

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning** 07/01/12 , **and ending** 06/30/13

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

**C** Name of organization  
 BERKSHIRE UNITED WAY, INC.  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 200 SOUTH STREET  
 City, town or post office, state, and ZIP code  
 PITTSFIELD MA 01201-6807

**D** Employer identification number  
 04-2104841

**E** Telephone number  
 413-442-6948

**F** Name and address of principal officer:  
 KRISTINE HAZZARD  
 200 SOUTH STREET  
 PITTSFIELD MA 01201

**G** Gross receipts \$ 3,364,894

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  4947(a)(1) or  527

**J** Website: WWW.BERKSHIREUNITEDWAY.ORG **H(c)** Group exemption number **U**

**K** Form of organization:  Corporation  Trust  Association  Other **U**

**L** Year of formation: 1952 **M** State of legal domicile: MA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	16
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	575
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	16,505
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	3,861	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,330,869	2,185,775
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		247,340
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,975	135,888
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,486	172,851
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,503,330	2,741,854
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,312,388	1,390,084
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	592,351	709,227
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> 223,984		0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	328,531	443,364
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,233,270	2,542,675
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	270,060	199,179	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,565,236	3,824,721
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,632,944	1,729,165
		1,932,292	2,095,556

**Part II Signature Block**

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

**Sign Here**

Signature of officer: KRISTINE HAZZARD  
 Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: ROBIN A. MARKEY  
 Preparer's signature: ROBIN A. MARKEY  
 Date: 11/06/13  
 Check  if self-employed  
 PTIN: P00395617

Firm's name: SMITH, WATSON & CO., LLP  
 Firm's EIN: 04-2530803  
 Firm's address: 406 MAIN STREET  
 Phone no.: 413-528-1111  
 City: GREAT BARRINGTON, MA 01230

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE.

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  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?

Yes  No

If "Yes," describe these changes on Schedule O.

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 \$ 549,173 including grants of \$ 429,986 ) (Revenue \$ )

GOAL #1: ENSURE KINDERGARTEN READINESS BY:

- INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION.
- BUILDING STRONG CONNECTIONS TO PARENTS TO SUPPORT CHILD EDUCATION AT HOME.
- PROVIDING EARLY INTERVENTION AND REFERRAL SERVICES TO ADDRESS DEVELOPMENTAL ISSUES.

RESULTS TO DATE

- NUMBER WHO ATTENDED EARLY CHILDHOOD EDUCATION AND CARE SETTINGS: GOAL 859; ACHIEVED: 838; 98% -- AND OF THOSE 83% SHOWED PROGRESS IN ALL FIVE DEVELOPMENTAL AREAS.
- 97% OF STAFF IN THESE PROGRAMS RECEIVED PROFESSIONAL DEVELOPMENT OR

4b (Code: ) (Expenses \$ 1,142,161 including grants of \$ 625,300 ) (Revenue \$ )

GOAL #2: ENSURE YOUNG ADULTS SUCCESSFULLY TRANSITION TO WORK, HIGHER EDUCATION OR TRAINING BY:

- ADDRESSING YOUTH SUBSTANCE USE THROUGH THE PITTSFIELD PREVENTION PARTNERSHIP AND THE BERKSHIRE YOUTH DEVELOPMENT PROJECT USING AN "ENVIRONMENTAL MANAGEMENT" APPROACH THAT GOES BEYOND GENERAL AWARENESS TO WORKING TO CHANGE THOSE THINGS IN THE COMMUNITY THAT ARE RELATED TO SUBSTANCE USE AND RISKY BEHAVIORS; EDUCATING THE COMMUNITY ABOUT LAWS AND POLICIES RELATED TO UNDERAGE DRINKING AND DRUG ABUSE; AND ASSISTING THE COMMUNITY IN RECOGNIZING AND SUPPORTING PROTECTIVE BEHAVIORS.
- ADDRESSING TEEN PREGNANCY THROUGH A COMMUNITY-WIDE INITIATIVE - "FACE THE FACTS-REDUCE TEEN PREGNANCY" FOCUSED ON REDUCING BIRTHS TO TEENS BETWEEN

4c (Code: ) (Expenses \$ 387,282 including grants of \$ 334,798 ) (Revenue \$ )

GOAL #3: IMPROVE FINANCIAL STABILITY AND INDEPENDENCE AMONG INDIVIDUALS EXPERIENCING HOUSING, EMPLOYMENT AND FINANCIAL INSECURITY BY:

- ASSISTING THEM IN ATTAINING OR RETAINING PERMANENT, AFFORDABLE HOUSING.
- PROVIDING OPPORTUNITIES TO OBTAIN BASIC SKILLS OR JOB SKILLS LEADING TO EMPLOYMENT
- PROVIDING SUPPORT AND FINANCIAL LITERACY SKILLS TO HELP ACHIEVE ECONOMIC MILESTONES.

RESULTS TO DATE

- NUMBER OF FAMILIES WHO OBTAINED OR RETAINED SAFE OR AFFORDABLE HOUSING: GOAL 165; ACHIEVED 217; 132%
- NUMBER OF INDIVIDUALS WHO GAINED OR RETAINED EMPLOYMENT: GOAL 315;

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 2,078,616

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
<b>3</b> 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		X
<b>4 Section 501(c)(3) organizations.</b> 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		X
<b>5</b> 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
<b>6</b> 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		X
<b>7</b> 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		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
<b>9</b> 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? If "Yes," complete Schedule D, Part IV		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
<b>d</b> 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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
<b>f</b> 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		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
<b>b</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		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
<b>17</b> 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)		X
<b>18</b> 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	X	
<b>19</b> 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		X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 21		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>15b</b>		X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** MA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  
  Another's website  
  Upon request  
  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** KRISTINE HAZZARD 200 SOUTH STREET  
 PITTSFIELD MA 01202 413-442-6948

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BISSELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) MICHAEL BARBIERI	1.00									
CLERK	0.00	X		X			0	0	0	
(3) PAUL BRUCE	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) BRENDA BURDICK	1.00									
CHAIR	0.00	X		X			0	0	0	
(5) M. JANET DOHONEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) CHRISTINE LUDWISZEWSKI	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) JUNE ROY-MARTIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) MICHAEL BULLOCK	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) KEN MYERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) MICHAEL WYNN	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) DOUGLAS CRANE	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(12) LAWRENCE HARNETT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>(13) CHRISTOPHER MATHEWS</b>	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
<b>(14) MICHAEL FERRY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>(15) DARRIN HARRIS</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>(16) CAROL LEIBINGER-HEALEY</b>	1.00									
TREASURER	0.00	X		X			0	0	0	
<b>(17) COLLEEN LUSSIER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>(18) ARTHUR MILANO</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>(19) GERALD MURRAY</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							101,137		8,627	
<b>d Total (add lines 1b and 1c)</b>							101,137		8,627	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STACY MCCANN ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
(13) KRISTINE HAZZARD ..... PRESIDENT & CEO	35.00 ..... 0.00					X		101,137	0	8,627
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Sub-total</b> .....								101,137		8,627
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,185,775				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,528				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	2,185,775				
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> GOVERNMENT GRANTS	621110	247,340	247,340			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	247,340					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	47,199			47,199	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	84,930				
		(ii) Personal					
	<b>b</b> Less: rental exps.		66,441				
	<b>c</b> Rental inc. or (loss)		18,489				
	<b>d</b> Net rental income or (loss)	<b>u</b>	18,489		18,489		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	641,540				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.		552,851				
	<b>c</b> Gain or (loss)		88,689				
	<b>d</b> Net gain or (loss)	<b>u</b>	88,689			88,689	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	15,051				
		<b>b</b> Less: direct expenses		3,748			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	11,303			11,303	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> DESIGNATION REVENUES			118,177	118,177			
<b>b</b> ADMIN & FUND RAISING FEES ON			22,627	22,627			
<b>c</b> MISCELLANEOUS INCOME			4,239	4,239			
<b>d</b> All other revenue			-1,984		-1,984		
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		143,059				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		2,741,854	392,383	16,505	147,191	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,390,084	1,390,084		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	570,849	325,256	114,051	131,542
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,578	11,226	3,614	4,738
<b>9</b> Other employee benefits	66,483	35,758	15,367	15,358
<b>10</b> Payroll taxes	52,317	30,367	10,025	11,925
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	11,069		11,069	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	18,845		18,845	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,747	6,079	22,747	921
<b>12</b> Advertising and promotion	597	439	158	
<b>13</b> Office expenses	31,494	8,711	2,334	20,449
<b>14</b> Information technology	23,289	14,309	3,923	5,057
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	5,997	4,243	220	1,534
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	16,634	4,568	8,978	3,088
<b>20</b> Interest	1,020		1,020	
<b>21</b> Payments to affiliates	26,061	8,687	8,687	8,687
<b>22</b> Depreciation, depletion, and amortization	14,679	5,320	9,359	
<b>23</b> Insurance	3,726		3,726	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMUNITY IMPACT INVESTME	104,336	104,336		
<b>b</b> SUBSTANCE PREVENTION PART	98,276	98,276		
<b>c</b> SPECIAL COMMUNITY PROJECT	16,233	16,233		
<b>d</b> SUPPLIES - DEV	11,369			11,369
<b>e</b> All other expenses	29,992	14,724	5,952	9,316
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,542,675	2,078,616	240,075	223,984
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	101,128	<b>1</b>	159,857
	<b>2</b> Savings and temporary cash investments	132,783	<b>2</b>	129,475
	<b>3</b> Pledges and grants receivable, net	902,579	<b>3</b>	940,509
	<b>4</b> Accounts receivable, net	4,152	<b>4</b>	5,787
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	17,003	<b>9</b>	26,718
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 881,454		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 515,535	291,223	<b>10c</b> 365,919
	<b>11</b> Investments—publicly traded securities	2,116,368	<b>11</b>	2,196,456
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		3,565,236	<b>16</b>	3,824,721
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	61,429	<b>17</b>	72,679
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	7,000	<b>19</b>	6,000
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	105,325	<b>23</b>	89,626
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,459,190	<b>25</b>	1,560,860
	<b>26 Total liabilities.</b> Add lines 17 through 25		1,632,944	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,538,714	<b>27</b>	1,742,025
	<b>28</b> Temporarily restricted net assets	68,338	<b>28</b>	11,704
	<b>29</b> Permanently restricted net assets	325,240	<b>29</b>	341,827
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	1,932,292	<b>33</b>	2,095,556	
<b>34</b> Total liabilities and net assets/fund balances		3,565,236	<b>34</b>	3,824,721

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,741,854
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,542,675
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	199,179
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,932,292
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	44,604
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-80,519
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,095,556

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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 in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,633,896	2,231,882	2,441,502	2,330,869	2,185,775	11,823,924
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,633,896	2,231,882	2,441,502	2,330,869	2,185,775	11,823,924
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						11,823,924

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	2,633,896	2,231,882	2,441,502	2,330,869	2,185,775	11,823,924
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,194	49,436	34,626	51,744	47,199	247,199
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on		12,038	9,666	4,206	3,861	29,771
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,355	1,725	9,680	11,341	15,051	43,152
<b>11 Total support.</b> Add lines 7 through 10						12,144,046

**12** Gross receipts from related activities, etc. (see instructions) 12 392,383

**13 First five 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, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.36 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	97.04 %

**16a 33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 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 organization

**b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

K-1 AND MISCELLANEOUS PROGRAM FEES \$ 28,101

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historically important land area, certified historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... Yes No, 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report... (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**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 maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	325,240	333,950	316,492	306,492	
<b>b</b> Contributions .....				10,000	
<b>c</b> Net investment earnings, gains, and losses .....	20,359	-3,787	17,458		
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	-3,772	-4,923			
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	341,827	325,240	333,950	316,492	

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** 100.00 %
  - c** Temporarily restricted endowment **u** .....
- The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		128,939		128,939
<b>b</b> Buildings .....		532,346	384,600	147,746
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		220,169	130,935	89,234
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** 365,919

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) COMMUNITY IMPACT GRANTS	1,380,749	
(3) DESIGNATION ACCRUAL CURRENT CAMPAIGN	173,020	
(4) DESIGNATIONS PAYABLE PRIOR CAMPAIGN	7,091	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b> 1,560,860	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,767,655
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	44,604
<b>b</b>	Donated services and use of facilities	<b>2b</b>	10,592
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-29,395
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	25,801
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,741,854
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,741,854

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,604,391
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	10,592
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	51,124
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	61,716
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,542,675
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,542,675

**Part XIII Supplemental Information**

Complete this part to 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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

INVESTMENT EXPENSES	\$	-18,845
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,748
K-1 PASSTHROUGH LOSS	\$	1,984
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	\$	-81,181
RENTAL PROPERTY EXPENSES	\$	66,441
BOOK ADJUSTMENT TO COST BASIS	\$	-1,320
FOREIGN TAX	\$	-222

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

INVESTMENT EXPENSES	\$	-18,845
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,748
RENTAL PROPERTY EXPENSES	\$	66,441
FOREIGN TAX	\$	-222
BOOK / TAX DEPRECIATION DIFFERENCE	\$	2



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Open to Public Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SPECIAL EVENTS</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	15,051		15,051
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	15,051		15,051
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,748		3,748
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				11,303

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	5,400		FMV		EDUCATION ADVOCACY
(2)	CENTRAL BERKSHIRE HABITAT FOR HUMAN 314 COLUMBUS AVE PITTSFIELD MA 01201	04-3157085	3	6,325		FMV		TAX ASSISTANCE
(3)	CHILD CARE OF THE BERKSHIRES, INC 210 STATE STREET PITTSFIELD MA 01201	04-2457299	3	6,500		FMV		YOUTH MENTORING
(4)	LITERACY VOLUNTEERS OF BERKSHIRE CO 1 WENDELL AVENUE PITTSFIELD MA 01201	04-3244191	3	8,500		FMV		LITERACY VOLUNTEERS
(5)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	9,064		FMV		BEFORE/AFTER SCHOOL
(6)	REACH OUT AND READ, INC. 56 ROLAND STREET, SUITE 100D BOSTON MA 02129-1243	04-3481253	3	10,000		FMV		LITERACY PROGRAM
(7)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	12,000		FMV		SELF SUFFICIENCY
(8)	PITTSFIELD FAMILY YMCA 292 NORTH STREET PITTSFIELD MA 01201	04-2104837	3	15,000		FMV		EARLY CHILDHOOD PROG
(9)	BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD MA 01201	04-2218928	3	15,000		FMV		YOUTH & FAMILIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 37**
- 3 Enter total number of other organizations listed in the line 1 table **u 5**

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

OMB No. 1545-0047

**2012**

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Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

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**Part I General Information on Grants and Assistance**

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- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BERKSHIRE COUNTY REGIONAL EMP 184 NORTH STREET PITTSFIELD MA 01201	04-3291395	3	17,000		FMV		INTERNSHIP PROGRAM
(2)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	18,000		FMV		WORKFORCE CNA PROG
(3)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	19,000		FMV		TEEN PROGRAM
(4)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	20,000		FMV		EARLY EDUCATION SERV
(5)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	20,000		FMV		YOUTH EMPOWERMENT
(6)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	20,000		FMV		YOUTH & COMMUNITY
(7)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	20,000		FMV		YOUTH SKILL BUILDING
(8)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	20,000		FMV		TENANCY PRESERVATION
(9)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230		3	20,000		FMV		APPRENTICESHIPS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

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Employer identification number

04-2104841

**Part I General Information on Grants and Assistance**

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(1)	COMMUNITY HEALTH PROGRAM 444 STOCKBRIDGE ROAD GREAT BARRINGTON MA 01230	04-2582119	3	20,500		FMV		REFERRALS & ASSESSMEN
(2)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	24,000		FMV		PRESCHOOL
(3)	ELDER SERVICES OF BERKSHIRE COUNTY 66 WENDELL AVENUE PITTSFIELD MA 01201	04-2542001	3	25,213		FMV		ELDER MEALS
(4)	PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVENUE EXTENSION PITTSFIELD MA 01201	04-2776797	3	26,800		FMV		PLAY & LEARN PROGRAM
(5)	DALTON COMMUNITY RECREATION ASSOC 400 MAIN STREET DALTON MA 01226	04-2103761	3	27,500		FMV		YOUTH SERVICES
(6)	BARRINGTON STAGE COMPANY 30 UNION STREET PITTSFIELD MA 01201	04-3263298	3	30,000		FMV		PLAYWRIGHT MENTORING
(7)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230		3	30,000		FMV		YOUTH DEVELOPMENT
(8)	CONSTRUCT, INC. 41 MAHAIWE STREET GREAT BARRINGTON MA 01230	23-7099108	3	30,000		FMV		INDEPENDENT LIVING
(9)	MASSACHUSETTS IMMIGRANT AND REFUGEE 105 CHAUNCY STREET BOSTON MA 02111	22-3115048	3	30,000		FMV		BERK IMMIGRANT CTR

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

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(1)	CENTRAL BERKSHIRE HABITAT FOR HUMAN 314 COLUMBUS AVENUE PITTSFIELD MA 01201	04-3157085	3	33,750		FMV		BUILDING FOR TOMORRO
(2)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	35,000		FMV		CHILD SAFE PROGRAM
(3)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	36,700		FMV		YOUTH LEADERSHIP
(4)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	39,787		FMV		CHILDHOOD EDUCATION
(5)	BOYS & GIRLS CLUB OF PITTSFIELD 16 MELVILLE STREET PITTSFIELD MA 01201	04-2103925	3	40,000		FMV		CHILDREN'S CENTER
(6)	BERKSHIRE COUNTY KIDS PLACE 63 WENDELL AVENUE PITTSFIELD MA 01201	04-3193833	3	40,000		FMV		TRAUMA RECOVERY PROG
(7)	THE BRIEN CENTER PO BOX 4219 PITTSFIELD MA 01201		3	50,000		FMV		EMPLOYMENT YOUNG ADU
(8)	THE BRIEN CENTER PO BOX 4219 PITTSFIELD MA 01201	04-2081870	3	55,000		FMV		YOUTH SUBSTANCE PREV
(9)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	60,000		FMV		VIOLENCE PREVENTION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

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**Open to Public  
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Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

**Part I General Information on Grants and Assistance**

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(1)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	65,000		FMV		EARLY EDUCATION
(2)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	70,000		FMV		PARENTING TEENS
(3)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	77,856		FMV		SCHOOL AGE ENRICHMEN
(4)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	86,000		FMV		YOUNG PARENT SERVICE
(5)	BERKSHIRE COMPACT FOR EDUCATION 375 CHURCH STREET NORTH ADAMS MA 01247		3	86,000		FMV		COLLEGE ASPIRATIONS
(6)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	100,000		FMV		SHELTER
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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.

**u Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

04-2104841

BERKSHIRE UNITED WAY, INC.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

CONTINUING EDUCATION CREDITS.

-92% OF PARENTS THAT TOOK PART IN FAMILY STRENGTHENING PROGRAMS SHOWED  
IMPROVEMENT IN THEIR ABILITY TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND  
LEARNING.

-APPROXIMATELY 6,694 FREE, NEW BOOKS WERE GIVEN OUT TO CHILDREN BETWEEN 6  
MONTHS AND 5 YEARS OF AGE AT WELL-CHILD VISITS THROUGHOUT BERKSHIRE COUNTY  
AT PEDIATRIC AND FAMILY PRACTICES TO ENCOURAGE AND SUPPORT EARLY LITERACY  
AS A DEVELOPMENTAL TOOL.

-CONTINUED PARTNERSHIP WITH BERKSHIRE PRIORITIES, A VOLUNTEER INITIATIVE  
COMPOSED OF COMMUNITY LEADERS LEADING PITTSFIELD PROMISE, A PILOT PROGRAM  
SPECIFICALLY TARGETED TO IMPROVING THE PROFICIENCY OF PITTSFIELD THIRD  
GRADERS READING AT GRADE LEVEL 90% BY 2020, WITH COLLABORATIVE EFFORTS TO  
EXTEND COUNTY-WIDE. PITTSFIELD PROMISE IS NOW STARTING ITS SECOND YEAR.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

THE AGES OF 15 AND 19 YEARS OLD BY 10% BY 2016 USING STRATEGIES AIMED AT  
INCREASED ACCESS TO YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES;  
COMPREHENSIVE SEXUALITY EDUCATION ACCROSS GRADE LEVELS IN AND OUT OF  
SCHOOL; PARENT/ADULT EDUCATION TO SHARE VAULES AND EXPECTATIONS; BUILDING  
AWARENESS OF THE TEEN PREGNANCY ISSUE IN BERKSHIRE COUNTY; BUILDING  
ASPIRATIONS AMONG OUR YOUTH.

- PROVIDING MENTORING, CIVIC ENGAGEMENT, ASSESSMENT AND REFERRAL TO  
TREATMENT PROGRAMS, FAMILY ENGAGEMENT, AND COLLEGE AND WORK-READY SKILL-  
BUILDING OPPORTUNITIES THAT PROMOTE POSITIVE BEHAVIORS ACROSS BERKSHIRE



Name of the organization

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COUNTY'S YOUNG ADULT POPULATION.

-CONDUCTED PITTSFIELD PREVENTION STRATEGIES: STICKER SHOCK, SHOULDER TAPS SURVEYS, ALCOHOL PURCHASE SURVEYS, TRAINING FOR ALCOHOL SERVICES, SAY IT PROUD AWARD, SOCIAL NORMS MARKETING CAMPAIGNS IN MIDDLE AND HIGH SCHOOLS, 411 IN THE 413 YOUTH CONFERENCE, ACTIVE PARENTING WORKSHOPS, PROM NIGHT POLICE SATURATION PATROLS, RX DRUG ROUND-UPS.

-CONDUCTED FACE THE FACTS- REDUCE TEEN PREGANCY STRATEGIES: EXPANDED TEEN OUTREACH PROGRAM CLUBS IN PITTSFIELD; IMPLEMENTED BILLBOARD, MOVIE AD, AND POSTER CAMPAIGNS AIMED RAISING AWARENESS, ENCOURAGING PARENTS TO TALK TO TEENS ABOUT SEX, AND DEGLAMOURIZING TEEN PREGANANCY FOR YOUNG PEOPLE; PRESENTED AT SCHOOL COMMITTE AND ADVOCATED FOR REVIEW OF SEX EDUCATION PROGRAMS IN MIDDLE AND HIGH SCHOOLS; HELD COUNTYWIDE CONFERENCE FOR HEALTH PROVIDERS, COUNSELORS, AND YOUTH WORKERS FOCUSED ON THE ISSUE OF TEEN PREGANCY PREVENTION; CONDUCTED PARENT WORKSHOPS AIMED AT PROVIDING TOOLS TO PARENTS TO TALK TO THEIR CHILDREN ABOUT SEX.

-NUMBER OF YOUTH ENGAGED IN MENTORING RELATIONSHIPS: GOAL:196; ACHIEVED 181; 92%- AND OF THOSE 76% FELT SUPPORTED BY THEIR MENTOR.

NUMBER OF YOUTH CIVICALLY ENGAGED AND DEMONSTRATING LEADERSHIP: GOAL:587; ACHIEVED 654: 111% - AND 89% OF THOSE PARTICIPATING IN 20 HOURS OR MORE OF COMMUNITY SERVICE, YOUTH LEADERSHIP/YOUTH VENTURE, AND/OR SOCIAL ENTREPRENEURSHIP, FEEL MORE CONNECTED TO THEIR COMMUNITY AS A RESULT.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

ACHIEVED 491; 156%

-NUMBER OF INDIVIDUALS WHO COMPLETED FINANCIAL EDUCATION: GOAL 200;

ACHIEVED 204; 102%

-PROVIDED SUPPORT FOR REINVIGORATING THE LOCAL VOLUNTEER INCOME TAX

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ASSISTANCE (VITA) PROGRAM WHICH ALLOWED THE OPENING OF AN ADDITIONAL SITE IN PITTSFIELD. FEDERAL FUNDS RETURNED TO BERKSHIRE COUNTY RESIDENTS AS A RESULT OF THIS PROGRAM TOTALED \$832,480, OF WHICH \$318,637 WERE FROM THE EARNED INCOME TAX CREDIT (EITC), AN INCREASE OF ALMOST 100% FROM 2011. THE NEW VITA SITE PREPARED 195 FEDERAL TAX RETURNS, BRINGING BACK OVER \$225K INTO BERKSHIRE COUNTY (ROUGHLY \$90,000 OF WHICH IS FROM THE EITC).

-INVESTED \$9,335 TO SUPPORT MASS 2-1-1, THE EASY-TO-REMEMBER TOLL-FREE NUMBER AVAILABLE TO CALL 24/7 FOR FREE STATEWIDE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
A COPY OF FORM 990 IS DISTRIBUTED TO STAFF, THE FINANCE COMMITTEE, AND THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE CODE OF ETHICS IS DISTRIBUTED ANNUALLY. WITHIN THIS DOCUMENT IS THE BERKSHIRE UNITED WAY CONFLICT OF INTEREST POLICY. STAFF, VOLUNTEERS, COMMITTEE MEMBERS, AND BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WHICH ASKS ABOUT OTHER COMMITTEES, BOARD MEMBERSHIP AS WELL AS ANY OTHER CONFLICTS SUCH AS FAMILY RELATIONSHIPS. THESE DOCUMENTS ARE REVIEWED BY SEVERAL STAFF MEMBERS TO DETERMINE IF FURTHER ACTION IS REQUIRED. AS INDIVIDUALS ARE NOMINATED TO COMMITTEES OR ASSIGNED TASKS, THESE DOCUMENTS ARE USED TO ENSURE THAT ANY CONFLICTS, REAL OR PERCEIVED, ARE IDENTIFIED. THE POLICY WAS REVIEWED AND UPDATED IN SEPTEMBER, 2010 TO INCLUDE CIRCUMSTANCES WHERE COMMUNITY INVESTMENTS ARE VOTED ON AT BOARD MEETINGS.

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FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE ORGANIZATION USES SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS  
 THE LOCAL MARKET. THESE SALARIES ARE REVIEWED BY THE HUMAN RESOURCE  
 COMMITTEE AND APPROVED BY THE BOARD. ALL PROSPECTIVE EMPLOYEES ARE  
 INTERVIEWED BY THE DIRECT SUPERVISOR OF THE POSITION BEING HIRED AND  
 APPROPRIATE OTHER STAFF, THE CEO AND/OR BOARD MEMBERS DEPENDING ON THE  
 POSITION. THE BOARD APPROVED A NEW SALARY STRUCTURE AND COMPENSATION  
 POLICY IN OCTOBER, 2009 AND A NEW SALARY STRUCTURE BASED ON UNITED WAY  
 WORLDWIDE AND LOCAL DATA ON JANUARY 25, 2012.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY  
 OF THE CEO. THE COMPENSATION IS BASED ON SALARY DATA FROM THE UNITED WAY  
 WORLDWIDE AS WELL AS THE LOCAL MARKET. THE FULL BOARD OF DIRECTORS IS  
 INFORMED OF THE DATA AND DECISIONS MADE FOR CEO COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
 POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST TO THE  
 PUBLIC. THE FEDERAL FORM 990, AUDITED FINANCIAL STATEMENTS, AND ANNUAL  
 REPORT ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

INVESTMENT EXPENSES	\$	-18,845
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,748
K-1 PASSTHROUGH LOSS	\$	1,984
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	\$	-81,181

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RENTAL PROPERTY EXPENSES	\$	66,441
BOOK ADJUSTMENT TO COST BASIS	\$	-1,320
FOREIGN TAX	\$	-222
INVESTMENT EXPENSES	\$	18,845
DIRECT FUNDRAISING EVENT EXPENSES	\$	-3,748
RENTAL PROPERTY EXPENSES	\$	-66,441
FOREIGN TAX	\$	222
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-2