

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning, 2006, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C FOUNDATION FOR COMMUNITY HEALTH, INC. 106B UPPER MAIN STREET SHARON, CT 06069

D Employer Identification Number 20-0057897 E Telephone number 860-435-2483 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: fchealth.org

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number M Check if the organization is not required to attach Schedule B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,604,585.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, and Total revenue/expenses.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) See Stmt 3 (cash \$ <u>431,562.</u> non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b	431,562.	431,562.		
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch). See Stmt 4.	25a	112,737.	81,171.	31,566.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch).....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	34,148.	24,587.	9,561.	
27 Pension plan contributions not included on lines 25a, b, and c.....	27	1,361.	980.	381.	
28 Employee benefits not included on lines 25a - 27.....	28	1,537.	1,106.	431.	
29 Payroll taxes.....	29	9,776.	7,039.	2,737.	
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	1,360.		1,360.	
32 Legal fees.....	32	2,915.		2,915.	
33 Supplies.....	33	3,622.	2,608.	1,014.	
34 Telephone.....	34	3,364.	2,422.	942.	
35 Postage and shipping.....	35	1,480.	1,066.	414.	
36 Occupancy.....	36	12,703.	9,146.	3,557.	
37 Equipment rental and maintenance.....	37	6,960.	5,011.	1,949.	
38 Printing and publications.....	38	4,337.	3,181.	1,156.	
39 Travel.....	39	4,630.	3,334.	1,296.	
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	4,887.		4,887.	
43 Other expenses not covered above (itemize):					
a See Statement 5	43a	176,827.	22,691.	154,136.	
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	814,206.	595,904.	218,302.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 6</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Improve the physical and mental health of all residents of the area historically served by Sharon Hospital</u> ----- ----- ----- (Grants and allocations \$ 431,562.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	595,904.
b ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	595,904.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	38,415.	45	4,648.
	46 Savings and temporary cash investments.....		46	
	47a Accounts receivable.....	47a 2,477.		
	b Less: allowance for doubtful accounts	47b	2,477.	47c 2,477.
	48a Pledges receivable.....	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable.....			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53 2,920.
	54a Investments — publicly-traded securities. Stmt. 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		16,931,376.	54a 20,363,382.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments — land, buildings, & equipment: basis ..	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)	See Stmt. 8.	2,906,300.	56 1,999,668.
	57a Land, buildings, and equipment: basis.....	57a 27,595.		
b Less: accumulated depreciation (attach schedule)	Statement 9	9,354.	57c 19,696.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> See Statement 10 ..)		1,600.	58 1,600.	
59 Total assets (must equal line 74). Add lines 45 through 58		19,899,864.	59 22,392,936.	
LIABILITIES	60 Accounts payable and accrued expenses	40,689.	60	51,602.
	61 Grants payable	155,399.	61	87,500.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule).....			64a
	b Mortgages and other notes payable (attach schedule).....			64b
	65 Other liabilities (describe <input type="checkbox"/> ..)			65
	66 Total liabilities. Add lines 60 through 65.....		196,088.	66 139,102.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	16,775,967.	67	19,632,445.
	68 Temporarily restricted	58,881.	68	335,490.
	69 Permanently restricted	2,868,928.	69	2,285,899.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		19,703,776.	73 22,253,834.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		19,899,864.	74 22,392,936.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,365,463.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	760,878.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	760,878.
c	Subtract line b from line a	c	2,604,585.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	-1,199.
	See Stmt 11		
	Add lines d1 and d2	d	-1,199.
e	Total revenue (Part I, line 12). Add lines c and d	e	2,603,386.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	815,405.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	1,199.
	See Stmt 12		
	Add lines b1 through b4	b	1,199.
c	Subtract line b from line a	c	814,206.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	814,206.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 13		87,550.	6,129.	19,058.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. <u>15</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).....	75b	<input checked="" type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'..... If 'Yes,' attach a statement that includes the information described in the instructions.	75c	<input checked="" type="checkbox"/>
d Does the organization have a written conflict of interest policy?.....	75d	<input checked="" type="checkbox"/>

