

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

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 \$ 70,064,550

F Name and address of principal officer:
SCOTT STGEORGE
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)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	391
6 Total number of volunteers (estimate if necessary)	6	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	569,909	963,471
9 Program service revenue (Part VIII, line 2g)	59,824,907	65,276,214
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,435,831	1,972,147
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,352	195,620
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,055,999	68,407,452
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)	33,899,937	35,509,109
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶129,101		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,480,619	33,501,138
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	56,380,556	69,010,247
19 Revenue less expenses. Subtract line 18 from line 12	5,675,443	-602,795
	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	53,788,024
21 Total liabilities (Part X, line 26)	12,870,090	27,032,218
22 Net assets or fund balances. Subtract line 21 from line 20	40,917,934	38,637,115

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: SCOTT STGEORGE CHIEF FINANCIAL OFFICER
Date: 2021-08-13

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 ▶
	Firm's address ▶				Phone no.

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

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 \$ 59,885,831 including grants of \$) (Revenue \$ 65,427,338)
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 ▶ 59,885,831

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 391
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? If "No" to line 3b, provide an explanation in Schedule O 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: 4b
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
9 Sponsoring organizations maintaining donor advised funds.
a 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? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
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? If "No," provide an explanation in Schedule O 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? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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: SCOTT STGEORGE CHIEF FINANCIAL OFFICER 725 NORTH STREET PITTSFIELD, MA 012014109 (413) 447-3366

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

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

1b Sub-Total	2,885,512	2,204,442	598,500
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,885,512	2,204,442	598,500

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 68**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL SOLUTIONS LLC PO BOX 310737 DES MOINES, IA 503310737	HEALTHCARE SERVICES	250,462
COMPHEALTH MEDICAL STAFFING PO BOX 972670 DALLAS, TX 753972670	HEALTHCARE SERVICES	158,004
SCRIBE AMERICA LLC PO BOX 417756 BOSTON, MA 022417756	HEALTHCARE SERVICES	147,401
AUREUS NURSING LLC PO BOX 310854 DES MOINES, IA 503310854	HEALTHCARE SERVICES	117,963

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 4**

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	259,297				
	d Related organizations	1d					
	e Government grants (contributions)	1e	49,547				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	654,627				
	g Noncash contributions included in lines 1a - 1f:\$	1g	10,034				
	h Total. Add lines 1a-1f			963,471			
Program Service Revenue	2a NET PATIENT SVC REVENUE	Business Code					
		622000	62,381,971	62,381,971			
	b ANCILLARY SVCS & SALES	622000	2,894,243	2,894,243			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		65,276,214					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		596,522			596,522	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	46,774				
		b Less: rental expenses	6b	2,278			
	c Rental income or (loss)	6c	44,496				
	d Net rental income or (loss)			44,496		44,496	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	2,952,599				
		b Less: cost or other basis and sales expenses	7b	1,576,974			
	c Gain or (loss)	7c	1,375,625				
	d Net gain or (loss)			1,375,625		1,375,625	
	8a Gross income from fundraising events (not including \$ 259,297 of contributions reported on line 1c). See Part IV, line 18						
		8a	77,846				
b Less: direct expenses		8b	77,846				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CAFETERIA SALES	722514	151,124	151,124				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		151,124					
12 Total revenue. See instructions		68,407,452	65,427,338	0	2,016,643		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	965,616	964,666	231	719
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	28,390,353	27,323,852	995,834	70,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,070,256	1,018,093	52,163	
9 Other employee benefits	3,067,026	2,956,612	110,414	
10 Payroll taxes	2,015,858	1,943,287	72,571	
11 Fees for services (non-employees):				
a Management	6,469,067		6,469,067	
b Legal	16,216		16,216	
c Accounting				
d Lobbying	9,914	9,914		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,522		5,522	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	533,492	190,514	340,978	2,000
12 Advertising and promotion	102,445	69,172	2,583	30,690
13 Office expenses	252,228	238,368	8,901	4,959
14 Information technology				
15 Royalties				
16 Occupancy	783,340	755,211	28,129	
17 Travel	52,036	49,182	1,837	1,017
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	125,026	120,525	4,501	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,467,255	2,378,569	88,686	
23 Insurance	96,815	93,330	3,485	
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 PATIENT RELATED SUPPLY	17,521,559	16,854,449	650,331	16,779
b BAD DEBT	2,854,972	2,854,972		
c MAINTENANCE & REPAIRS	898,337	770,683	127,654	
d MINOR EQUIPMENT	781,069	767,287	13,740	42
e All other expenses	531,845	527,145	2,472	2,228
25 Total functional expenses. Add lines 1 through 24e	69,010,247	59,885,831	8,995,315	129,101
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	22,768	1	56,173
	2 Savings and temporary cash investments	458,547	2	190,379
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,242,807	4	8,358,943
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	923,054	8	1,461,486
	9 Prepaid expenses and deferred charges	45,092	9	57,276
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	43,642,648		
	b Less: accumulated depreciation	29,660,971		
	11 Investments—publicly traded securities	24,583,938	11	26,049,258
	12 Investments—other securities. See Part IV, line 11	3,197,532	12	4,192,846
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,822,835	15	11,321,295
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,788,024	16	65,669,333	
Liabilities	17 Accounts payable and accrued expenses	3,476,171	17	4,556,774
	18 Grants payable		18	
	19 Deferred revenue	19,112	19	133,328
	20 Tax-exempt bond liabilities	3,586,965	20	3,249,053
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	5,787,842	25	19,093,063
	26 Total liabilities. Add lines 17 through 25	12,870,090	26	27,032,218
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	36,914,498	27	33,918,660
	28 Net assets with donor restrictions	4,003,436	28	4,718,455
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	40,917,934	32	38,637,115	
33 Total liabilities and net assets/fund balances	53,788,024	33	65,669,333	

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	68,407,452
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,010,247
3	Revenue less expenses. Subtract line 2 from line 1	3	-602,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,917,934
5	Net unrealized gains (losses) on investments	5	537,721
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	-2,215,745
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,637,115

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 (2019)

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			
DAVID E PHELPS PRESIDENT/TRUSTEE	3.50 46.50	X		X				0	949,015	48,053
DARLENE M RODOWICZ TREASURER	3.00 47.00			X				0	633,811	49,046
ADRIAN ELLIOT MD DIRECTOR, EMERGENCY DEPT.	50.00				X			380,641	0	51,419
ALEC R BELMAN MD PHYSICIAN/FORMER KEY EE	50.00					X		363,654	0	46,154
JOSHUA M PACHECO MD PHYSICIAN	50.00				X			349,577	0	47,917
TODD MURRAY PHYSICIAN	50.00				X			308,644	0	41,374
ARTHUR E CHIN MD PHYSICIAN	50.00				X			291,480	0	47,415
JENNIFER A NYKIEL PHYSICIAN	50.00				X			275,944	0	45,598
MICHAEL MCINERNEY MD TRUSTEE	1.00 2.00	X						0	271,632	43,579
CHRISTOPHER CLARK PHYSICIAN	50.00				X			234,720	0	51,120

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			
ALBERT BRAVO DPM TRUSTEE	1.00 2.00	X						0	0	0
TIMOTHY BURKE TRUSTEE	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	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
LAURIE NORTON MOFFATT TRUSTEE RESIGNED 12/31/19	1.00 2.00	X						0	0	0
BARTON D RASER TRUSTEE	1.00 2.00	X						0	0	0
CAROLE G SIEGEL 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			
VIRGINA STANTON SMITH ESQ TRUSTEE	1.00 2.00	X						0	0	0
ERWIN A STUEBNER TRUSTEE	1.00 2.00	X						0	0	0
JOSEPH C THOMPSON TRUSTEE	1.00 2.00	X						0	0	0
EMILY WILLIAMS PHD TRUSTEE RESIGNED 03/20	1.00 2.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

- 1** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

▶ **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.**

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		9,914
j Total. Add lines 1c through 1i			9,914
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 09/30/2020, THE PORTION OF THE DUES PAID TO THE AHA FOR LOBBYING ACTIVITIES WAS \$3,680, AND THE PORTION OF THE DUES PAID TO THE MHA FOR LOBBYING ACTIVITIES WAS \$6,234, FOR A TOTAL OF \$9,914.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the year (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting collections and amounts for revenue and assets.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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	1,701,139	1,641,198	1,558,385	1,453,671	1,368,237
b Contributions					
c Net investment earnings, gains, and losses	122,833	59,941	82,813	104,714	85,434
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,823,972	1,701,139	1,641,198	1,558,385	1,453,671

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 ▶ 14.630 %
- c** Temporarily restricted endowment ▶ 85.370 %

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
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

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	2,121,359	23,310
c Leasehold improvements		2,286,043	1,107,690	1,178,353
d Equipment		27,909,872	19,597,318	8,312,554
e Other		11,285,177	6,834,604	4,450,573
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				13,981,677

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	4,192,846	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	4,192,846	

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	10,645,947
(2) DEFERRED COMPENSATION	661,301
(3) LIFE INSURANCE-CASH VALUE	14,047
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,321,295

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	17,436,275
(3) ACCRUED FIN 47 ACCRETION	995,486
(4) DEFERRED COMPENSATION	661,302
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	19,093,063

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

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, 2020 AND 2019. 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."

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) Total events
		<u>GALA</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	328,733	8,410		337,143
	2 Less: Contributions	265,442	-6,145		259,297
	3 Gross income (line 1 minus line 2)	63,291	14,555		77,846
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		2,470		2,470
	6 Rent/facility costs	0	8,576		8,576
	7 Food and beverages	1,365	3,200		4,565
	8 Entertainment	7,500	0		7,500
	9 Other direct expenses	54,426	309		54,735
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				77,846
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
Name of the organization
 FAIRVIEW HOSPITAL

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.**

Employer identification number
 04-2133860

OMB No. 1545-0047
2019
Open to Public Inspection

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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			410,439		410,439	0.620 %
b Medicaid (from Worksheet 3, column a)			7,417,958	6,785,013	632,945	0.960 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			146,331	104,552	41,779	0.060 %
d Total Financial Assistance and Means-Tested Government Programs			7,974,728	6,889,565	1,085,163	1.640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			248,805		248,805	0.380 %
f Health professions education (from Worksheet 5)			480,666		480,666	0.730 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			164,939		164,939	0.250 %
j Total. Other Benefits			894,410		894,410	1.360 %
k Total. Add lines 7d and 7j			8,869,138	6,889,565	1,979,573	3.000 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			200		200	0 %
3 Community support			207,408		207,408	0.310 %
4 Environmental improvements						
5 Leadership development and training for community members			2,541		2,541	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			89,615		89,615	0.140 %
9 Other						
10 Total			299,764		299,764	0.450 %

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 2,854,972	
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 23,552,803
6 Enter Medicare allowable costs of care relating to payments on line 5	6 23,331,792
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 221,011
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)

See Additional Data Table	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

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
b	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: 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)	19	No
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
-----------	---	----	-----

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 \$2,854,972 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 2020 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 2 ECONOMIC DEVELOPMENT: FACILITY USAGE - COMMUNITY BENEFIT EXPENSE \$200. 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 \$4,960. 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 \$56,927. 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 \$6,676. 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 \$84,685. FAIRVIEW FUNDS AN EMERGENCY MEDICAL SERVICERS 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: SOUTHERN BERKSHIRE REGIONAL HEALTH NETWORK (SBRHN) - COMMUNITY BENEFIT EXPENSE \$54,160. SBRHN BECAME A RESOURCE GROUP DURING COVID-19. FAIRVIEW UNDERWRITES THE SALARIES WHICH PAY FOR THE LEADERSHIP TO ENABLE THE REGIONAL HEALTH NETWORK TO FUNCTION. LINE 5 LEADERSHIP DEVELOPMENT & TRAINING FOR COMMUNITY MEMBERS: IMMIGRANT COMMUNITY - COMMUNITY BENEFIT EXPENSE \$2,541. FAIRVIEW HOSPITAL SUPPORTS THE IMMIGRANT COMMUNITY TO REDUCE HEALTH DISPARITIES, TO PROMOTE WELLNESS IN THE VULNERABLE IMMIGRANT POPULATION, AND TO INCREASE VACCINATIONS IN SUCH POPULATION. LINE 8 WORKFORCE DEVELOPMENT: PHYSICIAN RECRUITMENT - COMMUNITY BENEFIT EXPENSE \$83,817. 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 \$5,798. 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, 2020 AND 2019 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
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
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 ELDERLY (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 ELDERLY IN THE SOUTHERN BERKSHIRES IS SIGNIFICANTLY ABOVE THE STATE AVERAGE, SURPASSING 20% IN SOME RURAL COMMUNITIES. ADDITIONALLY, MANY ELDERLY ARE LIVING ALONE. SENIOR CENTERS AND SERVICES ARE AN IMPORTANT COMMUNITY RESOURCE AND FAIRVIEW REGULARLY OFFERS PROGRAMS THROUGH THESE ORGANIZATIONS. PUBLIC TRANSPORTATION IS LIMITED AND NOT EASILY ACCESSIBLE. AS A RESULT, TRANSPORTATION IS AN OBSTACLE TO CARE FOR MANY, PARTICULARLY AMONG THE ELDERLY. A PUBLIC TRANSPORTATION AGENCY RUNS A LIMITED BUS ROUTE WITH LIMITED HOURS. ADDITIONAL ELDERLY TRANSPORTATION IS AVAILABLE BUT LIMITED. PEOPLE WHO NEED TO ACCESS HEALTHCARE MUST RELY ON FAMILY OR FRIENDS TO GET TO MEDICAL CARE. SPECIALTY CARE IS A PARTICULAR CHALLENGE TO OBTAIN. FAIRVIEW HOSPITAL COLLABORATES WITH AREA ORGANIZATIONS TO HELP MAKE TRANSPORTATION OPTIONS AVAILABLE. HEALTHCARE AND EDUCATION ARE THE PRIMARY EMPLOYMENT SECTORS. THE SOUTHERN BERKSHIRE ECONOMY'S PRIMARY ECONOMIC ENGINE IS TOURISM, WITH A HIGH NUMBER OF HOTELS, BED AND BREAKFASTS, RESTAURANTS, AND RETAIL SHOPS AND SERVICES CATERING TO THE TOURIST COMMUNITY. THE LOCAL CONSTRUCTION INDUSTRY WAS SEVERELY IMPACTED BY THE ECONOMIC DOWNTURN. ALTHOUGH THESE ARE OFTEN SEASONAL AND SERVICE BASED JOBS, THEY ARE A SIGNIFICANT PART OF THE ECONOMY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>PROMOTION OF COMMUNITY HEALTH - FURTHERING OUR CHARITABLE PURPOSE AS PART OF BERKSHIRE 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 2020, T HE CURRENT GOVERNING BODY OF FAIRVIEW HOSPITAL CONSISTED OF 15 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
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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>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.</p>

990 Schedule H, Supplemental Information

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

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

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		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
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
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 Y</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, 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</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 COMMITTEE 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 2015-2020 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 LANGUAGE SENCILLO".

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	1b	
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 on Line 1a?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 BIANNUALLY 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 \$493,487 BERKSHIRE FACULTY SERVICES, INC. 8.75/50 HOURS \$166,077 FAIRVIEW HOSPITAL 3.5/50 HOURS \$66,431 BERKSHIRE INDEMNITY COMPANY, SPC, LTD. 1.75/50 HOURS \$33,216 BHS MANAGEMENT SERVICES, INC. 10/50 HOURS FOR THE BENEFIT OF: BOURNE MANAGEMENT SYSTEMS, INC. \$11,107 GREENFIELD MANAGEMENT SYSTEMS, INC. \$ 1,628 NEW BEDFORD MANAGEMENT SYSTEMS, INC. \$13,794 NORTHAMPTON MANAGEMENT SYSTEMS, INC. \$14,338 EAST LONGMEADOW MANAGEMENT SYSTEMS, INC. \$6,235 DANVERS MANAGEMENT SYSTEMS, INC. \$6,122 PEABODY MANAGEMENT SYSTEMS, INC. \$11,094 SOUTH YARMOUTH MANAGEMENT SYSTEMS, INC. \$7,080 WILLOWOOD OF GREAT BARRINGTON, INC. \$9,640 WILLOWOOD OF NORTH ADAMS, INC. \$8,700 WILLOWOOD OF WILLIAMSTOWN, INC. \$13,983 HILLCREST EXTENDED CARE SERVICES, INC. \$27,577 BERKSHIRE RETIREMENT COMMUNITY, INC. \$4,277 BERKSHIRE EXTENDED CARE SERVICES, INC. \$2,129 INTEGRINURSE, INC. \$1,691 INTEGRIScript, INC. \$4,284 HOSPICECARE IN THE BERKSHIRES, INC. \$10,701 HOSPICE OF FRANKLIN COUNTY, INC. \$3,813 PITTSFIELD MANAGEMENT SYSTEMS, INC. \$12,211 HOLYOKE RETIREMENT COMMUNITY, INC. \$9,399 DARLENE RODOWICZ, TREASURER: BERKSHIRE MEDICAL CENTER, INC. 37 HOURS/50 TOTAL HOURS \$469,019 BERKSHIRE FACULTY SERVICES, INC. 7/50 HOURS \$88,734 FAIRVIEW HOSPITAL 3/50 HOURS \$38,029 BERKSHIRE INDEMNITY COMPANY, SPC, LTD. 2.5/50 HOURS \$31,691 BHS MANAGEMENT SERVICES, INC. 0.5/50 HOURS FOR THE BENEFIT OF: BERKSHIRE HEALTHCARE SYSTEMS, INC. \$6,338</p>

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID E PHELPS PRESIDENT/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	902,137	0	46,878	12,600	35,453	997,068	0
1 DARLENE M RODOWICZ TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	574,846	0	58,965	11,603	37,443	682,857	0
2 ADRIAN ELLIOT MD DIRECTOR, EMERGENCY DEPT.	(i)	344,626	33,890	2,125	12,600	38,819	432,060	0
	(ii)	0	0	0	0	0	0	0
3 ALEC R BELMAN MD PHYSICIAN/FORMER KEY EE	(i)	361,030	0	2,624	12,600	33,554	409,808	0
	(ii)	0	0	0	0	0	0	0
4 JOSHUA M PACHECO MD PHYSICIAN	(i)	347,212	0	2,365	12,600	35,317	397,494	0
	(ii)	0	0	0	0	0	0	0
5 TODD MURRAY PHYSICIAN	(i)	305,344	0	3,300	7,630	33,744	350,018	0
	(ii)	0	0	0	0	0	0	0
6 ARTHUR E CHIN MD PHYSICIAN	(i)	286,952	0	4,528	12,513	34,902	338,895	0
	(ii)	0	0	0	0	0	0	0
7 JENNIFER A NYKIEL PHYSICIAN	(i)	274,051	0	1,893	12,433	33,165	321,542	0
	(ii)	0	0	0	0	0	0	0
8 MICHAEL MCINERNEY MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	252,333	15,268	4,031	10,907	32,672	315,211	0
9 CHRISTOPHER CLARK PHYSICIAN	(i)	225,577	0	9,143	11,358	39,762	285,840	0
	(ii)	0	0	0	0	0	0	0
10 RAHUL CHANDRA SHEKHAR PHYSICIAN	(i)	238,684	0	1,249	11,852	12,303	264,088	0
	(ii)	0	0	0	0	0	0	0
11 DOREEN HUTCHINSON VICE PRESIDENT, OPERATIONS	(i)	203,683	0	34,090	10,088	34,337	282,198	0
	(ii)	0	0	0	0	0	0	0
12 BRIAN T BURKE MD TRUSTEE/PHYSICIAN	(i)	195,860	0	7,286	9,100	30,796	243,042	0
	(ii)	0	0	0	0	0	0	0
13 EDMUND HORNSTEIN DO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	230,991	0	0	230,991	0

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 instructions and the latest information.

OMB No. 1545-0047

2019

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	
	Yes	No	Yes	No	Yes	No	Yes	No
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			
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				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			
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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.

OMB No. 1545-0047

2019**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 XI, LINE 9:	RECIPROCAL/TEACHING FEES -2,215,745.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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

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	

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
(4) BERKSHIRE APOTHECARY INC 725 NORTH STREET PITTSFIELD, MA 01201 84-3975327	RETAIL PHARMACY	MA	BERKSHIRE MEDICAL CENTER	C			100.000 %		No
(5) BERKSHIRE EAR NOSE THROAT AND AUDIOLOGICAL ASSOCIATES PC 510 NORTH STREET 10 PITTSFIELD, MA 01201 22-2683819	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	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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	24,423	FAIR MARKET VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation