

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 2004, and ending

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

C Name of organization: FOUNDATION FOR COMMUNITY HEALTH, INC. Address: 106B UPPER MAIN STREET, SHARON, CT 06069

D Employer identification number: 20-0057897 E Telephone number: (860) 435-2483 F Accounting method: X 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? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website: N/A

J Organization type (check only one): X 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,556,804.

I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, Sub-row, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 2,556,804. Total expenses: 482,969. Net assets at end of year: 16,675,718.

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**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 (See page 22 of the instructions)

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
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>136,909</u> , noncash \$ _____)	<b>22</b> 136,909.	<b>22</b> 136,909.	<b>22</b> STMT 3	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b>			
<b>26</b> Other salaries and wages	<b>26</b> 108,590.	<b>26</b> 43,436.	<b>26</b> 65,154.	
<b>27</b> Pension plan contributions	<b>27</b> 5,272.	<b>27</b> 2,109.	<b>27</b> 3,163.	
<b>28</b> Other employee benefits	<b>28</b> 17,078.	<b>28</b> 7,037.	<b>28</b> 10,041.	
<b>29</b> Payroll taxes	<b>29</b> 8,178.	<b>29</b> 3,271.	<b>29</b> 4,907.	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 5,662.		<b>31</b> 5,662.	
<b>32</b> Legal fees	<b>32</b> 38,554.		<b>32</b> 38,554.	
<b>33</b> Supplies	<b>33</b> 7,073.	<b>33</b> 2,829.	<b>33</b> 4,244.	
<b>34</b> Telephone	<b>34</b> 2,542.	<b>34</b> 1,017.	<b>34</b> 1,525.	
<b>35</b> Postage and shipping	<b>35</b> 1,221.	<b>35</b> 602.	<b>35</b> 619.	
<b>36</b> Occupancy	<b>36</b> 9,404.	<b>36</b> 3,762.	<b>36</b> 5,642.	
<b>37</b> Equipment rental and maintenance	<b>37</b> 2,860.	<b>37</b> 1,144.	<b>37</b> 1,716.	
<b>38</b> Printing and publications	<b>38</b> 1,329.	<b>38</b> 769.	<b>38</b> 560.	
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 2,583.	<b>40</b> 1,033.	<b>40</b> 1,550.	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 2,204.		<b>42</b> 2,204.	
<b>43</b> Other expenses not covered above (itemize) <b>STMT 4</b>	<b>43a</b> 133,510.	<b>43a</b> 25,677.	<b>43a</b> 107,833.	
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>44</b> Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b> 482,969.	<b>44</b> 229,595.	<b>44</b> 253,374.	

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 (See page 25 of the instructions.)**

What is the organization's primary exempt purpose? <b>STMT 5</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF ALL RESIDENTS OF THE AREA HISTORICALLY SERVED BY SHARON HOSPITAL  (Grants and allocations \$ _____)	<b>229,595.</b>
<b>b</b>  (Grants and allocations \$ _____)	
<b>c</b>  (Grants and allocations \$ _____)	
<b>d</b>  (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	<b>229,595.</b>

**Part IV Balance Sheets** (See page 25 of 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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	61,309.	<b>45</b>	95,529.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 18,035.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	18,035.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	STMT. 6 . . . . .	<b>53</b>	1,600.
	<b>54</b> Investments - securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis STMT. 8 . . . . .	<b>57a</b> 25,798.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 2,348.	2,744.	<b>57c</b> 23,450.	
<b>58</b> Other assets (describe ▶ STMT 9 )		13,158,582.	<b>58</b> 16,622,427.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		13,222,635.	<b>59</b> 16,761,041.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	21,029.	<b>60</b>	85,323.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		21,029.	<b>66</b> 85,323.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	10,696,811.	<b>67</b>	13,818,487.
	<b>68</b> Temporarily restricted . . . . .	6,566.	<b>68</b>	61,388.
	<b>69</b> Permanently restricted . . . . .	2,498,229.	<b>69</b>	2,795,843.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	13,201,606.	<b>73</b>	16,675,718.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	13,222,635.	<b>74</b>	16,761,041.

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.



Part VI Other Information (See page 28 of the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a 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?
b If "Yes," enter the name of the organization STMT 12 and check whether it is [X] exempt or [ ] nonexempt
81 a Enter direct and indirect political expenditures See line 81 instructions. 81a
b Did the organization file Form 1120-POL for this year? 81b
82 a 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? 82a
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
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 85b
c Dues, assessments, and similar amounts from members 85c
d Section 162(e) lobbying and political expenditures 85d
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g
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? 85h
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a
b Gross receipts, included on line 12, for public use of club facilities 86b
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b
88 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 88
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A, section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs 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 89b
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
90 a List the states with which a copy of this return is filed CONNECTICUT
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b
91 The books are in care of BERKSHIRE TACONIC COMMUN. FDN. Telephone no 413-528-8039
Located at 271 MAIN STREET GREAT BARRINGOTN ZIP + 4 01230
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	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 and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	206,478.	
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 personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					295,672.
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b <b>ESSENT HEALTHCARE</b> . . . . .					18,035.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				206,478.	313,707.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					520,185.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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	%			
	%			
	%			
	%			

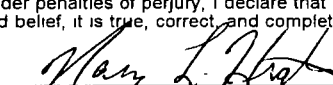
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(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)

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.

**Please Sign**  Date 1/7/28/05

Date	7/27/05	Check if self-prepared	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)	000076710
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**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 Section 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

**2004**

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 page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<b>NANCY HEATON</b> ----- <b>106B UPPER MAIN STREET</b> <b>SHARON, CT 06069</b>	EXECUTIVE DIRECTOR  <b>40</b>	<b>69,994.</b>	<b>12,058.</b>	
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Total number of other employees paid over \$50,000 . . . . . ▶	<b>NONE</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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
<b>NONE</b>		
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Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>NONE</b>	

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, engagement with contributors, and grant making.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- 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 [X] 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 1: (b) 13

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 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; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
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<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
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<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
-----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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 . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - <b>If the amount on line 40 is -                      The lobbying nontaxable amount is -</b>			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	} <b>41</b>		
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			
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 . . . . .			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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



FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED GAIN	1,400,277.
TOTAL	----- 1,400,277. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

SEE ATTACHED LISTING

136,909.

TOTAL CONTRIBUTIONS PAID

136,909.

Tax Year 2004  
Tax ID #: 20-0057897

Grantee Name	Address1	Address2	City, State and Zip	Grants Program Area
Columbia County Healthcare Consortium, Inc	389 Fairview Avenue		Hudson, NY 12534	2,700.00 HEALTH, GENERAL
Dutchess County Community Action Agency	84 Cannon Street		Poughkeepsie, NY 12601	15,000.00 HEALTH, GENERAL
EMS Institute	1 Low Road		Sharon, CT 06069	51,000.00 Civic
Geer Nursing & Rehabilitation, Inc	83 South Canaan Road	PO Box 819	Canaan, CT 06018	29,388.00 HEALTH, GENERAL
NonProfit Finance Fund	New England Program	95 Berkeley Street, Suite 410	Boston, MA 02116	5,000.00 MENTAL HEALTH
NorthEast Community Council, Inc	South Center Street	P.O. Box 35	Millerton, NY 12546	20,336.00 Civic
Northwest Connecticut Council of Governments	17 Sackett Hill Road		Warren, CT 06757	12,000.00 HEALTH, GENERAL
Total Grants				135,424.00

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
MANAGEMENT FEE TO BTCF	54,978.		54,978.
CONTRACT SERVICES	5,835.	810.	5,025.
PROGRAM CONSULTANTS	19,230.	19,230.	
INSURANCE	3,652.	1,461.	2,191.
UTILITIES AND FUEL	1,656.	662.	994.
DUES AND SUBSCRIPTIONS	1,149.	40.	1,109.
MEETINGS	2,010.	375.	1,635.
STAFF DEVELOPMENT	4,785.	1,914.	2,871.
SOFTWARE SUPPORT	1,350.	540.	810.
FEES	1,238.		1,238.
MARKETING	35,500.		35,500.
MISCELLANEOUS	1,612.	645.	967.
UNEMPLOYMENT	515.		515.
TOTALS	133,510.	25,677.	107,833.

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 ORGANIZATION WAS CREATED BY BERKSHIRE TACONIC COMMUNITY FOUNDATION UNDER THE MANDATE OF THE ATTORNEY GENERAL AND THE SUPERIOR COURT OF THE STATE OF CONNECTICUT, AS A TYPE 3 SUPPORTING ORGANIZATION OF BTCF.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSIT	1,600.
TOTALS	----- 1,600. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
LAPTOP	SL	2,888.		2,888.	144.	578.	722.
COMPUTER SYSTEM	SL		2,694.	2,694.	494.		494.
OFFICE FURNITURE	SL		3,434.	3,434.	409.		409.
DESK	SL		270.	270.	29.		29.
COMPUTER SYSTEM	SL		391.	391.	46.		46.
FURNITURE	SL		1,800.	1,800.	107.		107.
BOOKCASES	SL		3,242.	3,242.	193.		193.
COMPUTER SYSTEM	SL		1,093.	1,093.	91.		91.
COMPUTER SYSTEM	SL		1,119.	1,119.	75.		75.
DIGITAL COMPUTER	SL		1,760.	1,760.	117.		117.
TABLE	SL		160.	160.	2.		2.
SHADE	SL		725.	725.			
FURNITURE	SL		315.	315.			
LED PROJECTOR	SL		1,373.	1,373.			
PROJECTION SCREEN	SL		444.	444.			
CABINETS & SHELVES	SL		795.	795.			
IMPROVEMENTS	SL		1,183.	1,183.	39.		39.
IMPROVEMENTS	SL		646.	646.	14		14

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
IMPROVEMENTS	SL	378.		378.		4.	4.
IMPROVEMENTS	SL	1,088.		1,088.		6.	6.
TOTALS		2,888.		25,798.	144.		2,348.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVESTMENTS	16,622,427.
TOTALS	----- 16,622,427. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. JOHN CHARDE 68 RESERVOIR ROAD LAKEVILLE, CT 06039	CHAIR			
ELLA CLARK 373 TOWN ST WEST CORNWALL, CT 06796	BOARD MEMBER			
ELLEN CURTIS 572 SHARON STATION ROAD MILLETON, NY 12546	SECRETARY			
JOAN DUNLOP 409 SALMON KILL ROAD LAKEVILLE, CT 06039	BOARD MEMBER			
DR. JOHN GALLUP 76A LINCOLN CITY ROAD SALISBURY, CT 06068	BOARD MEMBER			
BARBARA MALTBY 238 INDIAN MOUNTAIN ROAD LAKEVILLE, CT 06039	BOARD MEMBER			
EILEEN MULLIGAN 31 MILLERTON ROAD LAKEVILLE, CT 06039	TREASURER			
DR MARTIN NWEELIA 16 GRANDVIEW LANE SHARON, CT 06069	BOARD MEMBER			

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CATHERINE RORABACK 174 WEST MAIN STREET CANAAAN, CT 06018	VICE CHAIR			
REV RICHARD TABER SALISBURY, CT 06068	BOARD MEMBER			
MIRIAM TANNEN 796 CAMBY RAOD MILLBROOK, NY 12545	BOARD MEMBER			
DR. ANNA TIMELL 1 RUMSEY CIRCLE CORWALL, CT 06753	BOARD MEMBER			
JOHN TUKE 139 COLEMAN STATION RAOD MILLERTON, NY 12546	BOARD MEMBER			
STEVEN BENARDETE 252 SMITHFIELD VALLEY ROAD AMENIA, NY 12501	BOARD MEMBER			
LEA DAVIES 498 CRNWALL BRIDGE ROAD SHARON, CT 06069	BOARD MEMBER			

GRAND TOTALS

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS  
=====

SUPPORTING ORGANIZATION OF BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC  
THE ORGANIZATION IS A SEPARATE, INDEPENDENT CORPORATION GOVERNED BY  
ITS OWN BOARD OF DIRECTORS

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

OMB No 1545-0092

**2004**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

**FOUNDATION FOR COMMUNITY HEALTH, INC.**

**20-0057897**

**Note:** Form 5227 filers need to complete **only Parts I and II.**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 33)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
1					
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2003 Capital Loss Carryover Worksheet				4 ( )
5	Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below				5

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 33)	(f) Gain or (Loss) for the entire year (col (d) less col (e))
6					
	SEE STATEMENT 1		295,672.		295,672.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8
9	Capital gain distributions				9
10	Gain from Form 4797, Part I				10
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2003 Capital Loss Carryover Worksheet				11 ( )
12	Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below				12 295,672.

**Part III Summary of Parts I and II**

**Caution:** Read the instructions before completing this part.

	(1) Beneficiaries' (see page 34)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		
14 Net long-term gain or (loss):			
a Total for year	14a		295,672.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34)	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		295,672.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2004

**Part IV Capital Loss Limitation**

**16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of  
**a** The loss on line 15, column (3) or  
**b** \$3,000 . . . . . **16** ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 36 of the instructions to determine your capital loss carryover

**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero.)

**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 17

<b>17</b> Enter taxable income from Form 1041, line 22 . . . . .	<b>17</b>	
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	<b>19</b>	
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	<b>21</b>	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$1,950 . . . . .	<b>24</b>	
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b> Multiply line 26 by 5% (.05) . . . . .		<b>27</b>
<b>28</b> Are the amounts on lines 22 and 26 the same? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31, go to line 32 <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>	
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>	
<b>30</b> Subtract line 29 from line 28 . . . . .	<b>30</b>	
<b>31</b> Multiply line 30 by 15% (.15) . . . . .		<b>31</b>
<b>32</b> Figure the tax on the amount on line 23. Use the 2004 Tax Rate Schedule on page 22 of the instructions . . . . .	<b>32</b>	<b>NONE</b>
<b>33</b> Add lines 27, 31, and 32 . . . . .	<b>33</b>	<b>NONE</b>
<b>34</b> Figure the tax on the amount on line 17. Use the 2004 Tax Rate Schedule on page 22 of the instructions . . . . .	<b>34</b>	
<b>35</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	<b>35</b>	