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>None</u>				

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77	<input checked="" type="checkbox"/>
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	<input checked="" type="checkbox"/>
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	<input checked="" type="checkbox"/>
b If 'Yes,' enter the name of the organization ▶ <u>Berkshire Taconic Community Foundation</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.).....	81a	<u>0.</u>
b Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members.		N/A
d	Section 162(e) lobbying and political expenditures.		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed ▶ CT NY		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		2
91a	The books are in care of ▶ Berkshire Taconic Comm Fnd Telephone number ▶ 413-528-8039 Located at ▶ 271 Main Street, Great Barrington MA ZIP + 4 ▶ 01230		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 If 'Yes,' enter the name of the foreign country _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies. . .					
94 Membership dues and assessments. . .					
95 Interest on savings & temporary cash invmnts. . .			14	594.	
96 Dividends & interest from securities. . .			14	320,032.	
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop. . . .					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....			18	1,504,324.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory. . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,824,950.	
105 Total (add line 104, columns (B), (D), and (E)).....					1,824,950.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature ▶ <u>Robert E. King, CPA</u>	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W) <u>P00083643</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>Robert E. King & Co. PC</u> <u>PO Box 898</u> <u>Winsted, CT 06098-0898</u>	EIN ▶ <u>06-1392255</u>	Phone no. ▶ <u>(860) 379-0215</u>		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2006

Name of the organization: **FOUNDATION FOR COMMUNITY HEALTH, INC.** Employer identification number: **20-0057897**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Berkshire Taconic Community Found	06-1254469	11a	X		431,562.
Total					431,562.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A . . . ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h .)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

FOUNDATION FOR COMMUNITY HEALTH, INC.

Employer identification number

20-0057897

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Sharon Hospital Liquidation Fd Bank of America, 777 Main St Hartford, CT 06115	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	I Kent Fulton Fund Bank of America, 777 Main St Hartford, CT 06115	\$ 256,388.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	William & Mary Raynsford Trust Bank of America, 777 Main St Hartford, CT 06115	\$ 20,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----		

BAA

Name of organization: FOUNDATION FOR COMMUNITY HEALTH, INC. Employer identification number: 20-0057897

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 1,505,523.
 Cost or Other Basis: 0.

Total Gain (Loss) Publicly Traded Securities \$ 1,505,523.

Other Assets

Description: Laptop
 Date Acquired: 10/01/2003
 How Acquired: Purchase
 Date Sold: 12/31/2006
 To Whom Sold:
 Gross Sales Price: 0.
 Cost or Other Basis: 2,888.
 Depreciation: 1,878.

Gain (Loss) -1,010.

Description: Computer System
 Date Acquired: 5/27/2004
 How Acquired: Purchase
 Date Sold: 12/31/2006
 To Whom Sold:
 Gross Sales Price: 0.
 Cost or Other Basis: 391.
 Depreciation: 202.

Gain (Loss) -189.

Total Gain (Loss) Other Assets \$ -1,199.

Total Net Gain (Loss) From Noninventory Sales \$ 1,504,324.

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized Appreciation of Investments..... \$ 760,878.
 Total \$ 760,878.

Statement 3
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity: Behavioral Health
 Donee's Name: Astor Comm Based Behavioral Hl
 Donee's Address: 13 Mt Carmel Place
 Poughkeepsie, NY 12601

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 60,000.

Class of Activity: Access
 Donee's Name: Columbia Cty Healthcare Consor
 Donee's Address: 325 Columbia St
 Hudson, NY 11534

Amount Given: 8,325.

Class of Activity: Pharmaceutical Assistance
 Donee's Name: Dutchess Cty Comm Action Agenc
 Donee's Address: 84 Cannon St
 Poughkeepsie, NY 12601

Amount Given: 48,875.

Class of Activity: Emergency Medical Service
 Donee's Name: EMS Institute
 Donee's Address: 1 Low Rd, POB 91
 Sharon , CT 06069

Amount Given: 20,088.

Class of Activity: Access
 Donee's Name: Geer Nursing & Rehabilitation
 Donee's Address: 83 South Canaan Rd, POB 819
 Canaan, CT 06018

Amount Given: 20,000.

Class of Activity: Access
 Donee's Name: Greenwoods Counseling Service
 Donee's Address: 25 South Street
 Litchfield, CT 06759

Amount Given: 5,417.

Class of Activity: Behavioral Health
 Donee's Name: Housatonic Youth Svc Bureau
 Donee's Address: PO Box 356
 Falls Village, CT 06031

Amount Given: 50,000.

Class of Activity: Access
 Donee's Name: Hudson River Healthcare Inc
 Donee's Address: 1037 Main St
 Peekskill, NY 10566

Amount Given: 25,000.

Class of Activity: Behavioral Health
 Donee's Name: Mental Health Assn in Dutchess
 Donee's Address: 510 Haight Ave
 Poughkeepsie, NY 12603

Amount Given: 62,000.

Class of Activity: Access
 Donee's Name: NorthEast Community Council
 Donee's Address: 51 South Center St, POB 35
 Millerton, NY 12546

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

Statement 3 (continued)
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 40,057.

Class of Activity: Pharmaceutical Assistance
 Donee's Name: Northwest CT Council of Govt
 Donee's Address: 17 Sackett Hill Rd
 Warren, CT 06757

Amount Given: 32,800.

Class of Activity: Education
 Donee's Name: Northwestern CT Aids Project
 Donee's Address: 100 Migeon Ave
 Torrington, CT 06790

Amount Given: 10,000.

Class of Activity: Access
 Donee's Name: The Salisbury Forum
 Donee's Address: PO Box 61
 Salisbury, CT 06068

Amount Given: 2,500.

Class of Activity: Education
 Donee's Name: Tri-State Public Communication
 Donee's Address: 77 South Canaan Rd
 Canaan, CT 06018

Amount Given: 4,800.

Class of Activity: Education
 Donee's Name: United Methodist Homes Sharon
 Donee's Address: 27 Hospital Hill Rd
 Sharon, CT 06069

Amount Given: 6,700.

Class of Activity: Behavioral Health
 Donee's Name: Women's Support Services
 Donee's Address: POB 341, 158 Gay St
 Sharon, CT 06069

Amount Given: 10,000.

Class of Activity: Behavioral Health
 Donee's Name: Northwest Ctr for Family Serv
 Donee's Address: POB 153, 315 Main St
 Lakeville, CT 06039

Amount Given: 25,000.

Total Grants and Allocations \$ 431,562.

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

Statement 4
Form 990, Part II, Line 25a
Compensation of Officers, Directors, Etc.

Compensation Received	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Nancy Heaton	87,550.	63,036.	24,514.	0.
Steven M Benardete	0.	0.	0.	0.
John P Charde	0.	0.	0.	0.
Ella Clark	0.	0.	0.	0.
Ellen C Curtis	0.	0.	0.	0.
Lea P Davies	0.	0.	0.	0.
Joan Dunlop	0.	0.	0.	0.
Dr John W Gallup	0.	0.	0.	0.
George M Garfunkel	0.	0.	0.	0.
Barbara S Maltby	0.	0.	0.	0.
Eileen M Mulligan	0.	0.	0.	0.
Catherine G Roraback	0.	0.	0.	0.
Rev Richard Taber	0.	0.	0.	0.
Miriam Tannen	0.	0.	0.	0.
Dr Anna Timell	0.	0.	0.	0.
Total	\$ 87,550.	\$ 63,036.	\$ 24,514.	0.

Employee Benefit Plan Contribution	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Nancy Heaton	6,129.	4,413.	1,716.	0.
Steven M Benardete	0.	0.	0.	0.
John P Charde	0.	0.	0.	0.
Ella Clark	0.	0.	0.	0.
Ellen C Curtis	0.	0.	0.	0.
Lea P Davies	0.	0.	0.	0.
Joan Dunlop	0.	0.	0.	0.
Dr John W Gallup	0.	0.	0.	0.
George M Garfunkel	0.	0.	0.	0.
Barbara S Maltby	0.	0.	0.	0.
Eileen M Mulligan	0.	0.	0.	0.
Catherine G Roraback	0.	0.	0.	0.
Rev Richard Taber	0.	0.	0.	0.
Miriam Tannen	0.	0.	0.	0.
Dr Anna Timell	0.	0.	0.	0.
Total	\$ 6,129.	\$ 4,413.	\$ 1,716.	0.

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Nancy Heaton	19,058.	13,722.	5,336.	0.
Steven M Benardete	0.	0.	0.	0.
John P Charde	0.	0.	0.	0.
Ella Clark	0.	0.	0.	0.
Ellen C Curtis	0.	0.	0.	0.
Lea P Davies	0.	0.	0.	0.
Joan Dunlop	0.	0.	0.	0.
Dr John W Gallup	0.	0.	0.	0.
George M Garfunkel	0.	0.	0.	0.
Barbara S Maltby	0.	0.	0.	0.
Eileen M Mulligan	0.	0.	0.	0.
Catherine G Roraback	0.	0.	0.	0.
Rev Richard Taber	0.	0.	0.	0.

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

Statement 4 (continued)
Form 990, Part II, Line 25a
Compensation of Officers, Directors, Etc.

Miriam Tannen	0.	0.	0.	0.
Dr Anna Timell	0.	0.	0.	0.
Total	\$ 19,058.	\$ 13,722.	\$ 5,336.	0.

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Contract Services	12,870.	3,554.	9,316.	
Dues & Subscriptions	4,413.	3,177.	1,236.	
Insurance	755.	544.	211.	
Management Fee	133,356.		133,356.	
Marketing	9,124.	4,046.	5,078.	
Meetings, Luncheons, Dinners	4,016.	3,535.	481.	
Payroll Service	1,410.		1,410.	
Repairs & Maintenance	810.	583.	227.	
Software Support	1,475.	1,062.	413.	
Staff Development	7,577.	5,455.	2,122.	
Unemployment	1,021.	735.	286.	
Total	\$ 176,827.	\$ 22,691.	\$ 154,136.	\$ 0.

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

To maintain and improve the physical and mental health of all residents of the area historically served by Sharon Hospital Inc. The Berkshire Taconic Community Foundation facilitated the creation of the Organization under the mandate of the Attorney General and the Superior Court of the State of Connecticut as a Type 3 Supporting Organization of Berkshire Taconic Community Foundation.

Statement 7
Form 990, Part IV, Line 54a
Investments - Publicly Traded Securities

Corporate Stocks	Valuation Method	Amount
Berkshire Taconic: Equities	Market Value	\$ 5,818,413.
Total		\$ 5,818,413.

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Statement 7 (continued)
Form 990, Part IV, Line 54a
Investments - Publicly Traded Securities

<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Berkshire Taconic: Bonds	Market Value	\$ 1,792,350.
	Total	\$ 1,792,350.

<u>Other Publicly Traded Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Berkshire Taconic: Mutual Funds	Market Value	7,558,944.
Berkshire Taconic: Alternatives	Market Value	5,193,675.
	Total	\$ 12,752,619.

Publicly Traded Securities \$ 20,363,382.

Statement 8
Form 990, Part IV, Line 56
Investments - Other

<u>Description of Investment</u>	<u>Valuation Method</u>	<u>Book Value</u>
Berkshire Taconic: Money Market	Market Value	\$ 1,999,668.
	Total	<u>\$ 1,999,668.</u>

Statement 9
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 10,741.	\$ 3,810.	\$ 6,931.
Machinery and Equipment	13,559.	5,041.	8,518.
Improvements	3,295.	503.	2,792.
Total	<u>\$ 27,595.</u>	<u>\$ 9,354.</u>	<u>\$ 18,241.</u>

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Statement 10
Form 990, Part IV, Line 58
Other Assets

Security Deposit	\$	1,600.
Total	\$	<u>1,600.</u>

Statement 11
Form 990, Part IV-A, Line d(2)
Other Amounts

Loss on Disposal of Fixed Assets.....	\$	-1,199.
Total	\$	<u>-1,199.</u>

Statement 12
Form 990, Part IV-B, Line b(4)
Other Amounts

Loss on Disposal of Fixed Assets.....	\$	1,199.
Total	\$	<u>1,199.</u>

Statement 13
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Nancy Heaton 106 B Upper Main St Sharon, CT 06069	Executive Direc 40	\$ 87,550.	\$ 6,129.	\$ 19,058.
Steven M Benardete 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
John P Charde 106 B Upper Main St Sharon, CT 06069	Chairman 2	0.	0.	0.
Ella Clark 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Ellen C Curtis 106 B Upper Main St Sharon, CT 06069	Secretary 2	0.	0.	0.

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Statement 13 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Lea P Davies 106 B Upper Main St Sharon, CT 06069	Director 1	\$ 0.	\$ 0.	\$ 0.
Joan Dunlop 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Dr John W Gallup 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
George M Garfunkel 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Barbara S Maltby 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Eileen M Mulligan 106 B Upper Main St Sharon, CT 06069	Treasurer 2	0.	0.	0.
Catherine G Roraback 106 B Upper Main St Sharon, CT 06069	Vice Chair 2	0.	0.	0.
Rev Richard Taber 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Miriam Tannen 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
Dr Anna Timell 106 B Upper Main St Sharon, CT 06069	Director 1	0.	0.	0.
	Total	\$ 87,550.	\$ 6,129.	\$ 19,058.

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Forms needed for this return

Federal: 990, Sch A, Sch B, 990-T, 8913
New York: CT-13, CHAR500

Tax Rates

<u>Unrelated Business</u>	<u>Marginal</u>	<u>Effective</u>
Federal	0. %	0. %
New York	9.0 %	0. %

Carryovers to 2007

None

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Federal Telephone Tax Paid - Estimation Formula

<u>Billing Month</u>	<u>(1) Total Telephone Bill</u>	<u>(2) Federal Excise Taxes Included</u>	<u>Ratio Col (2)/Col (1)</u>
April 2006	\$ 211.00	\$ 5.00	0.023697
September 2006	225.00	3.00	0.013333
Difference			0.010364
Cap (based on number of employees)			0.020000
Ratio for Estimation (smaller of Difference or Cap)			0.010364

<u>Billing Periods</u>	<u>Total Phone Expense</u>	<u>Ratio (from above)</u>	<u>Credit Amount 8913, Col (d)</u>
3/2003 - 5/2003	\$ 0.00	0.010364	\$ 0.00
6/2003 - 8/2003	500.00	0.010364	5.18
9/2003 - 11/2003	600.00	0.010364	6.22
12/2003 - 2/2004	624.00	0.010364	6.47
3/2004 - 5/2004	635.00	0.010364	6.58
6/2004 - 8/2004	635.00	0.010364	6.58
9/2004 - 11/2004	635.00	0.010364	6.58
12/2004 - 2/2005	707.00	0.010364	7.33
3/2005 - 5/2005	743.00	0.010364	7.70
6/2005 - 8/2005	743.00	0.010364	7.70
9/2005 - 11/2005	743.00	0.010364	7.70
12/2005 - 2/2006	808.00	0.010364	8.37
3/2006 - 5/2006	841.00	0.010364	8.72
6/2006 - 7/2006	561.00	0.010364	5.81
Total (Form 8913, Line 15(d))			<u>\$ 90.94</u>

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Interest on Telephone Excise Tax Credit Amounts, by Period

Form 8913, Column (e), Line 2

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 5.18	11/01/03 - 12/31/03	61	3%	0.005026081	\$ 0.03
5.21	01/01/04 - 03/31/04	91	3%	0.007486596	0.04
5.25	04/01/04 - 06/30/04	91	4%	0.009994426	0.05
5.30	07/01/04 - 09/30/04	92	3%	0.007569177	0.04
5.34	10/01/04 - 12/31/04	92	4%	0.010104808	0.05
5.39	01/01/05 - 03/31/05	90	4%	0.009911268	0.05
5.44	04/01/05 - 06/30/05	91	5%	0.012542910	0.07
5.51	07/01/05 - 09/30/05	92	5%	0.012681615	0.07
5.58	10/01/05 - 12/31/05	92	6%	0.015236961	0.09
5.67	01/01/06 - 03/31/06	90	6%	0.014903267	0.08
5.75	04/01/06 - 06/30/06	91	6%	0.015070101	0.09
5.84	07/01/06 - 09/30/06	92	7%	0.017798686	0.10
5.94	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.05	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.16	04/01/07 - 06/29/07	90	7%	0.017408410	0.11
					<u>\$ 1.09</u>

Form 8913, Column (e), Line 3

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.22	02/01/04 - 03/31/04	60	3%	0.004929944	\$ 0.03
6.25	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.31	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.36	10/01/04 - 12/31/04	92	4%	0.010104808	0.06
6.42	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.48	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.56	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.64	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.74	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.84	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.94	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
7.06	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.19	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.32	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.23</u>

Form 8913, Column (e), Line 4

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.47	05/01/04 - 06/30/04	61	4%	0.006688572	\$ 0.04
6.51	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.56	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.63	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.70	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.78	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
6.87	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.97	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
7.07	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.18	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.31	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.44	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.57	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.23</u>

Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

Form 8913, Column (e), Line 5

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.58	08/01/04 - 09/30/04	61	3%	0.005012315	\$ 0.03
6.61	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.68	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.75	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.83	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
6.92	10/01/05 - 12/31/05	92	6%	0.015236961	0.11
7.03	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
7.13	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.24	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.37	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.50	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.63	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.18</u>

Form 8913, Column (e), Line 6

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.58	11/01/04 - 12/31/04	61	4%	0.006688572	\$ 0.04
6.62	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.69	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.77	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
6.86	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.96	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
7.06	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.17	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.30	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.43	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.56	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.11</u>

Form 8913, Column (e), Line 7

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 6.58	02/01/05 - 03/31/05	59	4%	0.006486345	\$ 0.04
6.62	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.70	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.78	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.88	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.98	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.09	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.22	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.35	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.48	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					<u>\$ 1.03</u>

Form 8913, Column (e), Line 8

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 7.33	05/01/05 - 06/30/05	61	5%	0.008390597	\$ 0.06
7.39	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
7.48	10/01/05 - 12/31/05	92	6%	0.015236961	0.11
7.59	01/01/06 - 03/31/06	90	6%	0.014903267	0.11
7.70	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
7.82	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
7.96	10/01/06 - 12/31/06	92	7%	0.017798686	0.14
8.10	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.24	04/01/07 - 06/29/07	90	7%	0.017408410	0.14
					<u>\$ 1.05</u>

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Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

Form 8913, Column (e), Line 9

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 7.70	08/01/05 - 09/30/05	61	5%	0.008390597	\$ 0.06
7.76	10/01/05 - 12/31/05	92	6%	0.015236961	0.12
7.88	01/01/06 - 03/31/06	90	6%	0.014903267	0.12
8.00	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
8.12	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.26	10/01/06 - 12/31/06	92	7%	0.017798686	0.15
8.41	01/01/07 - 03/31/07	90	7%	0.017408410	0.15
8.56	04/01/07 - 06/29/07	90	7%	0.017408410	0.15
					<u>\$ 1.01</u>

Form 8913, Column (e), Line 10

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 7.70	11/01/05 - 12/31/05	61	6%	0.010077008	\$ 0.08
7.78	01/01/06 - 03/31/06	90	6%	0.014903267	0.12
7.90	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
8.02	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.16	10/01/06 - 12/31/06	92	7%	0.017798686	0.15
8.31	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.45	04/01/07 - 06/29/07	90	7%	0.017408410	0.15
					<u>\$ 0.90</u>

Form 8913, Column (e), Line 11

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 7.70	02/01/06 - 03/31/06	59	6%	0.009745009	\$ 0.08
7.78	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
7.90	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.04	10/01/06 - 12/31/06	92	7%	0.017798686	0.14
8.18	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.32	04/01/07 - 06/29/07	90	7%	0.017408410	0.14
					<u>\$ 0.76</u>

Form 8913, Column (e), Line 12

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 8.37	05/01/06 - 06/30/06	61	6%	0.010077008	\$ 0.08
8.45	07/01/06 - 09/30/06	92	7%	0.017798686	0.15
8.60	10/01/06 - 12/31/06	92	7%	0.017798686	0.15
8.75	01/01/07 - 03/31/07	90	7%	0.017408410	0.15
8.90	04/01/07 - 06/29/07	90	7%	0.017408410	0.15
					<u>\$ 0.68</u>

Form 8913, Column (e), Line 13

Base Amount	Interest Period	Days in Period	Interest Rate	Rate Factor	Interest
\$ 8.72	08/01/06 - 09/30/06	61	7%	0.011766192	\$ 0.10
8.82	10/01/06 - 12/31/06	92	7%	0.017798686	0.16
8.98	01/01/07 - 03/31/07	90	7%	0.017408410	0.16
9.14	04/01/07 - 06/29/07	90	7%	0.017408410	0.16
					<u>\$ 0.58</u>

Interest on Telephone Excise Tax Credit Amounts, by Period (continued)

Form 8913, Column (e), Line 14

<u>Base Amount</u>	<u>Interest Period</u>	<u>Days in Period</u>	<u>Interest Rate</u>	<u>Rate Factor</u>	<u>Interest</u>
\$ 5.81	11/01/06 - 12/31/06	61	7%	0.011766192	\$ 0.07
5.88	01/01/07 - 03/31/07	90	7%	0.017408410	0.10
5.98	04/01/07 - 06/29/07	90	7%	0.017408410	0.10
					<u>\$ 0.27</u>

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**Depreciation Worksheet
Form 990-PF, Part I
Allocated Depreciation**

Description	Date Acquired	Cost Basis	Prior Year Depr	Method	Rate	Life	Current Year Depr	Net Invest Income	Adjusted Net Income
Improvements	7/14/04	1,183	118	S/L	0.0667		79	0	0
Improvements	9/01/04	646	57	S/L	0.0667		43	0	0
Improvements	11/11/04	378	29	S/L	0.0667		25	0	0
Improvements	11/16/04	1,088	79	S/L	0.0667		73	0	0
Office Furniture	2/02/04	3,434	900	S/L	0.1429		490	0	0
Desk	3/31/04	270	68	S/L	0.1429		38	0	0
Furniture	7/19/04	1,800	364	S/L	0.1429		257	0	0
Bookcases	7/26/04	3,242	656	S/L	0.1429		463	0	0
Table	11/29/04	160	25	S/L	0.1429		23	0	0
Shade	12/30/04	725	104	S/L	0.1429		104	0	0
Furniture	12/31/04	315	45	S/L	0.1429		45	0	0
Cabinets & Shelves	12/31/04	795	114	S/L	0.1429		114	0	0
Computer System	1/28/04	2,694	1,033	S/L	0.2000		539	0	0
Computer System	8/01/04	1,093	310	S/L	0.2000		219	0	0
Computer System	8/17/04	1,119	299	S/L	0.2000		224	0	0
Digital Computer	8/30/04	1,760	469	S/L	0.2000		352	0	0
LED Projector	12/31/04	1,373	275	S/L	0.2000		275	0	0
Projection Screen	12/31/04	444	89	S/L	0.2000		89	0	0
Equipment	1/10/05	445	89	S/L	0.2000		89	0	0
Toshiba Laptop	2/20/06	1,948		S/L	0.1000		324	0	0
Acer Flat Panel Monitor	2/20/06	259		S/L	0.1000		43	0	0
Terminal Server @BTCF	4/20/06	2,424		S/L	0.1000		323	0	0
Laptop	10/01/03	2,888	1,300	S/L	0.2000		578	0	0
Computer System	5/27/04	391	124	S/L	0.2000		78	0	0

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FOUNDATION FOR COMMUNITY HEALTH, INC.

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Furniture and Fixtures										
5	Office Furniture	2/02/04		3,434			900	S/L HY	7	490
6	Desk	3/31/04		270			68	S/L HY	7	38
7	Furniture	7/19/04		1,800			364	S/L HY	7	257
8	Bookcases	7/26/04		3,242			656	S/L HY	7	463
9	Table	11/29/04		160			25	S/L HY	7	23
10	Shade	12/30/04		725			104	S/L HY	7	104
11	Furniture	12/31/04		315			45	S/L HY	7	45
12	Cabinets & Shelves	12/31/04		795			114	S/L HY	7	114
Total Furniture and Fixtures				10,741		0	2,276			1,534
Improvements										
1	Improvements	7/14/04		1,183			118	S/L HY	15	79
2	Improvements	9/01/04		646			57	S/L HY	15	43
3	Improvements	11/11/04		378			29	S/L HY	15	25
4	Improvements	11/16/04		1,088			79	S/L HY	15	73
Total Improvements				3,295		0	283			220
Machinery and Equipment										
13	Computer System	1/28/04		2,694			1,033	S/L HY	5	539
14	Computer System	8/01/04		1,093			310	S/L HY	5	219
15	Computer System	8/17/04		1,119			299	S/L HY	5	224
16	Digital Computer	8/30/04		1,760			469	S/L HY	5	352
17	LED Projector	12/31/04		1,373			275	S/L HY	5	275
18	Projection Screen	12/31/04		444			89	S/L HY	5	89
19	Equipment	1/10/05		445			89	S/L HY	5	89
20	Toshiba Laptop	2/20/06		1,948				S/L HY	5	324
21	Acer Flat Panel Monitor	2/20/06		259				S/L HY	5	43
22	Terminal Server @BTCF	4/20/06		2,424				S/L HY	5	323
23	Laptop	10/01/03	12/31/06	2,888			1,300	S/L HY	5	578
24	Computer System	5/27/04	12/31/06	391			124	S/L HY	5	78
Total Machinery and Equipment				16,838		0	3,988			3,133
Total Depreciation				30,874		0	6,547			4,887

7/03/07

11:50AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
	Grand Total Depreciation			<u>30,874</u>		<u>0</u>	<u>6,547</u>			<u>4,887</u>
	Depreciation Assets Sold			3,279		0	1,424			656
	Depr Remaining Assets			<u>27,595</u>		<u>0</u>	<u>5,123</u>			<u>4,231</u>

7/03/07

11:50AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
5	Office Furniture	2/02/04		3,434							3,434	900	S/L HY	7	.14290	490
6	Desk	3/31/04		270							270	68	S/L HY	7	.14290	38
7	Furniture	7/19/04		1,800							1,800	364	S/L HY	7	.14290	257
8	Bookcases	7/26/04		3,242							3,242	656	S/L HY	7	.14290	463
9	Table	11/29/04		160							160	25	S/L HY	7	.14290	23
10	Shade	12/30/04		725							725	104	S/L HY	7	.14290	104
11	Furniture	12/31/04		315							315	45	S/L HY	7	.14290	45
12	Cabinets & Shelves	12/31/04		795							795	114	S/L HY	7	.14290	114
Total Furniture and Fixtures				10,741		0	0	0	0	0	10,741	2,276				1,534
Improvements																
1	Improvements	7/14/04		1,183							1,183	118	S/L HY	15	.06670	79
2	Improvements	9/01/04		646							646	57	S/L HY	15	.06670	43
3	Improvements	11/11/04		378							378	29	S/L HY	15	.06670	25
4	Improvements	11/16/04		1,088							1,088	79	S/L HY	15	.06670	73
Total Improvements				3,295		0	0	0	0	0	3,295	283				220
Machinery and Equipment																
13	Computer System	1/28/04		2,694							2,694	1,033	S/L HY	5	.20000	539
14	Computer System	8/01/04		1,093							1,093	310	S/L HY	5	.20000	219
15	Computer System	8/17/04		1,119							1,119	299	S/L HY	5	.20000	224
16	Digital Computer	8/30/04		1,760							1,760	469	S/L HY	5	.20000	352

12/31/06

2006 Federal Book Depreciation Schedule

Page 2

Client 101385

FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897

7/03/07

11:50AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
17	LED Projector	12/31/04		1,373							1,373	275	S/L HY	5	.20000	275
18	Projection Screen	12/31/04		444							444	89	S/L HY	5	.20000	89
19	Equipment	1/10/05		445							445	89	S/L HY	5	.20000	89
20	Toshiba Laptop	2/20/06		1,948							1,948		S/L HY	5	.10000	324
21	Acer Flat Panel Monitor	2/20/06		259							259		S/L HY	5	.10000	43
22	Terminal Server @BTCF	4/20/06		2,424							2,424		S/L HY	5	.10000	323
23	Laptop	10/01/03	12/31/06	2,888							2,888	1,300	S/L HY	5	.20000	578
24	Computer System	5/27/04	12/31/06	391							391	124	S/L HY	5	.20000	78
Total Machinery and Equipment				16,838		0	0	0	0	0	16,838	3,988				3,133
Total Depreciation				<u>30,874</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>30,874</u>	<u>6,547</u>				<u>4,887</u>
Grand Total Depreciation				<u>30,874</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>30,874</u>	<u>6,547</u>				<u>4,887</u>
Depreciation Assets Sold				3,279		0	0	0	0	0	3,279	1,424				656
Depr Remaining Assets				<u>27,595</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>27,595</u>	<u>5,123</u>				<u>4,231</u>

Form **990-T**

Request for TETR Credit
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2006

For calendar year 2006 or other tax year beginning _____, 2006,
and ending _____, _____

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

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

A <input type="checkbox"/> Check box if address changed	Print or Type	FOUNDATION FOR COMMUNITY HEALTH, INC. 106B UPPER MAIN STREET SHARON, CT 06069	D Employer identification number (Employees' trust, see instructions for Block D.) 20-0057897
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)			E Unrelated business activity codes (See instructions for Block E.)

C Book value of all assets at end of year: 22,392,936

F Group exemption number (See instructions for Block F.) ▶

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

H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If 'Yes,' enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Berkshire Taconic Comm Fnd Telephone number ▶ 413-528-8039

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

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

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e 0.	
41 Subtract line 40e from line 39 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611... <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 0.	
44a Payments: A 2005 overpayment credited to 2006 44a	
b 2006 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Credit for federal telephone excise tax paid (attach Form 8913) 44f 103.	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total... ▶ 44g	
45 Total payments. Add lines 44a through 44g 45 103.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 103.	
49 Enter the amount of line 48 you want: Credited to 2007 estimated tax ▶ Refunded ▶ 49 103.	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here... ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year 1		6 Inventory at end of year 6	
2 Purchases 2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7	
3 Cost of labor 3			
4a Additional section 263A costs (attach schedule) 4a			
b Other costs (attach sch) 4b			
5 Total. Add lines 1 through 4b 5			
		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

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

Signature of officer _____ Date _____ Title _____

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

Paid Preparer's Use Only

Preparer's signature ▶ Robert E. King, CPA Date _____ Check if self-employed Preparer's SSN or PTIN P00083643

Firm's name (or yours if self-employed), address, and ZIP code ▶ Robert E. King & Co. PC EIN 06-1392255

PO Box 898 Phone no. (860) 379-0215

Winsted, CT 06098-0898

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B)...

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8..... ▶

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14.			

Form **8913**Department of the Treasury
Internal Revenue Service**Credit for Federal Telephone
Excise Tax Paid**▶ **Attach to your income tax return.**

OMB No. 1545-XXXX

2006Attachment
Sequence No. **63**

Name(s) shown on your income tax return

FOUNDATION FOR COMMUNITY HEALTH, INC.

Identifying number

20-0057897

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.**Amount of federal excise tax on long distance or
bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May of 2003	\$	\$	\$	\$
2 June, July, and August of 2003			5.18	1.09
3 September, October, and November of 2003			6.22	1.23
4 December of 2003; January and February of 2004			6.47	1.23
5 March, April, and May of 2004			6.58	1.18
6 June, July, and August of 2004			6.58	1.11
7 September, October, and November of 2004			6.58	1.03
8 December of 2004; January and February of 2005			7.33	1.05
9 March, April, and May of 2005			7.70	1.01
10 June, July, and August of 2005			7.70	0.90
11 September, October, and November of 2005			7.70	0.76
12 December of 2005; January and February of 2006			8.37	0.68
13 March, April, and May of 2006			8.72	0.58
14 June and July of 2006			5.81	0.27
15 Add lines 1 - 14 in columns (d) and (e)			\$ 90.94	\$ 12.12
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns ▶				\$ 103.

BAA For Paperwork Reduction Act Notice, see the instructions.Form **8913** (2006)