS " |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

Name of the organization FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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... 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... 2b If "Yes," list the ten highest paid individuals or entities...

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 a Total row at the bottom.

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" on 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) |
|------------------------|---|-----------------------------|--|-----------------|---|
| | | <u>GALA</u> (event type) | <u>GOLF TOURNAMENT</u> (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 274,409 | 45,293 | | 319,702 |
| | 2 Less Contributions | 120,454 | 26,914 | | 147,368 |
| | 3 Gross income (line 1 minus line 2) | 153,955 | 18,379 | | 172,334 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 19,334 | 8,184 | | 27,518 |
| | 7 Food and beverages | 32,417 | 2,640 | | 35,057 |
| | 8 Entertainment | 54,954 | | | 54,954 |
| | 9 Other direct expenses | 47,250 | 7,555 | | 54,805 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 172,334 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 0 |

Part III Gaming. Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 |
|------------------|-------------|
|------------------|-------------|

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
 FAIRVIEW HOSPITAL

Employer identification number
 04-2133860

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|--|-----------|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 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 | | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or 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"? | 4 | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c 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? | 5c | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b If "Yes," did the organization make it available to the public? | 6b | Yes | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 513,433 | | 513,433 | 0.940 % |
| b Medicaid (from Worksheet 3, column a) | | | 6,734,634 | 6,944,370 | 0 | 0 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 218,540 | 204,151 | 14,389 | 0.030 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 7,466,607 | 7,148,521 | 527,822 | 0.970 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 500,227 | | 500,227 | 0.910 % |
| f Health professions education (from Worksheet 5) | | | 429,446 | | 429,446 | 0.790 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 200,653 | | 200,653 | 0.370 % |
| j Total. Other Benefits | | | 1,130,326 | | 1,130,326 | 2.070 % |
| k Total. Add lines 7d and 7j | | | 8,596,933 | 7,148,521 | 1,658,148 | 3.040 % |

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 | | | 6,046 | | 6,046 | 0.010 % |
| 2 Economic development | | | 3,800 | | 3,800 | 0.010 % |
| 3 Community support | | | 244,507 | | 244,507 | 0.450 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 42,778 | | 42,778 | 0.080 % |
| 9 Other | | | | | | |
| 10 Total | | | 297,131 | | 297,131 | 0.550 % |

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? | 1 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. | 2 | 1,707,695 |
| 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. | 3 | |
| 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). | 5 | 22,569,336 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 22,356,827 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | 212,509 |
| 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? | 9a | Yes |
| b 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. | 9b | 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 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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 | |
| 6 a | 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>SEE PART V SECTION C</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| 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 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V SECTION C</u> | Yes | |
| a | | | |
| 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 |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on 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)

Financial Assistance Policy (FAP)

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | 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>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 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? 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) | Yes | |
| 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 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V SECTION C</u> | | |
| 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 checked="" 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 checked="" 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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No | |
|-----------|--|-----|-----|----|
| 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 nonpayment? | 17 | 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 | Did the hospital facility or other authorized 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 | 19 | | 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <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 19 (check all that apply) | | | |
| a | <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | | |
| b | <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| c | <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | | |
| d | <input type="checkbox"/> Made presumptive eligibility determinations | | | |
| 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 | 21 | 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) | | | |

Part V Facility Information *(continued)*

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

FAIRVIEW HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

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

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

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 1 - FAIRVIEW HSP OUTPATNT PHYSICAL THERAPY 10 MAPLE AVE GREAT BARRINGTON, MA 01230 | OUTPATIENT SERVICES |
| 2 2 - FAIRVIEW PHYSICAL & SPORTS THERAPY CTR 710 STOCKBRIDGE RD STE 1 LEE, MA 01238 | OUTPATIENT SERVICES |
| 3 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

990 Schedule H, Supplemental Information

| 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 BAD DEBT EXPENSE HAS BEEN EXCLUDED FROM THE COMPUTATION OF ALL COMMUNITY BENEFIT EXPENSE SHOWN IN PART I, LINE 7 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LN 7 COL(F) | COMPUTATION OF COMMUNITY BENEFIT EXPENSE PERCENTAGES - BAD DEBT EXPENSE OF \$1,707,695 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) |

990 Schedule H, Supplemental Information

| 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 2019 COMMUNITY BENEFITS REPORT CAN BE ACCESSED AT HTTPS //WWW CHARITIES AGO STATE MA US/CHARITIES/ |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| <p>PART II, COMMUNITY BUILDING ACTIVITIES</p> | <p>AS SUMMARIZED IN PART II, EXPENDITURES BY FAIRVIEW HOSPITAL TO PROTECT OR IMPROVE THE COMMUNITY'S HEALTH OR SAFETY INCLUDE THE FOLLOWING LINE 1 PHYSICAL IMPROVEMENTS & HOUSING LOW INCOME HOUSING ASSISTANCE - COMMUNITY BENEFIT EXPENSE \$6,046 THE HOSPITAL DONATED MONEY TO A LOCAL NON-PROFIT WHICH HELPS PROVIDE HOUSING ASSISTANCE TO LOW INCOME INDIVIDUALS LINE 2 ECONOMIC DEVELOPMENT FACILITY USAGE - COMMUNITY BENEFIT EXPENSE \$3,800 THE HOSPITAL DONATED USE OF MEETING SPACE TO LOCAL GROUPS WHICH ASSIST IN CREATING NEW EMPLOYMENT OPPORTUNITIES IN THE HOSPITAL'S SERVICE AREA LINE 3 COMMUNITY SUPPORT EMERGENCY PREPAREDNESS - COMMUNITY BENEFIT EXPENSE \$33,504 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 LINE 3 COMMUNITY SUPPORT MEDICAL RESERVE CORPS - COMMUNITY BENEFIT EXPENSE \$68,060 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 LINE 3 COMMUNITY SUPPORT COMMUNITY INFECTION CONTROL - COMMUNITY BENEFIT EXPENSE \$9,956 FAIRVIEW HOSPITAL SPONSORED FREE COMMUNITY FLU CLINICS FUNDS WERE USED TO PAY FOR THE CLINIC PLANNER, NURSES, SUPPLIES AND ADVERTISING LINE 3 COMMUNITY SUPPORT EMS COORDINATOR - COMMUNITY BENEFIT EXPENSE \$70,679 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 LINE 3 COMMUNITY SUPPORT HAZARDOUS MATERIALS RESPONSE DRILLS - COMMUNITY BENEFIT EXPENSE \$62,308 FAIRVIEW CONDUCTS COMMUNITY-WIDE HAZARDOUS MATERIAL FULL-SCALE EXERCISES WHICH INCLUDE PARTICIPATION FROM LOCAL POLICE, FIRE, AND EMS AGENCIES LINE 8 WORKFORCE DEVELOPMENT PHYSICIAN RECRUITMENT - COMMUNITY BENEFIT EXPENSE \$13,978 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 LINE 8 WORKFORCE DEVELOPMENT COMMUNITY EDUCATION - COMMUNITY BENEFIT EXPENSE \$28,800 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> |

990 Schedule H, Supplemental Information

| 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 |

990 Schedule H, Supplemental Information

| 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) |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | FOOTNOTE 4 ("CHARITY CARE") TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION OF BERKSHIRE HEALTH SYSTEMS, INC AND AFFILIATES (INCLUDING FAIRVIEW HOSPITAL) FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018 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 " |

990 Schedule H, Supplemental Information

| 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 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 9B | <p>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</p> |

990 Schedule H, Supplemental Information

| 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> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>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 CARE DUE TO COVERAGE, AND HAS INVESTED IN ADDITIONAL SPACE FOR THE ADVOCAY FOR ACCESS TEAM THE NEW OFFICE IS LOCATED OFF OF THE MAIN HALLWAY AND OFFERS A LESS PUBLIC AREA TO HANDLE THE INCREASED UTILIZATION AND PRIVACY REQUIREMENTS NEEDED TO OFFER A SAFE AND RESPECTFUL ENVIRONMENT FLEXIBLE HOURS, INDIVIDUAL APPOINTMENTS, AND TRANSLATION SERVICES ARE OFFERED 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</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| 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 CLOSELY WITH BOTH THE LOCAL HOMELESS SHELTER AND VOLUNTEERS IN MEDICINE TO ARRANGE FOR APPROPRIATE CLINICAL CARE FOR THIS VULNERABLE POPULATION FAIRVIEW ALSO DONATES UNSOLD FRESHLY COOKED MEALS FROM ITS LUNCH AND DINNER SERVICES TO CONSTRUCT, A GREAT BARRINGTON NON-PROFIT "COMMITTED TO AFFORDABLE HOUSING FOR EVERYONE IN THE SOUTHERN BERKSHIRE REGION " THESE MEALS ARE DONATED THREE DAYS A WEEK, SUPPORTING THE SHELTER AND AVOIDING UNNECESSARY WASTE OF HIGH QUALITY FOODS 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 |
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| PART VI, LINE 5 | <p>PROMOTION OF COMMUNITY HEALTH - FURTHERING OUR CHARITABLE PURPOSE AS PART OF BERKSHIRE HEA LTH SYSTEMS, FAIRVIEW HOSPITAL'S COMMUNITY BENEFIT MISSION IS COMMITTED TO IDENTIFY, PRIOR ITIZE, AND MAKE INVESTMENTS THAT ADDRESS OUR COMMUNITIES' HEALTH NEEDS AND RAISE THE HEALT H STATUS OF OUR NEIGHBORS FAIRVIEW HOSPITAL IS COMMITTED TO BUILD A HEALTHIER COMMUNITY A ND APPROACHES THIS CHALLENGE AS A KEY LEADER IN A REGIONAL NETWORK THAT IS FOCUSED ON ADDR ESSING PRIORITY HEALTH ISSUES AMONG VULNERABLE POPULATIONS THROUGH OFFERING HIGH QUALITY E DUCATION, PROGRAMS AND SERVICES THAT WILL IMPROVE HEALTH STATUS FAIRVIEW SERVES AS THE RU RAL REGION'S PRIMARY HEALTHCARE ORGANIZATION, AND ADDRESSES THE NEEDS OF "AT RISK AND VULN ERABLE 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 CATALY ST 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 C OMMITTEE WHICH MEETS ONCE A YEAR AND PROVIDES A PLATFORM THAT FOCUSES ON THE TWELVE SOUTHE RN BERKSHIRE TOWNS IN ITS SERVICE AREA, ENGAGING COMMUNITY PROFESSIONALS ON THE SPECIFIC N EEDS OF OUR GEOGRAPHIC DISTRICT THE FHCBC INCLUDES THE PRESIDENT, TWO VICE PRESIDENTS, AN D LEADERS OF THE HOSPITAL DEPARTMENTS AND STAFF WHO ARE DIRECTLY INVOLVED WITH PATIENTS, A LLOWING A GREATER FOCUS ON THE SPECIFIC NEEDS OF THIS GEOGRAPHIC DISTRICT THROUGH A MULTID ISCIPLINARY APPROACH TO IDENTIFY EMERGING HEALTH ISSUES IN THE COMMUNITY THROUGH THE COMMU NITY BENEFITS REPORTING PROCESS, FAIRVIEW HAS ARTICULATED AND QUANTIFIED THE ISSUES AND RE SPONSES THAT ADDRESS PRIORITY NEEDS FROM THE STATEWIDE FRAMEWORK DEVELOPED BY THE MASSACHU SETTS ATTORNEY GENERAL'S OFFICE AS THE CENTER OF HEALTHCARE IN THE SOUTHERN BERKSHIRES, F AIRVIEW PROVIDES THE SAFETY NET AND PRIMARY SERVICES THAT ARE VITAL TO THE COMMUNITY'S HEA LTH 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 COMM UNITY, REPRESENTING VARIOUS DEMOGRAPHIC AND CONSTITUENCY GROUPS, SERVE ON OUR GOVERNING BO ARDS AS WELL AS VARIOUS COMMITTEES, INCLUDING THE PATIENT FAMILY ADVISORY COUNCIL, THE ETH ICS 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 AN D, 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 2019, T HE CURRENT GOVERNING BODY OF FAIRVIEW HOSPITAL CONSISTED OF 16 COMMUNITY VOLUNTEERS, SIX P HYSICIAN REPRESENTATIVES, AND AS AN EX-OFFICIO MEMBER, THE CHIEF EXECUTIVE OFFICER THE CO MMUNITY 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 LEA DERS MOST COMMITTEES OF THE BOARD OF TRUSTEES INCLUDE ADDITIONAL COMMUNITY REPRESENTATIVE S FAIRVIEW ALSO MAINTAINS A PATIENT AND FAMILY COUNCIL TO PROVIDE INPUT AND ADVICE ON A W IDE RANGE OF SERVICE TOPICS THE MEDICAL STAFF OF FAIRVIEW HOSPITAL IS OPEN TO ALL PHYSICIA NS WHO MEET CLINICAL AND PATIENT SERVICE CRITERIA, ALTHOUGH CERTAIN HOSPITAL BASED SERVICE S - RADIOLOGY, ANESTHESIA, EMERGENCY DEPARTMENT AND PATHOLOGY - ARE FUNCTIONALLY CLOSED BE CAUSE OF THE MANNER IN WHICH THOSE DEPARTMENTS ARE STRUCTURED FAIRVIEW REGULARLY EXPENDS P ERSONNEL AND FINANCIAL RESOURCES IN SUPPORT OF COMMUNITY INITIATIVES THAT PROMOTE IMPROVEM ENTS IN COMMUNITY HEALTH AND WELL-BEING FOR WHICH IT DOES NOT EXPECT REIMBURSEMENT THE HO SPITAL UTILIZES SURPLUS FUNDS FOR CAPITAL IMPROVEMENTS, TO MAINTAIN ACCESS TO HOSPITAL SER VICES AND PRIMARY CARE, TO EXPAND ACCESS POINTS OF CARE, AND TO SUPPORT SERVICES THAT SUPP ORT COMMUNITY BENEFIT PRIORITIES INCLUDING CHRONIC DISEASE, EDUCATION, AND ACCESS TO CARE FAIRVIEW'S EXTENSIVE COMMUNITY OUTREACH AND SUPPORT PROGRAMS INCLUDE TOBACCO TREATMENT, P ARKINSON'S EXERCISE, AND CPR AND LIFE SAFETY TRAINING IN ADDITION, FAIRVIEW PROVIDES FINA NCIAL SUPPORT FOR LOCAL INITIATIVES, INCLUDING YOUTH SPORTS AND RECREATION, PROGRAMS SUPPO RTING 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 M EDICALLY UNDERSERVED REGION A HIGH PRIORITY HAS B</p> |

| Form and Line Reference | Explanation |
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| 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 THE PRIORITY OF ADDRESSING YOUTH OBESITY. STATISTICS PROVIDED BY THE SCHOOL DISTRICTS REFLECT HIGH RATES OF OBESITY AMONG YOUTH IN THE AREA, A SIGNIFICANT THREAT TO THE IMMEDIATE AND LONG-TERM HEALTH STATUS OF OUR COMMUNITY. FAIRVIEW HOSPITAL SUCCESSFULLY EXPANDED BERKSHIRE MEDICAL CENTER'S OPERATION BETTER START PROGRAM TO SOUTHERN BERKSHIRE COUNTY, PROVIDING A TEAM OF NUTRITION SPECIALISTS WHO PROVIDE EDUCATION AND SUPPORT. EARLY EFFORTS TO REACH THE ADOLESCENT POPULATION WERE LIMITED DUE TO LIMITED ACCESS TO HOSPITAL-BASED PROGRAMS DUE TO GEOGRAPHIC AND TRANSPORTATION OBSTACLES TO ATTENDANCE. IN RESPONSE, OPERATION BETTER START INSTITUTED THE "TAKE SIX" PROGRAM IN COLLABORATION WITH THE REGIONAL HIGH SCHOOL. OFFERED AT THE SCHOOL DURING THE SCHOOL DAY, YOUTH ARE ABLE TO ACCESS THE SUPPORT AND INFORMATION AVAILABLE. NOW THE SERVICES ARE AVAILABLE BOTH AT THE HOSPITAL AND IN THE COMMUNITY. IN ADDITION TO OPERATION BETTER START AND NUTRITION COUNSELING SERVICES, FAIRVIEW HOSPITAL OFFERS A SIX-WEEK MINDFULNESS BASED EATING PROGRAM, AN INNOVATIVE WELLNESS PROGRAM DESIGNED TO HELP INDIVIDUALS IMPROVE THEIR HEALTH THROUGH IMPROVED EATING HABITS. INCREASED AWARENESS OF EATING HABITS AND THE IMPACT OF THESE HABITS HAVE RECEIVED POSITIVE REVIEWS FROM ATTENDEES AS THE HUB OF HEALTHCARE IN THE SOUTHERN BERKSHIRES, FAIRVIEW IS COMMITTED TO PROVIDING ROLE MODELING FOR THE COMMUNITY BY SETTING A HIGH 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. SODA IS NO LONGER AVAILABLE AT FAIRVIEW HOSPITAL. </p> |

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| Form and Line Reference | Explanation |
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| 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 |

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 04-2133860**Name:** FAIRVIEW HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

| Section A. Hospital Facilities | | 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 |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u> | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 1 | FAIRVIEW HOSPITAL 29 LEWIS AVENUE GREAT BARRINGTON, MA 012301796 BERKSHIREHEALTHSYSTEMS.ORG/FAIRVIEW 2052 | X | X | | | X | | X | | | |

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 |
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| FAIRVIEW HOSPITAL | <p>PART V, SECTION B, LINE 5 COMMUNITY HEALTH NEEDS ASSESSMENT - FAIRVIEW HOSPITAL HAS UTILIZED A MULTI-FACETED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) STRATEGY AS PART OF ITS ONGOING COMMUNITY BENEFITS PLANNING PROCESS. FAIRVIEW'S CHNA IS PART OF BERKSHIRE HEALTH SYSTEM'S REGIONALLY FOCUSED CHNA. BERKSHIRE MEDICAL CENTER, FAIRVIEW'S AFFILIATE HOSPITAL IN PITTSFIELD, IS CLOSELY ALIGNED AND INTEGRATED WITH FAIRVIEW HOSPITAL SERVICES AND THE COMMUNITY BENEFITS PLANNING PROCESS REFLECTS THE REGIONAL INTEGRATION OF BERKSHIRE HEALTH SYSTEMS SERVICES. FAIRVIEW PARTICIPATES AS A PARTNER IN BMC'S COMMUNITY BENEFITS COMMITTEE MEETINGS AND REPORTS IN CONJUNCTION WITH MANY BMC COMMUNITY BENEFITS PROGRAMS AND SERVICES. FAIRVIEW ALSO ENHANCES THE BMC ASSESSMENT AND PLANNING PROCESS WITH ITS OWN EFFORTS THAT FOCUS ON THE THIRTEEN RURAL TOWNS OF THE SOUTHERN BERKSHIRE SERVICE AREA THAT ARE IDENTIFIED AS FAIRVIEW'S PRIMARY SERVICE AREA. FOCUS GROUPS, INDIVIDUAL INTERVIEWS, SURVEYS, PATIENT FEEDBACK, PARTICIPATION IN NUMEROUS LOCAL GROUPS AND ORGANIZATIONS, AS WELL AS CLINICAL, HEALTH STATUS, DEMOGRAPHIC AND SOCIO-ECONOMIC DATA ALL ARE USED TO PROVIDE A MORE IN-DEPTH SOURCE OF INFORMATION ABOUT THE NEEDS OF THE RESIDENTS. FAIRVIEW'S WELLNESS AND OUTREACH PROGRAMS ARE WIDE-RANGING. IN-HOSPITAL EDUCATION PROGRAMS, BOTH FREE AND LOW-COST, ARE DESIGNED TO RAISE HEALTH LITERACY AND AWARENESS THROUGH PROGRAMMING FOCUSING ON SPECIFIC HEALTH ISSUES INCLUDING HEART DISEASE, PULMONARY DISEASE, NUTRITION, AND DIABETES, AMONG THE TOPICS REGULARLY OFFERED. THE PROGRAMS ARE PRESENTED BY MEMBERS OF FAIRVIEW HOSPITAL'S MEDICAL STAFF. FAIRVIEW IS ACTIVE IN THE COMMUNITY AS WELL, LEADING ITS OWN SPECIAL PROGRAMS SUCH AS HEART NIGHT AND BEING AN ACTIVE PARTICIPANT IN THE EVENTS AND INITIATIVES TO REACH THE TARGETED AUDIENCES OF OTHER ORGANIZATIONS INCLUDING SENIOR CENTERS, SCHOOLS AND SOCIAL AGENCIES. AS PART OF THE LARGER SYSTEMS INTEGRATION, FAIRVIEW HAS BENEFITED FROM RESOURCES THAT RESULTED IN OFFERING CHRONIC DISEASE MANAGEMENT PROGRAMS, MOST NOTABLY THE PREVENTION WELLNESS TRUST FUND, AS WELL AS THE LAUNCH OF BHS' CANYON RANCH INSTITUTE LIFE ENHANCEMENT PROGRAM, A FREE 12-WEEK PROGRAM HELPING COMMUNITY MEMBERS TAKE CHARGE OF THEIR HEALTH. ADDITIONALLY, FAIRVIEW WORKS CLOSELY WITH BMC'S EMERGENCY MANAGEMENT PROGRAM WITH EXTENSIVE NETWORKING, TRAINING, EDUCATION, SUPPORT AND RESOURCES FOR REMOTE AREA EMERGENCY RESPONSE TEAMS TO BUILD COMMUNITY CAPACITY BEYOND FAIRVIEW'S WALLS. THESE RURAL COMMUNITIES, MANY OF WHICH ARE SUPPORTED BY VOLUNTEERS, RELY ON FAIRVIEW HOSPITAL AND OTHERWISE WOULD NOT HAVE ACCESS TO THESE RESOURCES THROUGH ITS LOCALIZED PLANNING PROCESS. FAIRVIEW IS AWARE OF COMMUNITY VULNERABILITIES AND NEEDS. IN RESPONSE, FAIRVIEW OFFERS TARGETED PROGRAMS, SUPPORT AND SERVICES BASED ON IDENTIFIED HEALTH ISSUES. FOR EXAMPLE, THE RISING FOOD VULNERABILITY OF YOUNG FAMILIES, AS EVIDENCED IN ESCALATING NUMBER OF CHILDREN RECEIVING FREE AND LOW-COST MEALS DURING THE SCHOOL YEAR.</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 | EAR, LED FAIRVIEW TO PARTNER WITH THE LOCAL ELEMENTARY SCHOOL DURING THE SUMMER MONTHS IN THE SUMMER BACKPACK PROGRAM WHICH PROVIDES A BACKPACK OF FOOD FOR FAMILIES WHOSE CHILDREN ARE ENROLLED IN THE SUMMER EDUCATION PROGRAM ANOTHER EXAMPLE THAT RESPONDS TO LOCAL NEED ADDRESSES THE ALARMING RATE OF ROAD FATALITIES IN THE SOUTHERN BERKSHIRES THAT FAR SURPASS ES STATE AND NATIONAL STATISTICS IN RESPONSE, FAIRVIEW HOSPITAL SPONSORS DRIVING SAFETY P ROGRAMS FOR SENIORS AS WELL AS TEENS, AS WELL AS PROVIDING BRIGHTLY COLORED WALKING VESTS TO MAKE PEDESTRIANS MORE VISIBLE ON THE ROADS |

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 OUT REACH, 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, TRI-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 2015-2019 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 F</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>OR 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 AS A STANDING COMMITTEE OF THE BOARD OF TRUSTEES - IT SELF 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 COUNTY HEALTH INITIATIVE (CHI) WITH THE GOAL OF WORKING TOGETHER TO IMPROVE COMMUNITY HEALTH THE LEADERSHIP TEAM OF THE CHI INCLUDES BERKSHIRE MEDICAL CENTER, FAIR VIEW 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 2015-2018 COMMUNITY HEALTH NEEDS ASSESSMENT THESE INCLUDE, BUT ARE NOT LIMITED TO:</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>TED 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 2015-2019 PERIOD LISTED BELOW ARE THE IDENTIFIED PRIORITY HEALTH NEEDS, INCLUDING THE HOSPITAL'S STRATEGIC PRIORITY HEALTH NEEDS 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 CHNA INCLUDES 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 |
|--|--|
| SCHEDULE H (FORM 990) PART V, SECTION B, LINE 7A | THE HOSPITAL'S LATEST CHNA REPORT IS AVAILABLE ON THE HEALTH SYSTEMS' WEBSITE, WWW.BERKSHIREHEALTHSYSTEMS.ORG USING THE QUICK LINKS DROP-DOWN LIST AT THE TOP OF THE PAGE, SELECT "COUNTY HEALTH NEEDS ASSESSMENT" |

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 |
|---|---|
| SCHEDULE H (FORM 990) PART V, SECTION B, LINE 10A | THE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE ON THE HEALTH SYSTEMS' WEBSITE, WWW.BERKSHIREHEALTHSYSTEMS.ORG USING THE QUICK LINKS DROP-DOWN LIST AT THE TOP OF THE PAGE, SELECT "BHS COMMUNITY BENEFITS IMPLEMENTATION PLAN" |

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 |
|---|---|
| SCHEDULE H (FORM 990) PART V, SECTION B, LINE 16A | THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (FAP) IS AVAILABLE ON THE HEALTH SYSTEMS' WEBSITE, WWW.BERKSHIREHEALTHSYSTEMS.ORG/FINANCIAL-COUNSELING. SELECT THE ENGLISH DOCUMENT "FINANCIAL ASSISTANCE POLICY - FAIRVIEW HOSPITAL" OR THE SPANISH DOCUMENT "LA POLITICA DE AYUDA FINANCIERA DE 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 |
|---|---|
| SCHEDULE H (FORM 990) PART V, SECTION B, LINE 16B | THE HOSPITAL'S FAP APPLICATION IS AVAILABLE ON THE HEALTH SYSTEMS' WEBSITE, WWW.BERKSHIREHEALTHSYSTEMS.ORG/FINANCIAL-COUNSELING. SELECT THE ENGLISH DOCUMENT "FINANCIAL ASSISTANCE APPLICATION" OR THE SPANISH DOCUMENT "SOLICITUD PARA AYUDA FINANCIERA" |

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 |
|---|---|
| SCHEDULE H (FORM 990) PART V, SECTION B, LINE 16C | THE HOSPITAL'S PLAIN LANGUAGE SUMMARY OF THE FAP IS AVAILABLE ON THE HEALTH SYSTEMS' WEBSITE, WWW.BERKSHIREHEALTHSYSTEMS.ORG/FINANCIAL-COUNSELING. SELECT THE ENGLISH DOCUMENT "PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICIES" OR THE SPANISH DOCUMENT "RESUMEN EN LENGUAJE SENCILLO" |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

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 on 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 on 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 on 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," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

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

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

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

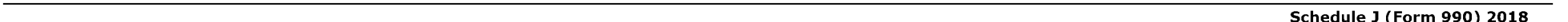
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part 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). THE OFFICERS OF THE FILING ENTITY ARE COMPENSATED FOR THEIR ROLES AS OFFICERS. PHYSICIANS WHO SERVE AS DIRECTOR (TRUSTEE) ARE COMPENSATED FOR THEIR ROLES AS PHYSICIANS. A PORTION OF THE COMPENSATION AMOUNT PAID TO OFFICERS OF THE FILING ENTITY IS ALLOCATED INTERNALLY AMONG THE FILING ENTITY AND ITS 25 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 BIENNUELY BY THE INDEPENDENT VOLUNTEER GOVERNING BODY OF BERKSHIRE HEALTH SYSTEMS, INC (PARENT ORGANIZATION OF THE FILING ENTITY), 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 BENCHMARK 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+-YEAR TENURE AS CHIEF EXECUTIVE OFFICER, A WRITTEN AGREEMENT BETWEEN BERKSHIRE HEALTH SYSTEMS AND MR. PHELPS HAS CALLED FOR BERKSHIRE HEALTH SYSTEMS (AND ITS AFFILIATES) TO FUND A RETIREMENT PROGRAM THAT, WHEN ADDED TO HIS BASE COMPENSATION AND OTHER ROUTINE BENEFITS, WAS 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' CASH COMPENSATION AND BENEFITS ARE ALLOCATED AMONG THE 26 RELATED ENTITIES FOR WHICH MR. PHELPS IS RESPONSIBLE: DAVID E. PHELPS, PRESIDENT, BERKSHIRE MEDICAL CENTER, INC. 26 HOURS/50 TOTAL HOURS \$407,909; BERKSHIRE FACULTY SERVICES, INC. 8 75/50 HOURS \$137,276; FAIRVIEW HOSPITAL 3 5/50 HOURS \$54,910; BERKSHIRE INDEMNITY COMPANY, SPC, LTD. 1 75/50 HOURS \$27,455; BHS MANAGEMENT SERVICES, INC. 10/50 HOURS FOR THE BENEFIT OF BOURNE MANAGEMENT SYSTEMS, INC. \$ 10,464; GREENFIELD MANAGEMENT SYSTEMS, INC. \$ 9,656; NEW BEDFORD MANAGEMENT SYSTEMS, INC. \$ 11,029; NORTHAMPTON MANAGEMENT SYSTEMS, INC. \$ 11,719; EAST LONGMEADOW MANAGEMENT SYSTEMS, INC. \$ 5,483; DANVERS MANAGEMENT SYSTEMS, INC. \$ 5,083; PEABODY MANAGEMENT SYSTEMS, INC. \$ 9,217; SOUTH YARMOUTH MANAGEMENT SYSTEMS, INC. \$ 5,875; WILLOWOOD OF GREAT BARRINGTON, INC. \$ 8,009; WILLOWOOD OF NORTH ADAMS, INC. \$ 9,170; WILLOWOOD OF WILLIAMSTOWN, INC. \$ 11,610; HILLCREST EXTENDED CARE SERVICES, INC. \$ 21,360; BERKSHIRE RETIREMENT COMMUNITY, INC. \$ 3,718; BERKSHIRE EXTENDED CARE SERVICES, INC. \$ 1,796; INTEGRINURSE, INC. \$ 1,553; INTEGRIScript, INC. \$ 3,938; HOSPICECARE IN THE BERKSHIRES, INC. \$ 6,236; HOSPICE OF FRANKLIN COUNTY, INC. \$ 2,173; PITTSFIELD MANAGEMENT SYSTEMS, INC. \$ 10,158; HOLYOKE RETIREMENT COMMUNITY, INC. \$ 8,637; DARLENE RODOWICZ, TREASURER, BERKSHIRE MEDICAL CENTER, INC. 37 HOURS/50 TOTAL HOURS \$407,963; BERKSHIRE FACULTY SERVICES, INC. 7/50 HOURS \$77,182; FAIRVIEW HOSPITAL 3/50 HOURS \$33,078; BERKSHIRE INDEMNITY COMPANY, SPC, LTD. 2 5/50 HOURS \$27,565; BHS MANAGEMENT SERVICES, INC. 0 5/50 HOURS FOR THE BENEFIT OF BERKSHIRE HEALTHCARE SYSTEMS, INC. \$5,513.</p> |



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAIRVIEW HOSPITAL

Employer identification number

04-2133860

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|----------|--|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | 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 |
| B | MASS DEVELOPMENT FINANCE AGENCY BHS ISSUESER H | 04-3431814 | | 11-18-2016 | 10,540,000 | REFUND SERIES F BONDS | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|----|------------|----|-----|----|-----|----|
| 1 | Amount of bonds retired | 15,285,000 | | 3,200,000 | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 93,491,421 | | 10,540,000 | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 1,245,681 | | 196,296 | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 8,171,944 | | | | | | | |
| 11 | Other spent proceeds | 84,073,796 | | 10,343,704 | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2011 | | 2008 | | | | | |
| | | Yes | No | Yes | No | 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 | X | | | | | |
| b Exception to rebate? | | X | | X | | | | |
| c No rebate due? | X | | | 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).

| Return Reference | Explanation |
|-----------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME MASS DEVELOPMENT FINANCE AGENCY, BHS ISSUE,SER G DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2017 |

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

FAIRVIEW HOSPITAL

Employer identification number

04-2133860

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | BERKSHIRE HEALTH SYSTEMS, INC MAKES 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY REQUIRING ALL MEMBERS OF THE GOVERNING BODY AND ALL OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST (A) ANNUALLY AND (B) AS POTENTIAL CONFLICTS ARISE THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY IS CHARGED WITH REVIEWING POTENTIAL CONFLICTS OF INTEREST INVOLVING MEMBERS OF THE GOVERNING BODY OR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION THE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS CHARGED WITH REVIEWING POTENTIAL CONFLICTS OF INTEREST INVOLVING ANY OTHERS OFFICERS (INCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER), KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES ARE NOT PERMITTED TO HAVE MATERIAL CONFLICTS OF INTEREST THE DISINTERESTED MEMBERS OF THE GOVERNING BODY ARE CHARGED WITH DETERMINING WHETHER A CONFLICT EXISTS IN THE CASE OF MEMBERS OF THE GOVERNING BODY AND HOW THE AFFECTED MEMBER IS TO ABSTAIN FROM ACTIONS THAT MAY BE INFLUENCED BY HIS OR HER CONFLICT OR POTENTIAL CONFLICT, INCLUDING BY (A) NOT VOTING, OR (B) NOT VOTING AND LEAVING THE ROOM, OR (C) LEAVING THE GOVERNING BODY |

990 Schedule O, Supplemental Information

| 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) |

990 Schedule O, Supplemental Information

| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VII, SECTION A, COLUMN (B) | AVERAGE HOURS PER WEEK BRIAN T BURKE, MD RECEIVED PAYMENT FROM FAIRVIEW HOSPITAL FOR PHYSICIAN SERVICES, AND MOST OF THE HOURS SHOWN IN PART VII, SECTION A, COLUMN (B) AS AVERAGE HOURS PER WEEK ARE RELATED TO THESE SERVICES DR BURKE'S HOURS FOR SERVICES AS A TRUSTEE ARE THE SAME AS FOR OTHER TRUSTEES WHO ARE NOT EMPLOYED BY FAIRVIEW HOSPITAL OR ANY RELATED ORGANIZATION, AND HE RECEIVES NO COMPENSATION FOR HIS SERVICES AS A TRUSTEE ALL TRUSTEES (BOARD MEMBERS) RECEIVE NO COMPENSATION FOR SERVICES AS TRUSTEES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|-------------------------------------|
| FORM 990, PART XI, LINE 9 | RECIPROCAL/TEACHING FEES -1,432,447 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

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 | 12B-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 | 12B-II | N/A | | No |
| (4) BHS MANAGEMENT SERVICES INC 725 NORTH ST PITTSFIELD, MA 01201 22-2755258 | MANAGEMENT SERVICES | MA | 501(C)3 | 12B-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 | |
| | | | | | | | | | | | | |
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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) BERKSHIRE FAMILY PRACTICE ACCOCIATES PC 20 ELM STREET PITTSFIELD, MA 01201 84-2155335 | HEALTHCARE SERVICES | MA | N/A | C | | | | | No |
| (3) BERKSHIRE ORTHOPAEDIC ASSOCIATES INC 24 PARK STREET PITTSFIELD, MA 01201 04-3017240 | 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

| | Yes | No |
|--|---------------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n Yes | |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

| (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 | A | 21,519 | FAIR MARKET VALUE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |