EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change FOUNDATION FOR COMMUNITY HEALTH, INC. Name change 20-0057897 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 478 CORNWALL BRIDGE RD. 860-364-5157 2,127,737. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended SHARON, CT 06069 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: NANCY HEATON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions FCHEALTH.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2003 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: TO MAINTAIN AND IMPROVE THE 1 Activities & Governance PHYSICAL AND MENTAL HEALTH OF ALL RESIDENTS OF THE AREA HISTORICALLY 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 3 11Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 11 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,004,995. 466.024. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 11 1,004,995. 466,024 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 796,290. 868,611. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 535,705. 552,909. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 321,026. 342,662. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,725,342. 1,691,861. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -720,347. -1,225,837. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 32,611,808. 36,539,410. 20 Total assets (Part X, line 16) 226,884. 95,854 21 Total liabilities (Part X, line 26) let 32. 384,924. 443,556 Net assets or fund balances. Subtract line 21 from line 20 ... 36, 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign NANCY HEATON, CEO Here

	T 1.1 1.111									
	Type or print name and title									
	Print/Type preparer's name		Preparer's	s signature		Date	Check		PTIN	
Paid	LORI ROTHE YOU	KOBOSKY, C	PA LORI	ROTHE	YOKOBOSKY	10/03/	'24 ["] self-em	ployed P	012734	22
Preparer	Firm's name COHNR	EZNICK LLP					Firm's EIN	22 - 14	478099	
Use Only	Firm's address 350 C	HURCH STRE	ЕТ, 12Т	H FLOC	R					
	HARTF	ORD, CT 06	103				Phone no. 9	59-20	00-700	0
May the IF	RS discuss this return with	the preparer shown	above? See ir	nstructions				[]	X Yes	No
I HA For	Paperwork Reduction Ac	t Notice, see the se	eparate instru	ictions.	332001 12-21-23				Form 99	0 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO MAINTAIN AND IMPROVE THE PHYSICAL AND MENTAL HEALTH OF ALL
	RESIDENTS OF THE AREA HISTORICALLY SERVED BY SHARON HOSPITAL INC.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,338,932. including grants of \$796,290.) (Revenue \$39,062. IMPROVE THE PHYSICAL AND MENTAL HEALTH OF ALL RESIDENTS OF THE AREA HISTORICALLY SERVED BY SHARON HOSPITAL.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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	Other program services (Describe on Schedule O.)
4c 4d 4e	

Form 990 (2		FOUNDATION	-	COMMUNITY	HEALTH,	INC
Part IV	Checklist of R	equired Schedule	es			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
U		11b		х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X 990	(2023)
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Form 990 (2		FOUNDATION			HEALTH,	INC.
Part IV	Checklist of R	equired Schedule	es _{(con}	tinued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 01				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 2 of Earm 1006. Enter 0, if not emplicable 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с		1c	Х	
33200/	(gambling) winnings to prize winners?			(2023)
202002				(_J_U)

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Form	990 (2023) FOUNDATION FOR COMMUNITY HEALTH, INC.	20-0057	897	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	COUNTS (FBAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	5a 5b		X
			50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0		x
			<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	<u>7a</u>		X
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
~					
	Enter the amount of reserves on hand	13c	14-		x
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
332005	12-21-23		Forn	1990	(2023)

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FOUNDATION FOR COMMUNITY HEALTH, INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	1	103	
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1		
2		· · · ·				
				2		x
3						
			•	3		X
4						X
5						X
6	Did the organization have members or stockholders?			6	Х	
7a						
				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	ders, or			
				7b	х	
8		r by the	following:			
a			•	8a	Х	
b				8b	Х	
9						
				9		x
ec	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members os tockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? A re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? I '' Hos, '' did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
				_	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
		•		10b		
la				11a	Х	
			C			
				12a	Х	
b				12b	Х	
-		,		12c	х	
3				13	Х	
4	•				Х	
5						
		, ,				
а				15a	х	
				15b	Х	
	, , , , , , , , , , , , , , , , , , , ,					
6a	· · ·	nent wit	:h a			
				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1	F (section 501(c)(3)s onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		((0)(,··· j)		
	X Own website Another's website X Upon request Other (explain)	on Sch	redule ()			
			,	nd finand	cial	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.					
	statements available to the public during the tax year.		records			
9	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo		records			
	statements available to the public during the tax year.		records			

								LTH, INC.	20-0057	897 _{Page} 7
Part VII Compensation of Officers, Employees, and Independe			tee	s, K	(ey	Em	nplo	oyees, Highest Co	mpensated	
Check if Schedule O contains a resp			lino	in t	hia [Dort	vii			
Section A. Officers, Directors, Trustees, Key		,						d Employees		
1a Complete this table for all persons required t			_						with or within the organ	nization's tax vear
 List all of the organization's current office 										
Enter -0- in columns (D), (E), and (F) if no comper	nsation was paid	d.								
List all of the organization's current key e									•	
 List the organization's five current highest who received reportable compensation (box 5 of 										
\$100,000 from the organization and any related		0.01	FUI		099	-10113	0, a		99-INEC) OF MORE LITAR	
• List all of the organization's former officer	s, key employee					omp	ens	ated employees who re	ceived more than \$100	0,000 of
reportable compensation from the organization										
 List all of the organization's former direct more than \$10,000 of reportable compensation 									for or trustee of the org	janization,
See the instructions for the order in which to list	•		in an	ia ai	.,	Jaco	u or	gamzatione.		
Check this box if neither the organization	nor any related	oraa	niza	tion	com	npen	sate	ed anv current officer. d	irector. or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	, unles	check more than one less person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or	In stitutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	idual	ution	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) NANCY HEATON	40.00									
CEO				X				226,366.	0.	23,952.
(2) CEELY ACKERMAN	2.00									
SECRETARY		Х		X				0.	0.	0.
(3) CHRISTIAN ALLYN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(4) DR. JOHN P. CHARDE	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(5) DR. MUSTAFA UGURLU	1.00									

DIRECTOR		x				0.	0.	0.
(4) DR. JOHN P. CHARDE	1.00							
DIRECTOR		X				0.	0.	0.
(5) DR. MUSTAFA UGURLU	1.00							
OUTGOING DIRECTOR		X				0.	0.	0.
(6) FELICIA JONES	1.00							
OUTGOING DIRECTOR		Х				0.	0.	0.
(7) HILA RICHARDSON	1.00							
DIRECTOR		Х				0.	0.	0.
(8) JANE WATERS	1.00							
OUTGOING DIRECTOR		X				0.	0.	0.
(9) KARREN GARRITY	1.00							
DIRECTOR		X				0.	0.	0.
(10) KATTY BRENNAN	1.00							
DIRECTOR		Х				0.	0.	0.
(11) MIRIAM TANNEN	1.00							
OUTGOING CHAIR		Х	X	ζ		0.	0.	0.
(12) PETER HALLE	1.00							
DIRECTOR		Х				0.	0.	0.
(13) REV. A.J. STACK	1.00							
DIRECTOR		Х				0.	0.	0.
(14) THOMAS QUINN	2.00							
CHAIR		Х	X	ζ		0.	0.	0.
(15) JILL FIELDSTEIN	1.00							
DIRECTOR		Х				0.	0.	0.
(16) ZACH MCCLAIN	1.00							
DIRECTOR		Х				0.	0.	0.
222007 12 21 22								Form 990 (2023)

Form **990** (2023)

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		ON FOR C	:OM	IMU	NI	ΤY	<u> </u>	EA	LTH, INC.	20-00) <u>578</u>	97	Page 8
Part	VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C Posi	C)			(D)	(E)		(F	
	Name and title	Average hours per		not cl	heck i	more	than c		Reportable	Reportable	_	Estim	
		week					is both pr/trust		compensation from	compensation from related		amou oth	
		(list any	tor						the	organizations		comper	
		hours for	direc				p		organization	(W-2/1099-MIS		from	
		related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)		organiz	ation
		organizations	trus	nal tru		oyee	om pe		1099-NEC)			and re	lated
		below	ndividual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	Former				organiz	ations
		line)	Indi	Inst	Officer	Key	Higle	For			$ \rightarrow $		
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1b Subtotal 226,366.										0.	23	952.	
	Total from continuation sheets to Part V								0.		0.	<u> </u>	0.
									226,366.		0.	23	952.
	Total (add lines 1b and 1c) Total number of individuals (including but									00 of reportable		25,	552.
	compensation from the organization		030	11310	u ac	000	<i>) w</i>	010					1
	sompendation nom the organization											Ye	s No
3	Did the organization list any former office	r. director. trust	ee. k	kev e	mpl	ove	e. or	hia	hest compensated empl	ovee on			
	line 1a? If "Yes," complete Schedule J for		,	,			,	0		,	- 1	3	x
	For any individual listed on line 1a, is the s										··· -	-	
	and related organizations greater than \$15											4 X	
	Did any person listed on line 1a receive or										····		
	rendered to the organization? <i>If "Yes." co</i>					-			-		Г	5	X
	ion B. Independent Contractors			01 00	<u></u>		<u>e</u> 11						·
1	Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensatio	on from	
	the organization. Report compensation for	the calendar ye	ear e	endin	ıg w	ith c	or wit	hin	the organization's tax y	ear.			
	(A)								(B)			(C)	
	Name and busines								Description of s	ervices	Co	mpensa	tion
	KSHIRE TACONIC COMMUN												
800	NORTH MAIN STREET, S	HEFFIELD	,	MA	0	12	57		INV. MGT & A	DM. SVC.		<u>143,</u>	541.
								-					
	Total number of independent contractors		ot lin	nitec	to 1	thos 1	se list I	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organ	lization				_	L				-	000	
											F	orm 99) (2023)

Creck if Schedule C contains a response or note to any line in the Bert VII (A) (A) (B) (C) Unreaded public or texanol (C) (C) <t< th=""><th></th><th></th><th>0 (2023) FOUNDATION FOR</th><th>R COMMUNI</th><th>ITY HEALTH</th><th>, INC.</th><th>20-0057</th><th>897 Page 9</th></t<>			0 (2023) FOUNDATION FOR	R COMMUNI	ITY HEALTH	, INC.	20-0057	897 Page 9
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2023.04030 FOUNDATION FOR COMMUNITY 85961561

Part IX Statement of Functional Expenses

FOUNDATION FOR COMMUNITY HEALTH, INC.

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		experieee	general expenses	experiece
-	and domestic governments. See Part IV, line 21	796,290.	796,290.		
2	Grants and other assistance to domestic	•			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	250,318.	175,222.	75,096.	
6	Compensation not included above to disqualified		_/ _ / /		
v	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	221,705.	155,194.	66,511.	
' 8	Pension plan accruals and contributions (include	221,103.			
0	section 401(k) and 403(b) employer contributions)	18,415.	12,890.	5,525.	
9		30,455.	21,319.	9,136.	
	Other employee benefits	32,016.	22,411.	9,605.	
10 4 4	Payroll taxes	52,010.	22,411.	5,005.	
11	Fees for services (nonemployees):				
	Management				
		20,055.		20,055.	
	Accounting	20,055.		20,055.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	114 644		114 644	
f	Investment management fees	114,644.		114,644.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20 014	20 040	0 074	
	column (A), amount, list line 11g expenses on Sch 0.)	29,914.	20,940.	8,974.	
12	Advertising and promotion	10 402	0 745	2 740	
13	Office expenses	12,493.	8,745.	3,748.	
14	Information technology	33,463.	23,424.	10,039.	
15	Royalties	26.050	05 051	11 000	
16	Occupancy	36,959.	25,871.	11,088.	
17	Travel	9,157.	6,410.	2,747.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 0.50	10 5 10		
19	Conferences, conventions, and meetings	15,062.	10,543.	4,519.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,441.	13,609.	5,832.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	33,442.	33,442.		
b	EQUIPMENT RENTAL AND MA	9,292.	6,504.	2,788.	
с	STAFF DEVELOPMENT	6,376.	4,463.	1,913.	
d	DUES & SUBSCRIPTIONS	743.	520.	223.	
е	All other expenses	1,621.	1,135.	486.	
25	Total functional expenses. Add lines 1 through 24e	1,691,861.	1,338,932.	352,929.	C
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2023.04030 FOUNDATION FOR COMMUNITY 85961561

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Part X Balance Sheet

		Check if Schedule O contains a response or note	e to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			104,470.	1	134,961.
	2	Savings and temporary cash investments				2	· · · ·
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			14,949.	4	13,232.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9	2,791.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	91,206. 38,212.			
	b	Less: accumulated depreciation	53,918.	10c	52,994.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			32,438,471.	15	36,335,432.
	16	Total assets. Add lines 1 through 15 (must equa			32,611,808.	16	36,539,410.
	17	Accounts payable and accrued expenses			226,884.	17	95,854.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ş	22	Loans and other payables to any current or form	er offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			226,884.	26	95,854.
s		Organizations that follow FASB ASC 958, chee	ck her	e X			
ice		and complete lines 27, 28, 32, and 33.					00 000 766
alar	27	Net assets without donor restrictions			21,595,557.	27	23,238,766.
ЧВ	28	Net assets with donor restrictions			10,789,367.	28	13,204,790.
nn		Organizations that do not follow FASB ASC 95	58, che	eck here			
ΥĽ		and complete lines 29 through 33.					
ets (29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
¢t A	31	Retained earnings, endowment, accumulated inc			32,384,924.	31	36 112 556
ž	32	Total net assets or fund balances			32,584,924.	32	36,443,556.
	33	Total liabilities and net assets/fund balances			JZ,UII,OUŌ.	33	36,539,410.
							Form 990 (2023)

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Form	990	(2023))

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		X					
Check if Schedule O contains a response or note to any line in this Part XI							
	1,8	24.					
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,69							
3 Revenue less expenses. Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 32, 38							
5 Net unrealized gains (losses) on investments 5 4,09	7,0	15.					
6 Donated services and use of facilities 6							
7 Investment expenses 7							
8 Prior period adjustments 8 1,18	<u>9,1</u>	.71.					
9 Other changes in net assets or fund balances (explain on Schedule O)	1,7	17.					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
column (B))	3,5	56.					
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII							
	Yes	No					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		X					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
separate basis, consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis							
b Were the organization's financial statements audited by an independent accountant? 2b	Х						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
consolidated basis, or both:							
X Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?3a		X					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2023)

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SCHEDULE A

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public Inspection

Internal Reven	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection												
Name of t	he organization							identification number					
Dort			COMMUNITY HI					0-0057897					
Part I	Reason for Public					ee instruction	IS.						
	zation is not a private found					N/ A \/*\							
	A church, convention of ch	,			on 170(b)(1	I)(A)(I).							
2	A school described in sect					••							
3	A hospital or a cooperative						VIII) Enter						
4	A medical research organiz	zation operated in cor	njunction with a nospital	described	in sectio	n 170(d)(1)(A)(III). Enter	the hospital's name,					
- C	city, and state:	ar the herefit of a col				verementel	nit describe						
5	An organization operated f		lege of university owned	or operation	eu by a go	vernmentalu	nit describe						
c 🗔	section 170(b)(1)(A)(iv).				70/1-\/4\/A\	(.)							
6	A federal, state, or local go	-						u de lie de envile e d'in					
7	An organization that norma	•	ntial part of its support if	rom a gove	ernmental	unit or from tr	ne general p	Dublic described in					
•	section 170(b)(1)(A)(vi). (Complete Part II.)												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 🛄	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	University:												
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after lune 30, 1975.												
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.													
11	See section 509(a)(2). (Complete Part III.)												
	11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).													
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
a X	Type I. A supporting orga	••			-		-	nivina					
u	the supported organization												
	organization. You must			indjointy c				pporting					
b	Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) by hay	ina					
	control or management of					-		-					
	organization(s). You mus						ge the supp						
c	Type III functionally inte			in connect	tion with a	and functional	llv integrate	d with					
•	its supported organizatio						ny mograte	a with,					
d] Type III non-functionally		-				ted organiz	ration(s)					
	that is not functionally in						-						
	requirement (see instruct			•									
e X							II Type III						
• <u> </u>	functionally integrated, o					1900, 1900	n, 1990 m						
f Ente	er the number of supported			ng organiz				3					
	vide the following informatio	•											
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other					
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)					
BERKS	HIRE TACONIC												
	NITY FOUND	06-1254469	7	x		1,338	3,932.	0.					
	NNECTICUT												
	NITY FOUNDATIO	06-1565733	7	x			0.	0.					
	NITY FDNS OF												
	N VALLEY	23-7026859	8	x			0.	0.					
		1		1									

,338,932

1

0.

	(Form 990) 2		FOUNDATION					20-0057897	Page 2
Part II	Support	Schedule fo	r Organizations	Descr	ibed in Section	s 170(b)(1)(/	A)(iv) and	170(b)(1)(A)(vi)	

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

See	ction A. Public Support			-			-						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")												
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3												
5	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)												
6	Public support. Subtract line 5 from line 4.												
Se	ction B. Total Support		-	-	-								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
7	Amounts from line 4												
8													
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources \dots												
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on												
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)												
11	Total support. Add lines 7 through 10												
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12							
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)							
	organization, check this box and stop												
See	ction C. Computation of Public	ic Support Per	rcentage										
	Public support percentage for 2023 (I					14	%						
	Public support percentage from 2022					15	%						
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and						
	stop here. The organization qualifies	as a publicly supp	orted organization	ו									
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation									
17a	10% -facts-and-circumstances test	-	-										
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization								
b	10% -facts-and-circumstances test	: - 2022. If the orç	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or						
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the							
	organization meets the facts-and-circ												
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a								
						Schedule A	(Form 990) 2023						

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Schedule A (Form 990) 2023 FC	DUNDATION	FOR COMM	UNITY HEA	LTH, INC.	20-005	7 897 Page
Part III Support Schedule for O	rganizations	Described in S	Section 509(a)	(2)		
(Complete only if you checked t	he box on line 10	of Part I or if the o	organization failed	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed be	low, please comp	olete Part II.)				
Section A. Public Support				1		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(u) 2010	() 2020				(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						

С	Add lines 10a and 10b
11	Net income from unrelated business
	activities not included on line 10b, whether or not the business is
	regularly carried on

	o ,	
12	Other income. Do not inclu	de gain
	or loss from the sale of cap	ital
	assets (Explain in Part VI.)	

13	Total s	support.	(Add lines 9,	10c,	11, and 1	2.)
----	---------	----------	---------------	------	-----------	-----

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14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	,
	heck this box and stop here	

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%
	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19;	a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organiza	tion	
ŀ	33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly suppo	rted o	organization
20	Private foundation . If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructio	ons

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Schedule A (Form 990) 2023

2023.04030 FOUNDATION FOR COMMUNITY 85961561

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5c

6

7

8

9a

9b

9c

10a

No

Х

х

Х

Х

х

Х

Х

х

Х

х

Х

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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20-0057897 Page 5 FOUNDATION FOR COMMUNITY HEALTH, INC. Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	a		Х
b	A family member of a person described on line 11a above?	b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		lc		Х
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	Х	
Sec	tion C. Type II Supporting Organizations			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s)	1	ĺ

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
				1

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year (see instructions).
--	--

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

The organizatior	supported a governm	nental entity. Describ	e in Part VI how	you supported a	governmental entity	(see instructions	s).
	The organizatior	The organization supported a governr	The organization supported a governmental entity. Describe	The organization supported a governmental entity. Describe in Part VI how	The organization supported a governmental entity. Describe in Part VI how you supported a	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions

2 Activities Test. Answer lines 2a and 2b below.

tion D All Type III Supporting Org

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

2a 2b 3a 3b

Yes No

Yes No

Schedule A (Form 990) 2023

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_	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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20-0057897 Page 6

Schedule A	(Form 990)	2023

FOUNDATION FOR COMMUNITY HEALTH, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
	Distribute bla emount for 0000 from Costiers O line C				
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.		-		
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

THE FOUNDATION FOR COMM	UNITY HEALTH HAS ALSO PROVIDED GRANTS TO TH	E
COMMUNITIES OTHERWISE S	ERVED BY THE NORTHWEST CONNECTICUT COMMUNIT	Y
FOUNDATION AND THE COMM	UNITY FOUNDATIONS OF THE HUDSON VALLEY.	
332028 12-21-23	Schedul	e A (Form 990) 202
71003 147227 8596156-059	21	

FOUNDATION FOR COMMUNITY HEALTH,

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

Schedule A (Form 990) 2023

(See instructions.)

Part VI

20-0057897 Page 8

INC.

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	FOUNDATION FOR COM			20-0057897
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes'	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribut	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			_2b
С	Number of conservation easements on a certified historic stru-			_2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	rminated by the organi	zation during the tax
_	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and	enforcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onfo	reing concentration or	soments during the year
'	Amount of expenses incurred in monitoring, inspecting, nanc	and encodered and encodered	orching conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B)(i	
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footr		-	
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treater	asures, or other similar ass	sets for financial gain, I	provide
	the following amounts required to be reported under FASB A	•		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990 Part X			¢

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051 09-28-23

Schedule D (Form 990) 2023

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		ION FOR CON					05789		age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther S	imilar Asso	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that ma	ake signi [.]	ficant use of i	ts		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's	exempt	purpose in Pa	art XIII.		
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Pa	t IV Escrow and Custodial Arrang	gements Complet	te if the organizatior	answered "Yes	" on For	m 990, Part I\	/, line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets	s not inc	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	C C				Amour	nt	
с	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo					· · · ·	Yes		No
	If "Yes," explain the arrangement in Part XIII.								7
Pa									
		(a) Current year	(b) Prior year	(c) Two years ba		Three years ba	ick (e) Fou	ir vears	back
1a	Beginning of year balance	26,019,647.	30,252,579.	26,715,5	. ,	24,879,58		,999,	
b	Contributions	272,488.	418,608.	364,3		429,56			343.
	Net investment earnings, gains, and losses	3,377,556.	-2,879,074.	4,875,6		3,121,42		,181,	
			_,,,,,,,,,,	1,0,0,0		•,===,==		,,	
	Grants or scholarships								
е	Other expenditures for facilities	1,503,212.	1,772,466.	1,588,6	20	1,714,97	2 2	,701,	528
	and programs	1,303,212.	1,772,400.	1,500,0	20.	1,114,57	2. 2	,,,,,,	520.
	Administrative expenses	28 166 479	26,019,647.	30,367,0	67	26,715,59	2 24	,879,	580
g	End of year balance				07.	20,713,39	2. 24	,013,	500.
2	Provide the estimated percentage of the curr	ent year end balance) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment 7.1536	%							
С	Term endowment10.3414								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the			No.	
	organization by:							Yes	No
	(i) Unrelated organizations?								X
	(ii) Related organizations?						<u>3a(ii)</u>		
b	If "Yes" on line 3a(ii), are the related organiza						3b	Х	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or o	• • •			mulated	(d) Boo	ok valu	е
		basis (investr	nent) basis	(other)	depre	ciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		9	1,206.	3	8,212.	5	2,9	94.
e	Other								
Tota	Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	<i>(</i> B))	<u> </u>		5	2,9	94.
							ule D (For	m 990)	2023

Schedule D	(Form 990) 2023	FOUNDATION	FOR	COMMUNITY	HEALTH,	INC.	20-0057897 Page 3
Part VII	Investments -	 Other Securities 					
	Complete if the or	rganization answered "Yes"	on For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.	
(a) Descrip	tion of security or cat	egory (including name of security)	((b) Book value	(c) Method	d of valuation: Cost o	or end-of-year market value
(1) Financia	al derivatives						
(2) Closely	held equity interest	s					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	Investments -	90, Part X, line 12, col. (B)) - Program Related. rganization answered "Yes"	on For	m 990 Part IV line	11c See Form 9	990 Part X line 13	
	(a) Description of	-	-	(b) Book value			or end-of-year market value
(1)	(,		<u> </u>	.,	(=,		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 99	90, Part X, line 13, col. (B))					
Part IX	Other Assets						
	Complete if the or	rganization answered "Yes"	on For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.	
		(a)	Descri	ption			(b) Book value
(1) BE	RKSHIRE TA	ACONIC: VAR. C	OMIN	IGLED FUNDS	3		28,174,779.
		INTEREST IN TR	UST				8,155,653.
(3) SE	CURITY DEP	POSIT					5,000.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	<u>ımn (b) must equal I</u>	Form 990, Part X, line 15, co	ol. (B))				36,335,432.
Part X	Other Liabiliti		_				
		ganization answered "Yes"	on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X, III	
1.	,	Description of liability					(b) Book value
	leral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							<u> </u>
(7)							
(8)							
(9)							
		Form 990, Part X, line 25, co					
		ositions. In Part XIII, provide					
organiz	aτιon's liability for u	ncertain tax positions unde	r⊦ASB	ASC 740. Check he	ere if the text of	the toothote has bee	en provided in Part XIII X

332053 09-28-23

	dule D (Form 990) 2023 FOUNDATION FOR COMMUNITY H				0057897 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	4,446,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	4,097,015.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-1,717.		
е	Add lines 2a through 2d			2e	4,095,298.
3	Subtract line 2e from line 1			3	351,380.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	114,644.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	114,644.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	466,024.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		-	
1	Total expenses and losses per audited financial statements			1	1,577,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,577,217.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	114,644.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	114,644.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,691,861.
Pa	t XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO ACCOMPLISH THE MISSION OF THE ORGANIZATION: TO

MAINTAIN AND IMPROVE THE PHYSICAL AND MENTAL HEALTH OF ALL RESIDENTS OF

THE AREA HISTORICALLY SERVED BY SHARON HOSPITAL INC.

PART X, LINE 2:

332054 09-28-23

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS

CONCLUDED THAT AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

A LIABILITY, ASSET OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

FOUNDATION'S FEDERAL INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2020 ARE

CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

Schedule D (Form 990) 2023

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Part XIII Supplemental Information (continued) LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NE AUTHORITATIVE RULINGS. PART XI, LINE 2D - OTHER ADJUSTMENTS:	SM
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF CRT	-1,717.
	(Farma 000) 0000
332055 09-28-23 26	(Form 990) 2023

SCHEDULE I		arants and Oth					OMB No. 1545-0047			
(Form 990)		vernments, an ete if the organization					2023			
Department of the Treasury	Comp		Attach to Form				Open to Public			
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection			
Name of the organization Employer iden FOUNDATION FOR COMMUNITY HEALTH, INC. 20										
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records t										
criteria used to award the grants or assis	tance?						X Yes No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
·					(f) Method of		()) 5			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
CHORE SERVICE, INC.										
15 ACADEMY ST							SPRING 2023 CAPACITY			
SALISBURY_ CT 06068	51-0416899	501(C)(3)	27,000.	0.			BUILDING			
,,				- •						
COLUMBIA COUNTY SANCTUARY										
MOVEMENT, INC PO BOX 785 -							SPRING 2023 CAPACITY			
HUDSON, NY 12534	82-1804199	501(C)(3)	15,000.	0.			BUILDING			
COMMUNITY ACTION PARTNERSHIP FOR										
DUTCHESS COUNTY, INC 77 CANNON							FCH PRESCRIPTION			
STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	155,000.	0.			ASSISTANCE FUND			
CONNECTICUT ASSOCIATION OF SCHOOL										
BASED HEALTH CENTERS - 1151										
HARTFORD TPKE - NORTH HAVEN, CT							R1SD SCHOOL-BASED HEALTH			
06473	06-1454857	501(C)(3)	10,000.	0.			CENTER DISCOVERY PROCESS			
CONNECTICUT COUNCIL FOR										
PHILANTHROPY - 75 CHARTER OAK AVE							2023 SPONSORSHIPS - THE			
	23-7024016	501(C)(3)	6 930	0						
SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	6,830.	0.			POWER OF GOOD INVESTMENTS			
GOOD CAUSES, INC.										
272 BROADWAY ALBANY							TIME-SENSITIVE GENERAL			
NEWYORK, NY 12204	14-1813190	501(C)(3)	30,000.	0.			OPERATING SUPPORT			
2 Enter total number of section 501(c)(3) ar			line 1 telele			I	21			
3 Enter total number of other organizations		•								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Schedule I (Form 990) FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897 Page 1

Part II Continuation of Grants and Other A		monifiering HEAL	-	vernments (Sche	edule I (Form 990), Pa		10-005/89/ Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWOODS COUNSELING REFERRALS, INC LITCHFIELD PLACE - LITCHFIELD, CT 06759	06-1351190	501(C)(3)	61,350.	0.			SPRING 2023 CAPACITY BUILDING
MARIA SEYMOUR BROOKER MEMORIAL 157 LITCHFIELD STREET TORRINGTON, CT 06790	06-0646712	501(C)(3)	15,000.	0.			SPRING 2023 CAPACITY BUILDING
MCCALL BEHAVIORAL HEALTH NETWORK 58 HIGH ST. TORRINGTON, CT 06790	06-0961756	501(C)(3)	15,000.	0.			OPTIMIZED CLIENT WEBSITE
NORTH EAST COMMUNITY CENTER, INC. 51 S. CENTER STREET MILLERTON, NY 12546	14-1736237	501(C)(3)	100,000.	0.			TRI-CORNER NUTRITION SECURITY COALTION
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN ST #1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	10,000.	0.			FALL 2023 CAPACITY BUILDING
NORTHWEST HILLS COUNCIL OF GOVERNMENTS – 59 TORRINGTON RD – GOSHEN, CT 06756		govt	10,000.	0.			FCH PRESCRIPTION ASSISTANCE FUND
PARTNERS FOR SUSTAINABLE HEALTHY COMMUNITIES – PO BOX 607 % WILLIAM A BURGESS – LITCHFIELD, CT 06759	30-0401605	501(C)(3)	40,000.	0.			NORTHWEST CT FOOD HUB
PRIME TIME HOUSE 836 MAIN ST TORRINGTON, CT 06790	22-2719755	501(C)(3)	12,000.	0.			FALL 2023 CAPACITY BUILDING
SKY HIGH FARM 675 HALL HILL RD PINE PLAINS, NY 12567	81-0764483	501(C)(3)	15,000.	0.			SPRING 2023 CAPACITY BUILDING

Schedule I (Form 990)

Schedule | (Form 990) FOUNDATION FOR COMMUNITY HEALTH, INC.

20-0057897 Page 1

Part II Continuation of Grants and Other		MUNITY HEAL:	-	vernments (Sch	edule I (Form 990) Pa		20-005/89/ Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL & ENVIRONMENTAL							
ENTREPRENEURS INC 23564							
CALABASAS ROAD, SUITE 201 -							FALL 2023 CAPACITY
CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000.	0.			BUILDING
ST. THOMAS EPISCOPAL CHURCH FOOD OF LIFE - 40 LEEDSVILLE ROAD -							FALL 2023 CAPACITY
AMENIA, NY 12501		501(C)(3)	15,000.	0.			BUILDING
SUSAN B. ANTHONY PROJECT, INC. 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	20,000.	0.			FALL/SPRING 2023 CAPACITY BUILDING
THE COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM, INC - 325							
COLUMBIA ST - HUDSON, NY 12534	14-1802680	501(C)(3)	109,000.	0.			GENERAL OPERATING SUPPOR
THE HOUSING COLLECTIVE, INC. 815 MAIN STREET							OPERATING SUPPORT & PROJECT FUNDING FOR NORTHWEST LITCHFIELD
BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	85,000.	0.			COUNTY TOWNS
TOWN OF AMENIA 4988 ROUTE 22		GOVT	15.000	0.			AMENIA'S FIRST AFFORDABLE RENTAL HOUSING - ACQUISITION & REHAB OF 7-
NEW YORK, NY 12501		3001	15,000.				LAKE AMENIA ROAD

Schedule I (Form 990)

332102 11-01-23

Schedule | (Form 990) 2023 FOUNDATION FOR COMMUNITY HEALTH, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	<u> </u>				

30

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO FILE REPORTS WITH THE DONOR REFLECTING HOW THE

FUNDS WERE SPENT.

Page 2

SC	HEDULE J	1	OMB No. 1	545-004	47		
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		00	2		
•		Compensated Employees		20	ZJ	j –	
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	Inspection		
Nan	ne of the organization	1	Employer i	dentificatio	on nui	mber	
		FOUNDATION FOR COMMUNITY HEALTH, INC.	20-0	05789	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
		ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
3		ly, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	tion of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	ompensation consultant X Compensation survey or study					
	Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a re			4.		x	
a b		e payment or change-of-control payment?				X	
U O		eive payment from a supplemental nonqualified retirement plan?				X	
C	-	eive payment from an equity-based compensation arrangement?		40			
	II TES LO ALLY OF III	ווים אמיט, ווסג נווים אסוסטווס מווע אוטעועל גוול מאטוועמטול מוווטעווגס וטו למטוו וגפווו ווו אמול ווו.					
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
а	-			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
-	contingent on the n						
а	-			6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;				
	-	es 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	-			8		X	
9		d the organization also follow the rebuttable presumption procedure described in			_		
		53.4958-6(c)?	<u></u>	9			
For		on Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990) 2023	

LHA 332111 11-06-23

31 2023.04030 FOUNDATION FOR COMMUNITY 85961561 14171003 147227 8596156-0596156.0990

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NANCY HEATON	(i)	226,366.	0.	0.	15,302.	8,650.	250,318.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 FOUNDATION FOR COMMUNITY HEALTH, INC.

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



20-0057897

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION FOR COMMUNITY HEALTH,

SERVED BY SHARON HOSPITAL INC.

FORM 990, PART VI, SECTION A, LINE 6:

AS A TYPE I SUPPORTING ORGANIZATION FCH HAS 3 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE THREE MEMBERS COLLECTIVELY VOTE ON A SLATE OF CANDIDATES FROM A POOL OF

FCH BOARD APPROVED CANDIDATES.

FORM 990, PART VI, SECTION A, LINE 7B:

ONLY THE FOLLOWING ACTIONS OF THE FCH BOARD REQUIRE APPROVAL OF THE 3

MEMBERS: ANY SALE, PLEDGE, LEASE, OR TRANSFER OF SUBSTANTIALLY ALL OF FCH ASSETS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING MEMBERS OF THE AUDIT COMMITTEE, FINANCE COMMITTEE AND/OR

THE EXECUTIVE COMMITTEE REVIEW THE 990 WHICH IS THEN PRESENTED TO THEHEIR

FULL BOARD FOR THEIR REVIEW AND ACCEPTANCE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY REVIEWED AND SIGNED ANNUALLY BY ALL MEMBERS AT THE JUNE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EXECUTIVE COMMITTEE CONDUCTS ANNUAL PERFORMANCE EVALUATION AND COLLECTS

LHA 332211 11-14-23

Schedule O (Form 990) 2023

14171003 147227 8596156-0596156.0990 2023.04030 FOUNDATION FOR COMMUNITY 85961561

FORM 990, P2										
DOCUMENTS AN	RE AVAI	LABLE ON	THE OR	GAN1ZAT1	DN'S WEE	SITE,	990	1S /	AVALLABI	JE ON
GUIDESTAR.CO	OM, AND	ARE PRO	VIDED U	PON REQUI	EST.					
FORM 990, PA		T TNE O	CUANCE	C TN NEM						
CHANGE IN VA	ALUE OF	CRT							,	,717.
332212 11-14-23								Sch	edule O (Form	n 990) 202
71003 147227				35 2023.04						85961

Schedule O (Form 990) 2023
Name of the organization
Name of the organization

FOUNDATION FOR COMMUNITY HEALTH, INC.

INFORMATION FROM AVAILABLE SALARY SURVEYS PRIOR TO MAKING DECISIONS

REGARDING EXECUTIVE COMPENSATION.

Employer identification number

20 - 0057897

SCHEE	DULE R
IT a suma f	2001

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 20 - 0057897

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FOUNDATION FOR COMMUNITY HEALTH, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BERKSHIRE TACONIC COMMUNITY FOUNDATION -					BERKSHIRETACONIC		
06-1254469, 800 NORTH MAIN STREET,	SUPPORT FOR CHARITABLE				COMMUNITY		
SHEFFIELD, MA 01257-0400	ORGANIZATION	MASSACHUSETTS	501(C)(3)	LINE 7	FOUNDATION		х
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

FOUNDATION FOR COMMUNITY HEALTH, INC. Schedule R (Form 990) 2023

20 - 0057897Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	((k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Direct controlling entity (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Disproportionate end-of-year assets Disproportionate C end-of-year assets Vess No K -1				e of Disproportionate Code V-L year allocations? 20 of Sche	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No		
	1												
	1												
	1												
	-												
	1												
	4												
	-												

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) tion b)(13) rolled ity?
		country)						Yes	No

Part III

Schedule R (Form 990) 2023 FOUNDATION FOR COMMUNITY HEALTH, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
ο	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
_(6)			

Schedule R (Form 990) 2023 FOUNDATION FOR COMMUNITY HEALTH, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ^{ing} r? owne	k) entage ership

Schedule R (Form 990) 2023

Schedule R (F	orm 990) 2023
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

32165 09-28-23		Schedule R (Forr	n 990) 20: