Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable	C Name of organization Fairview Extended Care Services Inc		D Employer identification number
☐ Address change			04-2979430
☐ Name change	Doing business as		
☐ Initial return			
☐ Final Return/terminated	Number and street (or P O box if mail is not delivered to street address) 75 North Street Suite 210	Room/suite	E Telephone number (413) 447-2996
☐ Amended return			
☐ Application pending	City or town, state or province, country, and ZIP or foreign postal code Pittsfield, MA 01201		G Gross receipts $ 2,588,164

F Name and address of principal officer William C Jones Jr 75 North Street Suite 210 Pittsfield, MA 01201	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)
I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ www berkshirehealthcare org	H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1990	M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Maintain skilled nursing facilities

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**	13
4 Number of independent voting members of the governing body (Part VI, line 1b)		**4**	13
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		**5**	0
6 Total number of volunteers (estimate if necessary)		**6**	
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 34		**7b**	

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)			0
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		789,664	627,381
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,518	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		791,182	627,381
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		164,972	44,629
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		164,972	44,629
19 Revenue less expenses Subtract line 18 from line 12		626,210	582,752

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		27,920,554	28,925,374
21 Total liabilities (Part X, line 26)		9,152,863	9,509,520
22 Net assets or fund balances Subtract line 21 from line 20		18,767,691	19,415,854

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	2017-11-14 Date
	William C Jones Jr President/Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	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

For Paperwork Reduction Act Notice, see the separate instructions.   Cat No 11282Y   Form **990** (2016)