

Return of Organization Exempt From Income Tax

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

A For the 2005 calendar year, or tax year beginning , 2005, and ending

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

C Name of organization
FOUNDATION FOR COMMUNITY HEALTH, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
106B UPPER MAIN STREET

City or town, state or country, and ZIP + 4
SHARON, CT 06069

D Employer identification number
20-0057897

E Telephone number
(860) 435-2483

F Accounting method Cash Accrual
 Other (specify) _____

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? Yes No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website ▶ N/A

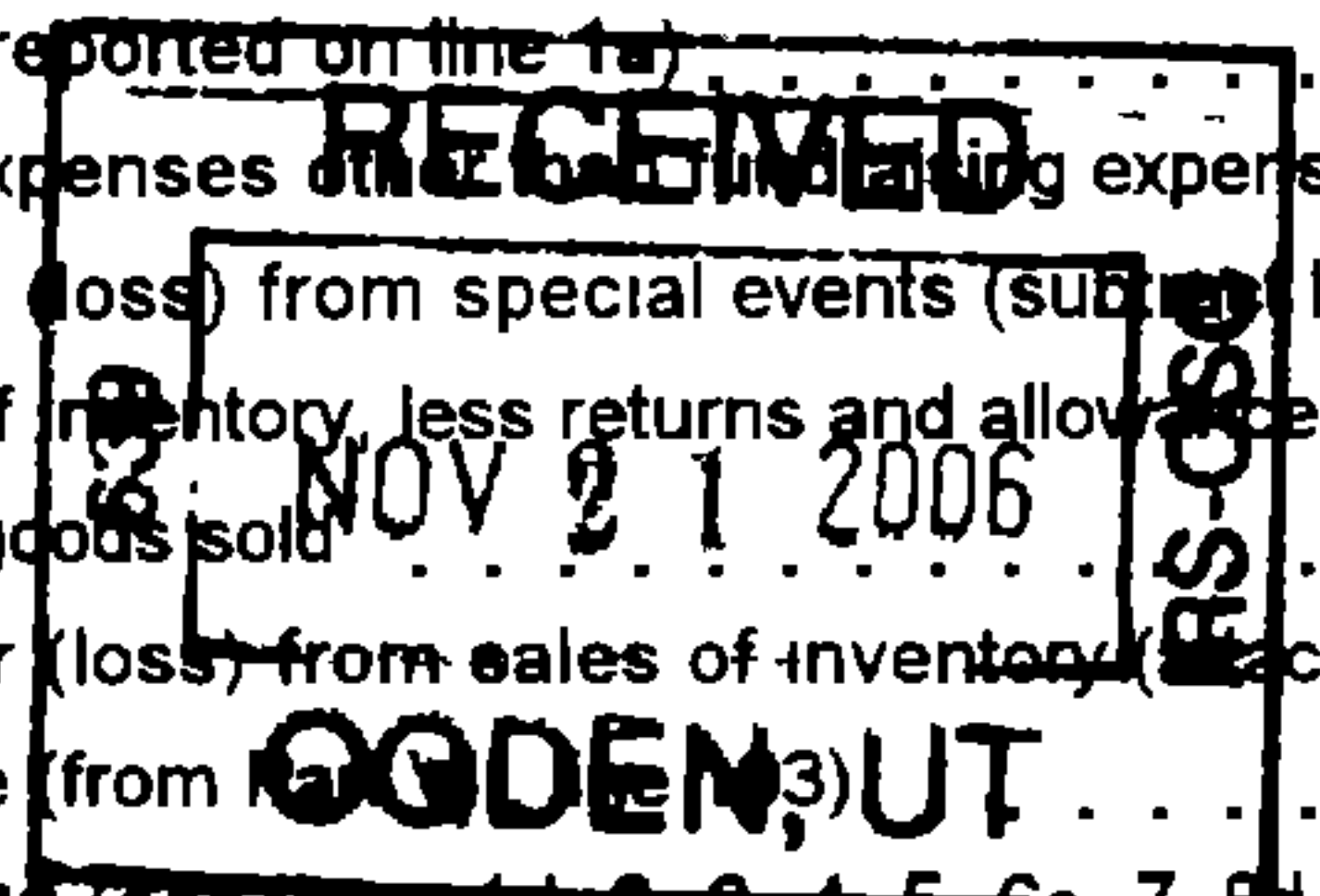
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,655,441.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	2,687,001.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 2,687,001. noncash \$ _____)	1d	2,687,001.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	STMT 1	236,063.
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe _____)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		729,900.	8a	
	b Less cost or other basis and sales expenses		8b	
	c Gain or (loss) (attach schedule)	729,900.	8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	729,900.		
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses (other than fundraising expenses)	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10 a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part III, line 3)	11		2,477.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,655,441.	
Expenses	13 Program services (from line 44, column (B))	13	704,052.	
	14 Management and general (from line 44, column (C))	14	204,301.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	908,353.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,747,088.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,675,718.	
	20 Other changes in net assets or fund balances (attach explanation) STMT 2	20	280,970.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,703,776.	615



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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 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
22	Grants and allocations (attach schedule) (cash \$ <u>516,206.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	516,206.	516,206.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	136,977.	95,884.	41,093.	
27	Pension plan contributions	9,251.	6,476.	2,775.	
28	Other employee benefits	24,458.	17,121.	7,337.	
29	Payroll taxes	10,267.	7,187.	3,080.	
30	Professional fundraising fees				
31	Accounting fees	8,998.	6,299.	2,699.	
32	Legal fees	9,306.	6,514.	2,792.	
33	Supplies	1,994.	1,418.	576.	
34	Telephone	2,974.	2,082.	892.	
35	Postage and shipping	2,174.	1,556.	618.	
36	Occupancy	9,600.	6,720.	2,880.	
37	Equipment rental and maintenance	2,717.	1,902.	815.	
38	Printing and publications	7,229.	5,502.	1,727.	
39	Travel	2,594.	1,893.	701.	
40	Conferences, conventions, and meetings	3,412.	1,780.	1,632.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	4,199.	2,939.	1,260.	
43	Other expenses not covered above (itemize)				
a	STMT 3	155,997.	22,573.	133,424.	
b	-----				
c	-----				
d	-----				
e	-----				
f	-----				
g	-----				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	908,353.	704,052.	204,301.	

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 the instructions)

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? **SEE STATEMENT 4**
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) orgs, and 4947(a)(1) trusts, but optional for others)

a TO IMPROVE THE PHYSICAL AND MENTAL HEALTH OF ALL RESIDENTS OF THE AREA HISTORICALLY SERVED BY SHARON HOSPITAL

(Grants and allocations \$) If this amount includes foreign grants, check here

704,052.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 704,052.

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	95,529.	45	38,415.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 2,477.		
	b Less allowance for doubtful accounts	47b	18,035.	47c 2,477.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	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	STMT. 5.	1,600.	53 1,600.
	54 Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment basis STMT. 7	57a 26,243.			
b Less accumulated depreciation (attach schedule)	57b 6,547.	23,450.	57c 19,696.	
58 Other assets (describe ▶ STMT 8)		16,622,427.	58 19,837,676.	
59 Total assets (must equal line 74) Add lines 45 through 58		16,761,041.	59 19,899,864.	
Liabilities	60 Accounts payable and accrued expenses	85,323.	60	196,088.
	61 Grants payable		61	
	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 ▶)			65
66 Total liabilities. Add lines 60 through 65		85,323.	66 196,088.	
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	13,818,487.	67	16,775,967.
	68 Temporarily restricted	61,388.	68	58,881.
	69 Permanently restricted	2,795,843.	69	2,868,928.
	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, column (B) must equal line 21)		16,675,718.	73 19,703,776.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		16,761,041.	74 19,899,864.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14

Yes No

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 X

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 this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations

75c X

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row contains dashes and the number 0 in each column.

Part VI Other Information (See 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

76 X

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

77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

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 X

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 X

b If "Yes," enter the name of the organization > Berkshire Taconic Community Foundation and check whether it is [X] exempt or [] nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) 81a

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

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 Yes No 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
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b 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 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g 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? 85h N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 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) 87b N/A
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 X
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 X
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
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 2
91 a The books are in care of BERKSHIRE TACONIC COMMUN. FDN. Telephone no 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)? 91b 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
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
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 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.)

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	236,063.	
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					729,900.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <u>ESSENT HEALTHCARE</u>			01	2,477.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				238,540.	729,900.
105 Total (add line 104, columns (B), (D), and (E))					968,440.

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 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)
100	Management of funds for Exempt functions

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
	%			
	%			
	%			
	%			

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)

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 Here

Signature of officer: Nancy L. Heaton Date: 11/14/06

Type or print name and title: Nancy L. Heaton, Executive Director

Paid Preparer's Use Only

Preparer's signature: Ned Howe Date: 11/9/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: PATTISON, KOSKEY, HOWE & BUCCI, P.C.
502 UNION STREET
HUDSON, NY 12534

Preparer's SSN or PTIN (See Gen Inst W): P00076710
EIN: 14-1746505
Phone no: 518-828-1565

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

2005

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
SEE STATEMENT 11				

Total number of other employees paid over \$50,000 . . . ▶ **NONE**

Part II-A 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
SEE STATEMENT 12		

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

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 page 2 of the 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 . . . ▶ **NONE**

Part III Statements About Activities (See page 2 of the 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 ► \$ _____ (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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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 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) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
TYPE 3 SUPPORTING ORGANIZATION OF BERKSHIRE TACONIC FOUNDATION, INC.	13

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2004, (b) 2003, (c) 2002, (d) 2001, (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 not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: 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"; 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; c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

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
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?	29	
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?	30	
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) ----- ----- -----	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, and Grassroots nontaxable amount.

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

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and 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.)

Table with 3 columns: Description, Yes, No, Amount. Rows list various lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies, demonstrations, i Total lobbying expenditures.

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

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES
=====

DESCRIPTION

AMOUNT

INTEREST AND DIVIDENDS

236,063.

TOTAL

236,063.
=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN

280,970.

TOTAL

280,970.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
MANAGEMENT FEE TO BTCF	123,136.		123,136.
CONTRACT SERVICES	6,187.	2,131.	4,056.
PROGRAM CONSULTANTS	6,465.	6,465.	
INSURANCE	3,759.	2,631.	1,128.
UTILITIES AND FUEL	2,666.	1,866.	800.
DUES AND SUBSCRIPTIONS	3,792.	3,404.	388.
STAFF AND BOARD DEVELOPMENT FEES	3,657.	1,641.	2,016.
SOFTWARE SUPPORT	1,508.	1,056.	452.
MISCELLANEOUS	1,404.	983.	421.
MARKETING	907.	635.	272.
UNEMPLOYMENT	1,574.	1,102.	472.
	942.	659.	283.
TOTALS	155,997.	22,573.	133,424.

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

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL				
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAPTOP	SL	2,888.			2,888.	722.	578.		1,300.
COMPUTER SYSTEM	SL	2,694.			2,694.	494.	539.		1,033.
OFFICE FURNITURE	SL	3,434.			3,434.	409.	491.		900.
DESK	SL	270.			270.	29.	39.		68.
COMPUTER SYSTEM	SL	391.			391.	46.	78.		124.
FURNITURE	SL	1,800.			1,800.	107.	257.		364.
BOOKCASES	SL	3,242.			3,242.	193.	463.		656.
COMPUTER SYSTEM	SL	1,093.			1,093.	91.	219.		310.
COMPUTER SYSTEM	SL	1,119.			1,119.	75.	224.		299.
DIGITAL COMPUTER	SL	1,760.			1,760.	117.	352.		469.
TABLE	SL	160.			160.	2.	23.		25.
SHADE	SL		725.		725.		104.		104.
FURNITURE	SL		315.		315.		45.		45.
LED PROJECTOR	SL		1,373.		1,373.		275.		275.
PROJECTION SCREEN	SL		444.		444.		89.		89.
CABINETS & SHELVES	SL		795.		795.		114.		114.
IMPROVEMENTS	SL	1,183.			1,183.	39.	79.		118.
IMPROVEMENTS	SL	646.			646.	14.	43.		57.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS
IMPROVEMENTS	SL	378.			378.	4.	25.	29.
IMPROVEMENTS	SL	1,088.			1,088.	6.	73.	79.
EQUIPMENT	SL		445.		445.		89.	89.
TOTALS		22,146.			26,243.	2,348.		6,547.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVESTMENTS	19,837,676.
TOTALS	----- 19,837,676. =====

FORM 990, PART V-A - CURRENT 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 NWEEDIA 16 GRANDVIEW LANE SHARON, CT 06069	BOARD MEMBER			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANS

EXPENSE ACCT
AND OTHER
ALLOWANCES

TITLE AND TIME
DEVOTED TO POSITION

COMPENSATION

NAME AND ADDRESS

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 CANAAN, CT 06018	VICE CHAIR			
REV RICHARD TABER SALISBURY, CT 0668	BOARD MEMBER			
MIRIAM TANNEN 796 CAMBY RAOD MILLBROOK, NY 12545	BOARD MEMBER			
DR. ANNA TIMELL 1 RUMSEY CIRCLE CORNWALL, 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

===== SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
NANCY HEATON 106B UPPER MAIN STREET SHARON, CT 06069	EXECUTIVE 40	88,417.	17,879.
TOTAL COMPENSATION		88,417.	17,879.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
BERKSHIRE TACONIC COMMUNITY FOUNDATION 271 MAIN STREET GREAT BARRINGTON, MA	FINANCIAL MGMT	123,128.
FCH IS A SUPPORTING ORGANIZATION OF BTCF. FEE PAID FOR FINANCIAL MANAGEMENT AND ADMINISTRATION SERVICES		
TOTAL COMPENSATION		----- 123,128. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PAID ADMINISTRATIVE FEES AND FINANCIAL MANAGEMENT FEES TO BERKSHIRE
TACONIC COMMUNITY FOUNDATION OF \$123,128. FCH IS A SUPPORTING
ORGANIZATION OF BTCF.

Tax Year 2005
Tax ID # 20-0057897

Grantee Name	Address Address2 City, State and Zip	Grants	Program Area	Program
The Astor Community Based Behavioral Health	13 Mt Carmel Place Poughkeepsie, NY 12601	64,797.00	BEHAVIORAL HEALTH	Mobile Crisis
Columbia County Healthcare Consortium, Inc	325 Columbia St Hudson, NY 12534	12,636.00	ACCESS	Ancram/Copake Community Shuttle
Dutchess County Community Action Agency	84 Cannon Street Poughkeepsie, NY 12601	27,000.00	Pharmaceutical Assistance	Extension of funds for 2005 for the Prescription Assistance Program
EMS Institute	1 Low Road PO Box 91 Sharon, CT 06069	4,663.00	EMERGENCY MEDICAL SERVICES (EMS)	Pediatric Equipment Purchase
Geer Nursing & Rehabilitation, Inc	83 South Canaan Road PO Box 819 Canaan, CT 06018	25,500.00	ACCESS	add-on to contract for non-emergency medical transportation services in Northwestern Connecticut, to augment the funds for gasoline purchase
Harvard School of Dental Medicine	Dept. Oral Health Policy 188 Longwood Ave Boston, MA 02115	14,250.00	ORAL HEALTH	Final payment of grant #20050041 for oral health screening of 3rd graders
Hospice, Inc	374 Violet Avenue Poughkeepsie, NY 12601	23,655.00	ACCESS	Hospice Access Project
Housatonic Youth Service Bureau	PO Box 356 Falls Village, CT 06031	65,000.00	BEHAVIORAL HEALTH	Capacity building--Operational Upgrade
McCall Foundation, Inc	58 High Street Torrington, CT 06790	14,937.00	BEHAVIORAL HEALTH	Insights Program
Mental Health Association in Dutchess Co	510 Haight Avenue Poughkeepsie, NY 12603	74,000.00	BEHAVIORAL HEALTH	Parenting Defiant/Explosive Children
Noble Horizons	17 Cobble Road Salisbury, CT 06068	1,000.00	Health Promotion	HealthWise 2005--A free community health fair
NorthEast Community Council, Inc	51 South Center Street PO Box 35 Millerton, NY 12546	19,156.00	ACCESS	for an advance payment on the 2005-6 grant for transportation services in the Amenia/Wassaic area
Northwest Center for Family Service & Me	PO Box 153 315 Main Street Lakeville, CT 06039	65,000.00	BEHAVIORAL HEALTH	Capacity Building - Performance Improvement
Northwest Connecticut Council of Government	17 Sackett Hill Road Warren, CT 06757	32,300.00	Pharmaceutical Assistance	2005 funding of Prescription Assistance Fund for CT participating towns
Saint Francis Home Care Services, Inc	241 North Road Poughkeepsie, NY 12601	32,000.00	ACCESS	Helping the Elderly Live with Pride (HELP)
Salisbury Visiting Nurse Association	30A Salmon Kill Road Salisbury, CT 06068	25,000.00	ACCESS	Hospice Development
United Way of NW Connecticut	16 Bird Street, Ste 1 Torrington, CT 06790	5,200.00	BEHAVIORAL HEALTH	Behavioral Health Community Impact Grant
Women's Support Services	PO Box 341 158 Gay Street Sharon, CT 06069	10,000.00	BEHAVIORAL HEALTH	School based Violence Prevention Education Program

STATEMENT 14

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAPTOP	10/01/2003	2,888.	100.000			2,888.	722.	1,300.	SL		5,000				578.
COMPUTER SYSTEM	01/28/2004	2,694.	100.000			2,694.	494.	1,033.	SL		5,000				539.
OFFICE FURNITURE	02/24/2004	3,434.	100.000			3,434.	409.	900.	SL		7,000				491.
DESK	03/31/2004	270.	100.000			270.	29.	68.	SL		7,000				39.
COMPUTER SYSTEM	05/27/2004	391.	100.000			391.	46.	124.	SL		5,000				78.
FURNITURE	07/19/2004	1,800.	100.000			1,800.	107.	364.	SL		7,000				257.
BOOKCASES	07/26/2004	3,242.	100.000			3,242.	193.	656.	SL		7,000				463.
COMPUTER SYSTEM	08/01/2004	1,093.	100.000			1,093.	91.	310.	SL		5,000				219.
COMPUTER SYSTEM	08/17/2004	1,119.	100.000			1,119.	75.	299.	SL		5,000				224.
DIGITAL COMPUTER	08/30/2004	1,760.	100.000			1,760.	117.	469.	SL		5,000				352.
TABLE	11/29/2004	160.	100.000			160.	2.	25.	SL		7,000				23.
SHADE	12/30/2004	725.	100.000			725.		104.	SL		7,000				104.
FURNITURE	12/30/2004	315.	100.000			315.		45.	SL		7,000				45.
LED PROJECTOR	12/31/2004	1,373.	100.000			1,373.		275.	SL		5,000				275.
PROJECTION SCREEN	12/31/2004	444.	100.000			444.		89.	SL		5,000				89.
CABINETS & SHELVES	12/31/2004	795.	100.000			795.		114.	SL		7,000				114.
IMPROVEMENTS	07/14/2004	1,183.	100.000			1,183.	39.	118.	SL		15,000				79.
IMPROVEMENTS	09/01/2004	646.	100.000			646.	14.	57.	SL		15,000				43.
IMPROVEMENTS	11/11/2004	378.	100.000			378.	4.	29.	SL		15,000				25.
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
5X9024 1 000

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization FOUNDATION FOR COMMUNITY HEALTH, INC.	Employer identification number 20-0057897
	Number, street, and room or suite no. If a P O box, see instructions 106B UPPER MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SHARON, CT 06069	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ BERKSHIRE TACONIC COMMUN. FDN.

Telephone No ▶ 413 528-8039 FAX No ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year 2005 or
▶ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: FOUNDATION FOR COMMUNITY HEALTH, INC.
Employer identification number: 20-0057897
Address: 106B UPPER MAIN STREET, SHARON, CT 06069

Check type of return to be filed (File a separate application for each return)

Form 990 (checked), Form 990-T, Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of BERKSHIRE TACONIC COMMUN. FDN. Telephone No 413 528-8039 FAX No
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an additional 3-month extension of time until 11/15/2006
For calendar year 2005, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
State in detail why you need the extension ADDITIONAL TIME NEEDED TO PREPARE AN ACCURATE AND COMPLETE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
8c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$

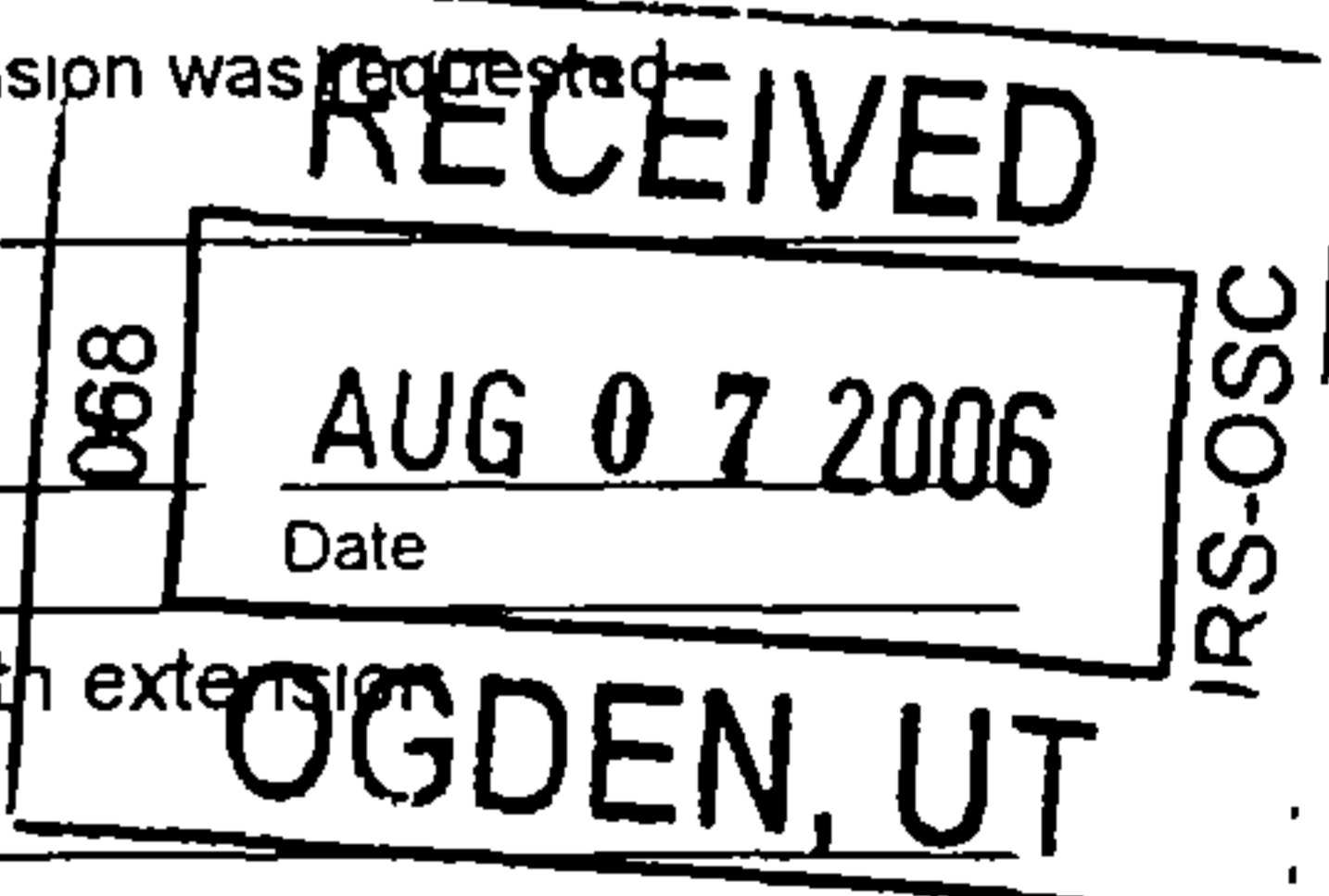
Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form
Signature: [Handwritten Signature] Title: CPA Date: 8/2/06

Notice to Applicant - To Be Completed by the IRS

We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
Other

Director By



Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: PATTISON, KOSKEY, HOWE & BUCCI, P. C.
Number and street (include suite, room, or apt no) or a P.O box number: 502 UNION STREET
City or town, province or state, and country (including postal or ZIP code): HUDSON, NY 12534