

**CRITICAL MESSAGES**

NONE

**ELECTRONIC FILING**

NONE

**INFORMATIONAL MESSAGES**

- FORM 990, PART X, LINE 27 END OF YEAR UNRESTRICTED FUND BALANCE IS CALCULATED.
- ELECTRONIC FILING FOR THE MAIN RETURN IS INDICATED. FORM 990-T MUST BE PAPER FILED.
- LUMP SUM ENTRY OF MULTIPLE GRANT AMOUNTS LESS THAN OR EQUAL TO \$5,000 EACH IS INDICATED. RECIPIENTS WHO'VE RECEIVED MORE THAN \$5,000 SHOULD BE LISTED SEPARATELY.
- IF SCHEDULE B IS REQUIRED, ENTER DATA ON SCREEN SCHB INSTEAD OF SCREEN INCOME.
- DATA ACCEPTED VIA DATASHARING REVIEW AND VERIFY.
- PREPARER 'BRYON M. SHERMAN', STAFF 'BRIAN'
- FORCE FIELD ENTERED WITH DATA "11,994" ON SCREEN EXP-2
- FORCE FIELD ENTERED WITH DATA "12,973" ON SCREEN RENT-2
- FORCE FIELD ENTERED WITH DATA "1,185,242" ON SCREEN BAL-2

**MISSING DATA**

PRIOR YEAR DATA

**UNRELATED BUSINESS INCOME PAYMENTS AND ESTIMATES**

- T EST 2ND PYMT CODE 5/9/EST PD 205
- T EST 3RD PYMT CODE 5/9/EST PD 205
- T EST 4TH PYMT CODE 5/9/EST PD 205

**INCOME, ANALYSIS OF ACTIVITIES, ADDITIONAL INFORMATION**

- DIRECT PUBLIC SUPPORT-NONCASH 7,405

**RENT AND ROYALTY INCOME AND EXPENSES (OFFICE FACILITY, PITTSFIELD)**

- NON-INVESTMENT DEPRECIATION 12,549

**NON-CASH CONTRIBUTIONS**

- PUBLICLY TRADED - METHOD MARKET VALUE

**BALANCE SHEET - LIABILITIES AND EQUITY**

- DEFERRED REVENUE - EOY 2,817
- NOT COMPILED OR REVIEWED 2
- NOT AUDITED 1
- COMMITTEE NOT RESPONSIBLE 1
- AUDIT REQUIRED 2

## Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning **07/01/10** , and ending **06/30/11**

04-2104841

### BERKSHIRE UNITED WAY, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>1,269,585</b></u>
<b>Revenue</b>		
Contributions	<u>2,441,502</u>	
Program service revenue		
Investment income	<u>47,589</u>	
Capital gain / loss	<u>67,191</u>	
Special events:		
Gross revenue	<u>9,680</u>	
Direct expenses	<u>13,981</u>	
Net income	<u>-4,301</u>	
Other income	<u>41,718</u>	
<b>Total revenue</b>		<u><b>2,585,037</b></u>
<b>Expenses</b>		
Program services	<u>2,049,168</u>	
Management and general	<u>136,136</u>	
Fundraising	<u>279,962</u>	
<b>Total expenses</b>		<u><b>2,465,266</b></u>
<b>Excess / (deficit)</b>		<u><b>119,771</b></u>
Other changes		<u><b>296,480</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>1,685,836</b></u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,971,740</u>
Less:	
Unrealized gains	<u>274,377</u>
Donated services	<u>22,103</u>
Recoveries	
Other	<u>90,223</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><u><b>2,585,037</b></u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,555,489</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>90,223</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><u><b>2,465,266</b></u></u>

Balance Sheet			Differences
Beginning	Ending		
Assets	<u>3,245,639</u>	<u>3,590,618</u>	
Liabilities	<u>1,976,054</u>	<u>1,904,782</u>	
Net assets	<u><u>1,269,585</u></u>	<u><u>1,685,836</u></u>	<u><u>416,251</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/11  
Failure to file penalty \_\_\_\_\_

### Form 990-T Return Summary

For calendar year 2010, or tax year beginning **07/01/10** , and ending **06/30/11**

**04-2104841**

**BERKSHIRE UNITED WAY, INC.**

**Income**

Gross profit		
Capital gain / loss		
Unrelated debt-financed income	<b>5,887</b>	
All other income	<b>-2,297</b>	
<b>Total income</b>		<b>3,590</b>

**Deductions**

Officer compensation		
Salaries		
All other deductions		
Net operating loss		
Specific deduction	<b>1,000</b>	
<b>Total deductions</b>		<b>1,000</b>

**Unrelated business taxable income**

**2,590**

**Taxes / Credits / Payments**

Regular tax	<b>389</b>	
Proxy tax		
Alternative minimum tax		
<b>Tax</b>		<b>389</b>
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
<b>Total nonrefundable credits</b>		
Other taxes		
<b>Total tax</b>		<b>389</b>
Estimated tax payments	<b>615</b>	
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax	<b>226</b>	
<b>Payments / penalty / application</b>		<b>389</b>

**Net tax due**

**0**

**Additions to Tax**

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
<b>Total additions</b>		

**Balance due**

**Refund**

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

**Miscellaneous Information**

Amended return  
 Return / extended due date 11/15/11

**Smith, Watson & Co., LLP**  
**85 Main St Concourse**  
**North Adams, MA 01247-3429**  
**413-664-4650**

November 14, 2011

Berkshire United Way, Inc.  
200 South Street  
Pittsfield, MA 01201

Dear Cheryl:

This letter confirms the terms of our tax engagement with Berkshire United Way, Inc. for the year ended June 30, 2011 and clarifies the nature and extent of the professional services we will provide.

Our engagement is designed to perform the following services:

1. Prepare the following tax returns:
  - Return of Organization Exempt From Income Tax (Form 990)
  - Exempt Organization Business Income Tax Return (Form 990-T)
  - Massachusetts Non-Profit Organizations Report (Form PC)
  - Massachusetts Unrelated Business Income Tax Return (Form M-990T)
2. Prepare any bookkeeping entries that we find necessary in connection with preparation of the income tax returns.

This engagement pertains only to the 2011 tax year, and our responsibilities do not include preparation of any other tax return years that may be due to any taxing authority. If you have taxable activity in a state or local municipality other than that referenced above, you are responsible for providing our firm with all the information necessary to prepare any additional applicable state and local income tax returns as well as informing us of the applicable states and local municipalities. If you have income tax filing requirements in a given state or local municipality but do not file that return, there could be possible adverse ramifications such as an unlimited statute of limitations, penalties, etc.

We may provide you with a questionnaire or other document requesting specific information. Completing those forms will assist us in making sure you are well served for a reasonable fee. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. We will not verify the information you give us; however, we may ask for additional clarification of some information.

We will use our judgment in resolving questions where the tax law is unclear, or where there are conflicts between taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in the partnership's favor whenever possible.

Management is responsible for the proper recording of transactions in the books of accounts, for the safeguarding of assets, and for the substantial accuracy of the financial records. Management also has final responsibility for the tax return and, therefore, the appropriate corporate officials should review the return carefully before an authorized officer signs and files it.

You should know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment

expenses and expenses for business usage of autos, computers, and cell phones. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

Our work in connection with the preparation of the tax return does not include any procedures designed to discover defalcations or other irregularities, should any exist.

If, during our work, we discover information that affects the prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosure to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosure with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdrawal from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you (or your employees) may be waiving this privilege. To protect this right to privileged communication, please consult with us or the partnership's attorney prior to disclosing any information about our tax advice.

As you know, returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. If an examination occurs, we will represent you if you so desire; however, these additional services are not included in our fee for preparation of the returns.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Our engagement will be complete upon delivery of the completed returns to you. We will be responsible for transmitting the e-file data to the appropriate taxing authorities upon receipt of applicable signed signature pages. If you are required to file any returns in paper format you will be solely responsible to file the returns with the appropriate taxing authorities.

Our fees for tax services will be at our standard hourly rates for the personnel working on the engagement, plus out-of-pocket expenses. Hourly rates range from \$90.00 to \$ 250.00. We may

bill you on an interim basis prior to completion of this engagement. All invoices are due and payable upon presentation. Invoices unpaid 30 days past the billing date are deemed delinquent and are subject to an interest charge of 1% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for the costs of collection including attorneys' fees.

If we elect to terminate our services, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your return. You will be obligated, through the date of termination, to compensate us for all outstanding invoices as well as our final invoice, and to reimburse us for our entire out of pocket costs. For these purposes, any nonpayment, inability to sign the tax return, or non-response by you of information requested (among other things) will constitute a basis for our election to terminate our services.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign and date this letter in the spaces below and return it to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Bryon M. Sherman, CPA  
Smith, Watson & Company, LLP

Accepted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

On Behalf of: Berkshire United Way, Inc.

**Smith, Watson & Co., LLP**  
**85 Main St Concourse**  
**North Adams, MA 01247-3429**  
**413-664-4650**

November 14, 2011

**CONFIDENTIAL**

Berkshire United Way, Inc.  
200 South Street  
Pittsfield, MA 01201

For professional services rendered in connection with the preparation of the following tax forms  
for year ending 6/30/11.

Amount due \$ 0.00

## Filing Instructions

**Berkshire United Way, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended June 30, 2011**

**Date Due:** November 15, 2011

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/11 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Smith, Watson & Co., LLP  
85 Main St Concourse  
North Adams, MA 01247-3429

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 20 11

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

# 2010

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**BERKSHIRE UNITED WAY, INC.**

Employer identification number

**04-2104841**

Name and title of officer

**KRISTINE HAZZARD  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>2,585,037</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SMITH, WATSON & CO., LLP to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/02/11**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**04510150000**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

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

**2010**

**Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- 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 or town, state or country, and ZIP + 4  
**PITTSFIELD MA 01201**

**D** Employer identification number  
**04-2104841**

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

**G** Gross receipts \$ **4,121,745**

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

**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) ( ) **t** (insert no.)  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: <b>IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE.</b>		
	<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>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>850</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>10,666</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>2,590</b>	
<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)	<b>2,231,882</b>	<b>2,441,502</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>23,294</b>	<b>101,817</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11,585</b>	<b>41,718</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,266,761</b>	<b>2,585,037</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,788,684</b>	<b>1,708,177</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>520,023</b>	<b>585,573</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>279,962</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>198,610</b>	<b>171,516</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,507,317</b>	<b>2,465,266</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-240,556</b>	<b>119,771</b>	
<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)	<b>3,245,639</b>	<b>3,590,618</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,976,054</b>	<b>1,904,782</b>
		<b>1,269,585</b>	<b>1,685,836</b>

**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: **PRESIDENT**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **BRYON M. SHERMAN** Preparer's signature: **BRYON M. SHERMAN** Date: **11/14/11** Check  if self-employed PTIN: **P00396128**

Firm's name: **SMITH, WATSON & CO., LLP** Firm's EIN: **04-2530803**

Firm's address: **85 MAIN ST CONCOURSE NORTH ADAMS, MA 01247-3429** Phone no.: **413-664-4650**

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,232,274** including grants of \$ **891,283** ) (Revenue \$ )

**GOAL #1 - HELPING CHILDREN & FAMILIES SUCCEED:  
BERKSHIRE COUNTY CHILDREN WILL ENJOY HEALTHY SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL DEVELOPMENT. THEY WILL LIVE IN A SAFE ENVIRONMENT WITH NURTURING AND SUPPORTIVE ADULTS WHO WILL HELP THEM TO GROW UP AND ACHIEVE THEIR FULL POTENTIAL.  
OUTCOME I. ALL CHILDREN ARRIVE AT KINDERGARTEN READY TO LEARN.  
OUTCOME II. ALL YOUNG ADULTS SUCCESSFULLY TRANSITION TO WORK, HIGHER EDUCATION OR TRAINING.**

4b (Code: ) (Expenses \$ **597,563** including grants of \$ **597,563** ) (Revenue \$ )

**GOAL #2: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE:  
INDIVIDUALS AND FAMILIES IN BERKSHIRE COUNTY WILL HAVE THE LIFE SKILLS, EDUCATIONAL AND ECONOMIC OPPORTUNITIES THEY NEED TO BECOME FINANCIALLY STABLE AND INDEPENDENT.  
OUTCOME: ALL INDIVIDUALS ARE EMPOWERED TO DEFINE AND ACHIEVE THEIR GOALS FOR FINANCIAL INDEPENDENCE AND CAREER SUCCESS.**

4c (Code: ) (Expenses \$ **219,331** including grants of \$ **219,331** ) (Revenue \$ )

**BERKSHIRE UNITED WAY IS WORKING TO IMPROVE THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE. WORKING WITH THE COMMUNITY, EDUCATION AND EMPLOYMENT HAVE BEEN IDENTIFIED AS TOP PRIORITIES, AND COLLABORATIONS AMONG BUSINESSES, NON-PROFITS, FAITH-BASED GROUPS, DONORS, VOLUNTEERS AND THE PUBLIC SECTOR ARE HELPING TO IMPROVE THE FOCUS AND OUTCOMES FOR THESE PRIORITIES.**

**ON-GOING INITIATIVES INCLUDE:**

**1. BERKSHIRE PRIORITIES IS A GROUP THAT MOBILIZED AFTER THE RELEASE OF THE 2009 BERKSHIRE BENCHMARKS COMMUNITY IMPACT BASELINE REPORT. THE REPORT**

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

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

4e Total program service expenses **u 2,049,168**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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	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
c	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	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
16	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> 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		<b>X</b>
<b>23</b> 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		<b>X</b>
<b>24a</b> 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		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a 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		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>36 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		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**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>X</b>
<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)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<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)?		<b>X</b>
<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?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<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?		<b>X</b>
<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?		<b>X</b>
<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		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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?		<b>X</b>
<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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<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		<b>X</b>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<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?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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**

**413-442-4710**

**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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 CHAIR, DIRECTOR	2.00	X		X			0	0	0	
(2) MICHAEL BARBIERI CHAIR	1.00	X		X			0	0	0	
(3) GAIL COLANTONI DIRECTOR	1.00	X					0	0	0	
(4) JANET DOHONEY DIRECTOR	1.00	X					0	0	0	
(5) CHRISTINE LUDWISZEWSKI DIRECTOR	1.00	X					0	0	0	
(6) DENISE MARSHALL DIRECTOR	1.00	X					0	0	0	
(7) JUNE ROY-MARTIN DIRECTOR	1.00	X					0	0	0	
(8) PETER STASIOWSKI DIRECTOR	1.00	X					0	0	0	
(9) HOWARD EBERWEIN III DIRECTOR	1.00	X					0	0	0	
(10) MICHAEL BULLOCK DIRECTOR	1.00	X					0	0	0	
(11) CHURCHILL COTTON DIRECTOR	1.00	X					0	0	0	
(12) KEN MYERS DIRECTOR	1.00	X					0	0	0	
(13) MICHAEL WYNN DIRECTOR	1.00	X					0	0	0	
(14) DOUGLAS CRANE DIRECTOR	1.00	X					0	0	0	
(15) LAWRENCE HARNETT DIRECTOR	1.00	X					0	0	0	
(16) CHRISTOPHER MATHEWS DIRECTOR	1.00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) <b>JOE BOLUS</b> DIRECTOR	1.00	X					0	0	0	
(18) <b>MARK SELKOWITZ</b> DIRECTOR	1.00	X					0	0	0	
(19) <b>CARTER WHITE</b> DIRECTOR	1.00	X					0	0	0	
(20) <b>GERARD E. BURKE</b> DIRECTOR	1.00	X					0	0	0	
(21) <b>KRISTINE HAZZARD</b> PRESIDENT & CEO	40.00			X			85,000	0	8,218	
(22) <b>PAUL BRUCE</b> TREASURER	1.00			X			0	0	0	
(23) <b>RUTH BLODGETT</b> CLERK	1.00			X			0	0	0	
(24) <b>BRENDA BURDICK</b> VICE CHAIR	1.00			X			0	0	0	
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>85,000</b>		<b>8,218</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>85,000</b>		<b>8,218</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 0**

	Yes	No
3 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>X</b>
4 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>X</b>
5 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 .....		<b>X</b>

**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.

(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 in compensation from the organization **u 0**

**Part VIII Statement of Revenue**

			(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>119,909</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>2,321,593</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>2,441,502</b>				
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>					
	<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>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>34,626</b>			<b>34,626</b>	
	<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	<b>89,205</b>				
		(ii) Personal					
	<b>b</b> Less: rental exps.	<b>76,242</b>					
	<b>c</b> Rental inc. or (loss)	<b>12,963</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>	<b>12,963</b>		<b>12,963</b>		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>1,527,657</b>				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.	<b>1,460,466</b>					
	<b>c</b> Gain or (loss)	<b>67,191</b>					
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>67,191</b>			<b>67,191</b>	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<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>b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue	<b>Busn. Code</b>						
<b>11a</b> CAMPAIGN ADMIN & PROGRAM FEES		<b>35,353</b>	<b>35,353</b>				
<b>b</b> INCOME FROM K-1	<b>531120</b>	<b>-2,297</b>		<b>-2,297</b>			
<b>c</b> SPECIAL EVENTS		<b>-4,301</b>			<b>-4,301</b>		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>28,755</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	<b>2,585,037</b>	<b>35,353</b>	<b>10,666</b>	<b>97,516</b>		

**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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,708,177	1,708,177		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	463,555	229,945	66,879	166,731
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,147	14,204	4,514	9,429
9 Other employee benefits	51,380	24,801	8,072	18,507
10 Payroll taxes	42,491	22,031	4,915	15,545
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,082	3,249	596	1,237
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,789	2,215	6,406	3,168
20 Interest	822		822	
21 Payments to affiliates	25,776	8,592	8,592	8,592
22 Depreciation, depletion, and amortization	11,994	2,879	9,115	
23 Insurance	1,988		1,988	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>PRINTING &amp; PUBLICATION</b>	31,747	8,701	482	22,564
b <b>CONTRACTED SERVICES</b>	21,202	5,358	14,260	1,584
c <b>SUPPLIES &amp; SMALL EQUIP</b>	20,176	4,548	1,396	14,232
d <b>EQUIPMENT MAINTENANCE</b>	19,302	8,959	2,946	7,397
e <b>POSTAGE</b>	8,284	1,496	803	5,985
f All other expenses	13,354	4,013	4,350	4,991
25 Total functional expenses. Add lines 1 through 24f	2,465,266	2,049,168	136,136	279,962
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	72,749	1	15,490
	2 Savings and temporary cash investments	84,120	2	138,269
	3 Pledges and grants receivable, net	824,832	3	972,126
	4 Accounts receivable, net	193	4	158
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,245	9	14,930
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 792,244		
	b Less: accumulated depreciation	10b 473,614	10c 327,636	318,630
	11 Investments—publicly traded securities	1,932,864	11	2,131,015
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,245,639	16	3,590,618	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	4,221	17	36,023
	18 Grants payable		18	
	19 Deferred revenue	2,817	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	134,138	23	120,034
	24 Unsecured notes and loans payable to unrelated third parties	4,334	24	1,275
	25 Other liabilities. Complete Part X of Schedule D	1,830,544	25	1,747,450
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,976,054	26	1,904,782
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	943,893	27	1,185,242
	28 Temporarily restricted net assets	9,200	28	166,644
	29 Permanently restricted net assets	316,492	29	333,950
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,269,585	33	1,685,836
34 <b>Total liabilities and net assets/fund balances</b>	3,245,639	34	3,590,618	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,585,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,465,266
3	Revenue less expenses. Subtract line 2 from line 1	3	119,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,269,585
5	Other changes in net assets or fund balances (explain in Schedule O)	5	296,480
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,685,836

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a 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?

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.

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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—Other
- 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?

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

- (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? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- 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 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) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<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	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<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						12,761,936

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,891	101,559	64,194	49,436	34,626	340,706
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				12,038	9,666	21,704
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	36,208	19,550	5,355	1,725	9,680	72,518
<b>11 Total support.</b> Add lines 7 through 10						13,196,864

**12** Gross receipts from related activities, etc. (see instructions) **12** 35,353

**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 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.70 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	96.47 %

**16a 33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** 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—2009.** 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** \$ **62,838**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

# 2010

u Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

Employer identification number

**BERKSHIRE UNITED WAY, INC.**

**04-2104841**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number <b>04-2104841</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BERKSHIRE MEDICAL CENTER 777 NORTH STREET PITTSFIELD MA 01201	\$ 126,507	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GENERAL DYNAMICS 100 PLASTICS AVENUE PITTSFIELD MA 01201	\$ 77,792	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 93,551	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GREYLOCK FEDERAL CREDIT UNION 150 WEST STREET PITTSFIELD MA 01201	\$ 74,924	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SABIC INNOVATIVE PLASTICS ONE PLASTICS AVENUE PITTSFIELD MA 01201	\$ 64,685	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BERKSHIRE BANK 24 NORTH STREET PITTSFIELD MA 01201	\$ 56,194	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number <b>04-2104841</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BERKSHIRE BANK FOUNDATION PO BOX 1308 PITTSFIELD MA 01202-1308	\$ 215,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JOSEPHINE & LOUISE CRANE FOUNDATION PO BOX 901 FALMOUTH MA 02541-0901	\$ 220,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	AYCO CHARITABLE FOUNDATION CHARLES & KERRY CREW CHAR FOUNDATION 6 TANSY COURT WYNANTSKILL NY 12198	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and questions about monitoring and expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

**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 XIV.
- 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 XIV 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 XIV.

**Part V Endowment Funds. Complete if 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	316,492	306,492	646,863		
<b>b</b> Contributions		10,000	125		
<b>c</b> Net investment earnings, gains, and losses	17,458		-22,249		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs			-318,247		
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	333,950	316,492	306,492		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** **100.00** %
  - c** Term endowment **u** %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No       |
|------------------------------------|-----|----------|
| <b>(i)</b> unrelated organizations |     | <b>X</b> |
| <b>(ii)</b> related organizations  |     | <b>X</b> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(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		515,613	358,548	157,065
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		147,692	115,066	32,626
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			<b>u</b>	<b>318,630</b>

**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)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) **u**

**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)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) **u**

**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)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) **u**

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) <b>ALLOCATIONS PAYABLE</b>	<b>1,605,671</b>	
(3) <b>DUE TO DESIGNATED AGENCIES</b>	<b>141,779</b>	
(4)		
(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>	<b>1,747,450</b>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,585,037
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,465,266
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	119,771
4	Net unrealized gains (losses) on investments	4	274,377
5	Donated services and use of facilities	5	22,103
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	296,480
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	416,251

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

1	Total revenue, gains, and other support per audited financial statements	1	2,971,740
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	274,377
b	Donated services and use of facilities	2b	22,103
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	90,223
e	Add lines 2a through 2d	2e	386,703
3	Subtract line 2e from line 1	3	2,585,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,585,037

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

1	Total expenses and losses per audited financial statements	1	2,555,489
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	90,223
e	Add lines 2a through 2d	2e	90,223
3	Subtract line 2e from line 1	3	2,465,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,465,266

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

SPECIAL EVENTS	\$	13,981
EXPENSES ALLOCATED TO RENTAL PROPERTY	\$	76,242
INVESTMENT FEES	\$	0
EXPENSES ALLOCATED TO RENTAL PROPERTY	\$	-76,242
SPECIAL EVENTS	\$	-13,981
INVESTMENT FEES	\$	0



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  u

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)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	18,000		FMV		WORKFORCE CNA PROG
(2)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	65,600		FMV		DISASTER SERVICES
(3)	BARRINGTON STAGE COMPANY 30 UNION STREET PITTSFIELD MA 01201	04-3263298	3	30,000		FMV		PLAYWRIGHT MENTORING
(4)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	65,000		FMV		EARLY EDUCATION
(5)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	45,000		FMV		FAMILY LITERACY
(6)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	86,000		FMV		YOUNG PARENT SERVICE
(7)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	30,000		FMV		IMMIGRANT CENTER
(8)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	100,000		FMV		HOUSING AND SHELTER
(9)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	20,000		FMV		TENANCY PRESERVATION

2 Enter total number of section 501(c)(3) and government organizations 29

3 Enter total number of other organizations 0

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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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed u

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 COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	10,000		FMV		ASSET DEVELOPMENT
(2)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	15,000		FMV		RECONNECT CENTER
(3)	BERKSHIRE COMPACT FOR EDUCATION 375 CHURCH STREET NORTH ADAMS MA 01247			10,000		FMV		COLLEGE ASPIRATIONS
(4)	BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD MA 01201	04-2218928	3	15,000		FMV		YOUTH & FAMILIES
(5)	BERKSHIRE COUNTY KIDS PLACE 63 WENDELL AVENUE PITTSFIELD MA 01201	04-3193833	3	40,000		FMV		TRAUMA RECOVERY PROG
(6)	BERKSHIRE COUNTY REGIONAL EMP 184 NORTH STREET PITTSFIELD MA 01201	04-3291395	3	17,000		FMV		INTERNSHIP PROGRAM
(7)	BOYS & GIRLS CLUB OF PITTSFIELD 16 MELVILLE STREET PITTSFIELD MA 01201	04-2103925	3	40,000		FMV		CHILDREN'S CENTER
(8)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	50,000		FMV		WORKPLACE-YOUNG ADUL
(9)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	55,000		FMV		SUBSTANCE ABUSE PREV

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
- 3 Enter total number of other organizations u \_\_\_\_\_

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Name of the organization

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**04-2104841**

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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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed u

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)	CENTER FOR PEACE THROUGH CULTURE 20 SYLVAN ROAD GREAT BARRINGTON MA 01230	54-2081431	3	10,000		FMV		GREENAGERS
(2)	CENTRAL BERKSHIRE HABITAT FOR HUMAN 314 COLUMBUS AVENUE PITTSFIELD MA 01201	04-3157085	3	33,750		FMV		BUILDING FOR TOMORRO
(3)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	70,000		FMV		PARENTING TEENS
(4)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	20,000		FMV		EARLY EDUCATION SERV
(5)	COMMUNITY HEALTH PROGRAM 444 STOCKBRIDGE ROAD GREAT BARRINGTON MA 01230	04-2582119	3	20,500		FMV		REFERALS & ASSESSMEN
(6)	COMMUNITY LEGAL AID 405 MAIN STREET WORCHESTER MA 01608	04-2446242	3	13,000		FMV		LEGAL AID
(7)	CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON MA 01230	23-7099108	3	30,000		FMV		INDEPENDENT LIVING
(8)	DALTON COMMUNITY RECREATION ASSOC 400 MAIN STREET DALTON MA 01226	04-2103761	3	27,500		FMV		YOUTH SERVICES
(9)	ELDER SERVICES OF BERKSHIRE COUNTY 66 WENDELL AVENUE PITTSFIELD MA 01201	04-2542001	3	25,213		FMV		ELDER MEALS

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
- 3 Enter total number of other organizations u \_\_\_\_\_

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
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Name of the organization

**BERKSHIRE UNITED WAY, INC.**

Employer identification number

**04-2104841**

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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)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	100,000		FMV		ADVOCACY, RELIEF
(2)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	35,000		FMV		SHELTER
(3)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	60,000		FMV		VIOLENCE PREVENTION
(4)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	77,856		FMV		SCHOOL AGE ENRICHMEN
(5)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	39,787		FMV		CHILDHOOD EDUCATION
(6)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	20,000		FMV		YOUTH LEADERSHIP
(7)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	36,700		FMV		YOUTH EMPOWERMENT
(8)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	24,000		FMV		PRESCHOOL
(9)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	9,064		FMV		BEFORE/AFTER SCHOOL

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
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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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  u

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)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	19,000		FMV		TEEN PROGRAM
(2)	LITERACY VOLUNTEERS OF BERKSHIRE CO 1 WENDELL AVENUE PITTSFIELD MA 01201	04-3244191	3	8,500		FMV		LITERACY VOLUNTEERS
(3)	PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVENUE EXTENSION PITTSFIELD MA 01201	04-2776797	3	26,800		FMV		PLAY & LEARN PROGRAM
(4)	PITTSFIELD FAMILY YMCA 292 NORTH STREET PITTSFIELD MA 01201	04-2104837	3	15,000		FMV		INFANT/TODDLER PROG
(5)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230	00-0707375	3	30,000		FMV		YOUTH DEVELOPMENT
(6)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230	00-0707375	3	20,000		FMV		APPRENTICESHIPS
(7)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	46,500		FMV		SOCIAL SERVICES
(8)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	20,000		FMV		YOUTH & COMMUNITY
(9)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	12,000		FMV		SELF SUFFICIENCY

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations





**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

**2010**Open to Public  
Inspection

Employer identification number

04-2104841

**BERKSHIRE UNITED WAY, INC.****FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT**

INCLUDED THE MOST RECENTLY AVAILABLE BERKSHIRE COUNTY MCAS RESULTS, WHICH INDICATED THAT ONLY ABOUT 60% OF OUR THIRD GRADERS ARE PROFICIENT IN ENGLISH AND MATH. DETERMINED TO SIGNIFICANTLY INCREASE BERKSHIRE COUNTY'S PROFICIENCY, BERKSHIRE PRIORITIES IS TODAY ASSESSING BEST PRACTICE OPTIONS, FORMULATING A MAP OF EXISTING LOCAL RESOURCES, AND GATHERING KEY LOCAL DATA IN ORDER TO MOBILIZE THE COMMUNITY FOR ACTION.

2. THE EARLY CHILDHOOD EDUCATION THINK TANK IS WORKING TO PROMOTE, SUPPORT AND MAKE HIGH-QUALITY EARLY CHILDHOOD EDUCATION AVAILABLE TO EVERY CHILD THROUGHOUT BERKSHIRE COUNTY. THE EARLY CHILDHOOD TEAM JUMP-STARTED THEIR EFFORTS WITH CHILDHOOD LITERACY ACTIVITIES LIKE THE RECENT COUNTY-WIDE "WEE READ" EVENT AND EFFORTS TO MAKE BERKSHIRE COUNTY A "REACH OUT AND READ" BOOK END COUNTY, WHERE EVERY PEDIATRICIAN PROVIDES A BOOK TO CHILDREN AT WELL-CHILD VISITS FROM BIRTH TO AGE FIVE, AND IS NOW FORMULATING A COMPREHENSIVE STRATEGY.

3. THE PITTSFIELD PREVENTION PARTNERSHIP (PPP) AND BERKSHIRE YOUTH DEVELOPMENT ARE ALL ABOUT YOUTH AND ADULT EDUCATION TO PROMOTE SAFE BEHAVIORS IN OUR YOUNG PEOPLE. SOME PPP ACTIVITIES INCLUDE "SHOULDER TAPS" SURVEYS IN WHICH TEENS, ACCOMPANIED BY A DISCRETELY LOCATED POLICE OFFICER, TEST ADULT WILLINGNESS TO PURCHASE ALCOHOL FOR THEM. PPP ALSO PLAYED A KEY ROLE IN THE HIGHLY SUCCESSFUL BERKSHIRE COUNTY PRESCRIPTION ROUND-UP, WHICH COLLECTED AND SAFELY DISPOSED 1,000 POUNDS OF PRESCRIPTION DRUGS. THEY CONDUCTED "SAFE PROM" PRESENTATIONS, PARTICIPATE

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

IN THE TEEN PREGNANCY PREVENTION INITIATIVE AND HELPED COMPILE RESULTS OF THE 2011 PREVENTIONNEEDS ASSESSMENT SURVEY, WHICH MEASURES YOUTH RISK AND PROTECTIVE FACTORS AND IS A CRITICAL TOOL FOR CREATING STRATEGIES TO ADDRESS AREAS OF CONCERN AND FOR MEASURING IMPACT OVER TIME.

4. THE TEEN PREGNANCY PREVENTION INITIATIVE IS MADE UP OF COMMUNITY MEMBERS AND PRACTITIONERS IN EDUCATION, HEALTH CARE AND SOCIAL SERVICES CONCERNED ABOUT ALARMINGLY HIGH AND INCREASING LOCAL TEEN PREGNANCY RATES. THE TEEN BIRTH RATE IN PITTSFIELD INCREASED BY 41.3% BETWEEN 1996 AND 2009 AND IN NORTH ADAMS IT INCREASED 28%. DURING THE SAME TIME PERIOD, THE STATE RATE DECREASED 31.2%. TO UNDERSTAND LOCAL PERCEPTIONS, OUR TEAM SURVEYED 900 YOUTH AND ADULTS THROUGHOUT BERKSHIRE COUNTY WHO RECOMMENDED THREE KEY ACTIONS: 1) ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION THAT GOES BEYOND THE "SEX TALK" TO HELPING YOUTH NAVIGATE PERSONAL RELATIONSHIPS; 2) ACCESS TO CONDOMS AND OTHER CONTRACEPTIVES DURING HOURS AND IN LOCATIONS YOUTH FREQUENT AND FEEL SAFE; AND 3) ENSURING YOUTH PERCEIVE OPPORTUNITY AND HOPE FOR A BRIGHT FUTURE. OVER 100 CONCERNED CITIZENS ATTENDED OUR FIRST COMMUNITY CONVERSATION IN PITTSFIELD IN APRIL. THREE WORK GROUPS ARE MEETING TO DEVELOP AND IMPLEMENT STRATEGIES ADDRESSING THE THREE KEY ACTIONS.

5. MASS 2-1-1 IS AN ORGANIZATION SUPPORTED BY ALL MASSACHUSETTS UNITED WAYS AND SEVERAL STATE DEPARTMENTS. MASS 2-1-1 IS STAFFED BY INFORMATION AND REFERRAL SPECIALISTS (MAIRS). IT WAS ESTABLISHED TO PROVIDE AN ESSENTIAL LINK BETWEEN THOSE WHO NEED HELP AND THOSE WHO PROVIDE IT. MASS 2-1-1 IS A STATEWIDE NUMBER THAT PEOPLE CAN CALL FOR NON-EMERGENCY INFORMATION AND REFERRAL. EVERY DAY, SOMEONE SOMEWHERE IN MASSACHUSETTS NEEDS TO FIND

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

ESSENTIAL COMMUNITY SERVICES, EVERYTHING FROM FINDING AN AFTER SCHOOL PROGRAM, LOCATING A FOOD PANTRY OR SOUP KITCHEN, OBTAINING UTILITIES OR FUEL ASSISTANCE, OR SECURING CARE FOR AN AGING PARENT. MASS 2-1-1 IS ALSO AN OFFICIAL STATE CONDUIT FOR INFORMATION IN THE EVENT OF A COMMUNITY LEVEL DISASTER OR EMERGENCY.

6. BERKSHIRE BENCHMARKS AND THE BERKSHIRE REGIONAL PLANNING COMMISSION

SUPPLY BERKSHIRE UNITED WAY WITH DATA COLLECTION AND ANALYSIS ASSISTANCE. STARTING IN 2009, BASELINE DATA ON COMMUNITY CONDITIONS WAS COMPILED AND SHARED AND IS NOW UPDATED EACH YEAR. THIS ALLOWS FOR MEASURING AND REPORTING CHANGES IN COMMUNITY CONDITIONS OVER TIME AND ENSURES ACCOUNTABILITY FOR BERKSHIRE UNITED WAY, ITS FUNDED PARTNERS AND THE COMMUNITY. LEARN MORE ABOUT COMMUNITY CONDITIONS AT [WWW.BERKSHIREBENCHMARKS.ORG](http://WWW.BERKSHIREBENCHMARKS.ORG).

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF FORM 990 IS DISTRIBUTED TO STAFF, THE FINANCE AND AUDIT COMMITTEES, 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

Name of the organization

BERKSHIRE UNITED WAY, INC.

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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.

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 BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA.

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.



Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2010</b>
For calendar year 2010, or tax year beginning <b>07/01/10</b> , and ending <b>06/30/11</b>		

Name <b>BERKSHIRE UNITED WAY, INC.</b>	Employer Identification Number <b>04-2104841</b>
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**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>BANKNORTH</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>225,000</b>	<b>08/28/03</b>	<b>07/24/18</b>		<b>6.930</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>134,138</b>	<b>120,034</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>134,138</b>	<b>120,034</b>

## **Filing Instructions**

**Berkshire United Way, Inc.**

### **Exempt Organization Business Tax Return**

**Taxable Year Ended June 30, 2011**

- Date Due:** November 15, 2011
- Remittance:** None is required. Your Form 990-T for the tax year ended 6/30/11 shows a total overpayment of \$226, all of which is to be credited to your estimated tax liability for the coming year.
- Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027
- If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404
- Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.
- Other:** Initial and date the copy of the return, and retain it for your records.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2010**

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning **07/01/10**, and  
ending **06/30/11**. **u See separate instructions.**

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)  <b>C</b> Book value of all assets at end of year <b>3,590,618</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>BERKSHIRE UNITED WAY, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>200 SOUTH STREET</b>  City or town, state, and ZIP code <b>PITTSFIELD MA 01201</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>04-2104841</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>531120 531120</b>
<b>F</b> Group exemption number (See instructions.) <b>u</b>		<b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity.  
**u RENTAL OF OFFICE FACILITIES**

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

**J** The books are in care of **u KRISTINE HAZZARD** Telephone number **u 413-442-4710**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) <b>SEE STMT 1</b>		<b>5</b>	<b>-2,297</b>	<b>-2,297</b>
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>	<b>40,508</b>	<b>34,621</b>
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	<b>38,211</b>	<b>34,621</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules.)		<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)		<b>21</b>	<b>12,973</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	<b>12,973</b>	<b>0</b>
<b>23</b> Depletion		<b>23</b>		
<b>24</b> Contributions to deferred compensation plans		<b>24</b>		
<b>25</b> Employee benefit programs		<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b> Other deductions (attach schedule)		<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>		
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		<b>3,590</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)		<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>		<b>3,590</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		<b>33</b>		<b>1,000</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>		<b>2,590</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ (2) Additional 3% tax (not more than \$100,000) ..... \$		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	<b>389</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38</b> Alternative minimum tax	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	<b>389</b>

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>		
<b>b</b> Other credits (see instructions)	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39	<b>41</b>		<b>389</b>
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>		<b>389</b>
<b>44a</b> Payments: A 2009 overpayment credited to 2010	<b>44a</b>		
<b>b</b> 2010 estimated tax payments	<b>44b</b>	<b>615</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>		
<b>e</b> Backup withholding (see instructions)	<b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>		<b>615</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed <b>u</b>	<b>47</b>		
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <b>u</b>	<b>48</b>		<b>226</b>
<b>49</b> Enter the amount of line 48 you want: Credited to 2011 estimated tax <b>u</b> <b>226</b> Refunded <b>u</b>	<b>49</b>		

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

<b>1</b> At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>u</b>	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **u**

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

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

**Sign Here** **u** \_\_\_\_\_ **u** \_\_\_\_\_  
Signature of officer Date Title

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>BRYON M. SHERMAN</b>	Date <b>11/14/11</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00396128</b>
Preparer's signature <b>BRYON M. SHERMAN</b>			
Firm's name <b>u SMITH, WATSON &amp; CO., LLP</b>	Firm's EIN <b>u 04-2530803</b>		
Firm's address <b>u 85 MAIN ST CONCOURSE NORTH ADAMS, MA 01247-3429</b>	Phone no. <b>413-664-4650</b>		

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

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(2)
(3)
(4)

**2. Rent received or accrued**

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

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

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property <b>SEE STMT 2</b>		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>OFFICE FACILITY, PITTSFIE</b>	<b>89,205</b>	<b>12,973</b>	<b>63,269</b>	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) <b>129,777</b>	<b>285,811</b>	<b>45.41 %</b>	<b>40,508</b>	<b>34,621</b>
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>		<b>u</b>	Enter here and on page 1, Part I, line 7, column (A). <b>40,508</b>	Enter here and on page 1, Part I, line 7, column (B). <b>34,621</b>
<b>Total dividends-received deductions</b> included in column 8		<b>u</b>		

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>u</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....	<b>u</b>			

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

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

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals</b> , Part II (lines 1-5) .....	<b>u</b>					

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14 .....		<b>u</b>	

**Federal Statements****Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
INCOME FROM K-1	\$	\$ 2,297	\$ -2,297
TOTAL	\$ 0	\$ 2,297	\$ -2,297

# Federal Statements

## Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

<u>Description</u>	<u>Deduction</u>
OFFICE FACILITY, PITTSFIELD	
INTEREST	5,675
INSURANCE	3,060
OCCUPANCY	54,534
TOTAL	<u>63,269</u>

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	INCOME	\$ 34,626		14	MA		
	TOTAL	\$ <u>34,626</u>					

**Federal Statements****Form 990, Part IX, Line 24f - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
TELEPHONE	\$ 5,404	\$ 2,113	\$ 1,083	\$ 2,208
BANK CHARGES	3,222		1,085	2,137
MISCELLANEOUS	2,182		2,182	
ADVERTISING	1,480	1,042		438
DUES & SUBSCRIPTIONS	1,066	858		208
TOTAL	<u>\$ 13,354</u>	<u>\$ 4,013</u>	<u>\$ 4,350</u>	<u>\$ 4,991</u>

# Federal Statements

## Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
SPECIAL EVENTS	
PRINTING AND PUBLICATIONS	<u>13,981</u>
SUBTOTAL	<u>13,981</u>
TOTAL	<u><u>13,981</u></u>
DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.	

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 20 11

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

## 2010

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**BERKSHIRE UNITED WAY, INC.**

Employer identification number

**04-2104841**

Name and title of officer

**KRISTINE HAZZARD  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>2,585,037</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SMITH, WATSON & CO., LLP to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/02/11**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**04510150000**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

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

**2010**

**Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- 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 or town, state or country, and ZIP + 4  
**PITTSFIELD MA 01201**

**D** Employer identification number  
**04-2104841**

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

**G** Gross receipts \$ **4,121,745**

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

**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) ( ) **t** (insert no.)  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: <b>IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE.</b>		
	<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>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>850</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>10,666</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>2,590</b>	
<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)	<b>2,231,882</b>	<b>2,441,502</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>23,294</b>	<b>101,817</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11,585</b>	<b>41,718</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,266,761</b>	<b>2,585,037</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,788,684</b>	<b>1,708,177</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>520,023</b>	<b>585,573</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>279,962</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>198,610</b>	<b>171,516</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,507,317</b>	<b>2,465,266</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-240,556</b>	<b>119,771</b>	
<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)	<b>3,245,639</b>	<b>3,590,618</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,976,054</b>	<b>1,904,782</b>
		<b>1,269,585</b>	<b>1,685,836</b>

**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: **BRYON M. SHERMAN** Preparer's signature: **BRYON M. SHERMAN** Date: **11/14/11** Check  if self-employed PTIN: **P00396128**

Firm's name: **SMITH, WATSON & CO., LLP** Firm's EIN: **04-2530803**

Firm's address: **85 MAIN ST CONCOURSE NORTH ADAMS, MA 01247-3429** Phone no.: **413-664-4650**

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,232,274** including grants of \$ **891,283** ) (Revenue \$ )

**GOAL #1 - HELPING CHILDREN & FAMILIES SUCCEED:  
BERKSHIRE COUNTY CHILDREN WILL ENJOY HEALTHY SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL DEVELOPMENT. THEY WILL LIVE IN A SAFE ENVIRONMENT WITH NURTURING AND SUPPORTIVE ADULTS WHO WILL HELP THEM TO GROW UP AND ACHIEVE THEIR FULL POTENTIAL.  
OUTCOME I. ALL CHILDREN ARRIVE AT KINDERGARTEN READY TO LEARN.  
OUTCOME II. ALL YOUNG ADULTS SUCCESSFULLY TRANSITION TO WORK, HIGHER EDUCATION OR TRAINING.**

4b (Code: ) (Expenses \$ **597,563** including grants of \$ **597,563** ) (Revenue \$ )

**GOAL #2: PROMOTING FINANCIAL STABILITY AND INDEPENDENCE:  
INDIVIDUALS AND FAMILIES IN BERKSHIRE COUNTY WILL HAVE THE LIFE SKILLS, EDUCATIONAL AND ECONOMIC OPPORTUNITIES THEY NEED TO BECOME FINANCIALLY STABLE AND INDEPENDENT.  
OUTCOME: ALL INDIVIDUALS ARE EMPOWERED TO DEFINE AND ACHIEVE THEIR GOALS FOR FINANCIAL INDEPENDENCE AND CAREER SUCCESS.**

4c (Code: ) (Expenses \$ **219,331** including grants of \$ **219,331** ) (Revenue \$ )

**BERKSHIRE UNITED WAY IS WORKING TO IMPROVE THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE. WORKING WITH THE COMMUNITY, EDUCATION AND EMPLOYMENT HAVE BEEN IDENTIFIED AS TOP PRIORITIES, AND COLLABORATIONS AMONG BUSINESSES, NON-PROFITS, FAITH-BASED GROUPS, DONORS, VOLUNTEERS AND THE PUBLIC SECTOR ARE HELPING TO IMPROVE THE FOCUS AND OUTCOMES FOR THESE PRIORITIES.**

**ON-GOING INITIATIVES INCLUDE:**

**1. BERKSHIRE PRIORITIES IS A GROUP THAT MOBILIZED AFTER THE RELEASE OF THE 2009 BERKSHIRE BENCHMARKS COMMUNITY IMPACT BASELINE REPORT. THE REPORT**

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

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

4e Total program service expenses **u 2,049,168**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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	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
c	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	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
16	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> 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		<b>X</b>
<b>23</b> 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		<b>X</b>
<b>24a</b> 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		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a 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		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>36 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		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**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>X</b>
<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)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>X</b>	
<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)?		<b>X</b>
<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?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<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?		<b>X</b>
<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?		<b>X</b>
<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	<b>19</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>19</b>	
<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?		<b>X</b>
<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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<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		<b>X</b>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<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?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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**

**413-442-4710**

**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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 CHAIR, DIRECTOR	2.00	X		X			0	0	0	
(2) MICHAEL BARBIERI CHAIR	1.00	X		X			0	0	0	
(3) GAIL COLANTONI DIRECTOR	1.00	X					0	0	0	
(4) JANET DOHONEY DIRECTOR	1.00	X					0	0	0	
(5) CHRISTINE LUDWISZEWSKI DIRECTOR	1.00	X					0	0	0	
(6) DENISE MARSHALL DIRECTOR	1.00	X					0	0	0	
(7) JUNE ROY-MARTIN DIRECTOR	1.00	X					0	0	0	
(8) PETER STASIOWSKI DIRECTOR	1.00	X					0	0	0	
(9) HOWARD EBERWEIN III DIRECTOR	1.00	X					0	0	0	
(10) MICHAEL BULLOCK DIRECTOR	1.00	X					0	0	0	
(11) CHURCHILL COTTON DIRECTOR	1.00	X					0	0	0	
(12) KEN MYERS DIRECTOR	1.00	X					0	0	0	
(13) MICHAEL WYNN DIRECTOR	1.00	X					0	0	0	
(14) DOUGLAS CRANE DIRECTOR	1.00	X					0	0	0	
(15) LAWRENCE HARNETT DIRECTOR	1.00	X					0	0	0	
(16) CHRISTOPHER MATHEWS DIRECTOR	1.00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) <b>JOE BOLUS</b> DIRECTOR	1.00	X					0	0	0	
(18) <b>MARK SELKOWITZ</b> DIRECTOR	1.00	X					0	0	0	
(19) <b>CARTER WHITE</b> DIRECTOR	1.00	X					0	0	0	
(20) <b>GERARD E. BURKE</b> DIRECTOR	1.00	X					0	0	0	
(21) <b>KRISTINE HAZZARD</b> PRESIDENT & CEO	40.00			X			85,000	0	8,218	
(22) <b>PAUL BRUCE</b> TREASURER	1.00			X			0	0	0	
(23) <b>RUTH BLODGETT</b> CLERK	1.00			X			0	0	0	
(24) <b>BRENDA BURDICK</b> VICE CHAIR	1.00			X			0	0	0	
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>85,000</b>		<b>8,218</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>85,000</b>		<b>8,218</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 0**

	Yes	No
3 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>X</b>
4 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>X</b>
5 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 .....		<b>X</b>

**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.

(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 in compensation from the organization **u 0**

**Part VIII Statement of Revenue**

			(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>119,909</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	<b>2,321,593</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	<b>u</b>	<b>2,441,502</b>			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>				
	<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>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b>	<b>34,626</b>			<b>34,626</b>
	<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	<b>89,205</b>			
	<b>b</b> Less: rental exps. .....	(ii) Personal	<b>76,242</b>			
	<b>c</b> Rental inc. or (loss) .....		<b>12,963</b>			
	<b>d</b> Net rental income or (loss) .....		<b>12,963</b>		<b>12,963</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	<b>1,527,657</b>			
	<b>b</b> Less: cost or other basis & sales exps. .....	(ii) Other	<b>1,460,466</b>			
	<b>c</b> Gain or (loss) .....		<b>67,191</b>			
	<b>d</b> Net gain or (loss) .....		<b>67,191</b>			<b>67,191</b>
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
<b>b</b> Less: direct expenses .....	<b>b</b>					
<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>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> CAMPAIGN ADMIN & PROGRAM FEES .....			<b>35,353</b>	<b>35,353</b>		
<b>b</b> INCOME FROM K-1 .....	531120		<b>-2,297</b>		<b>-2,297</b>	
<b>c</b> SPECIAL EVENTS .....			<b>-4,301</b>		<b>-4,301</b>	
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>u</b>		<b>28,755</b>			
<b>12 Total revenue.</b> See instructions. ....	<b>u</b>		<b>2,585,037</b>	<b>35,353</b>	<b>10,666</b>	<b>97,516</b>

**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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>1,708,177</b>	<b>1,708,177</b>		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	<b>463,555</b>	<b>229,945</b>	<b>66,879</b>	<b>166,731</b>
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<b>28,147</b>	<b>14,204</b>	<b>4,514</b>	<b>9,429</b>
9 Other employee benefits	<b>51,380</b>	<b>24,801</b>	<b>8,072</b>	<b>18,507</b>
10 Payroll taxes	<b>42,491</b>	<b>22,031</b>	<b>4,915</b>	<b>15,545</b>
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	<b>5,082</b>	<b>3,249</b>	<b>596</b>	<b>1,237</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>11,789</b>	<b>2,215</b>	<b>6,406</b>	<b>3,168</b>
20 Interest	<b>822</b>		<b>822</b>	
21 Payments to affiliates	<b>25,776</b>	<b>8,592</b>	<b>8,592</b>	<b>8,592</b>
22 Depreciation, depletion, and amortization	<b>11,994</b>	<b>2,879</b>	<b>9,115</b>	
23 Insurance	<b>1,988</b>		<b>1,988</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>PRINTING &amp; PUBLICATION</b>	<b>31,747</b>	<b>8,701</b>	<b>482</b>	<b>22,564</b>
b <b>CONTRACTED SERVICES</b>	<b>21,202</b>	<b>5,358</b>	<b>14,260</b>	<b>1,584</b>
c <b>SUPPLIES &amp; SMALL EQUIP</b>	<b>20,176</b>	<b>4,548</b>	<b>1,396</b>	<b>14,232</b>
d <b>EQUIPMENT MAINTENANCE</b>	<b>19,302</b>	<b>8,959</b>	<b>2,946</b>	<b>7,397</b>
e <b>POSTAGE</b>	<b>8,284</b>	<b>1,496</b>	<b>803</b>	<b>5,985</b>
f All other expenses	<b>13,354</b>	<b>4,013</b>	<b>4,350</b>	<b>4,991</b>
25 Total functional expenses. Add lines 1 through 24f	<b>2,465,266</b>	<b>2,049,168</b>	<b>136,136</b>	<b>279,962</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	72,749	1	15,490
	2	Savings and temporary cash investments	84,120	2	138,269
	3	Pledges and grants receivable, net	824,832	3	972,126
	4	Accounts receivable, net	193	4	158
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,245	9	14,930
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 792,244		
	b	Less: accumulated depreciation	10b 473,614	10c	318,630
	11	Investments—publicly traded securities	1,932,864	11	2,131,015
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,245,639	16	3,590,618	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	4,221	17	36,023
	18	Grants payable		18	
	19	Deferred revenue	2,817	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	134,138	23	120,034
	24	Unsecured notes and loans payable to unrelated third parties	4,334	24	1,275
	25	Other liabilities. Complete Part X of Schedule D	1,830,544	25	1,747,450
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,976,054	26	1,904,782
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	943,893	27	1,185,242
	28	Temporarily restricted net assets	9,200	28	166,644
	29	Permanently restricted net assets	316,492	29	333,950
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	1,269,585	33	1,685,836
34	<b>Total liabilities and net assets/fund balances</b>	3,245,639	34	3,590,618	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,585,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,465,266
3	Revenue less expenses. Subtract line 2 from line 1	3	119,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,269,585
5	Other changes in net assets or fund balances (explain in Schedule O)	5	296,480
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,685,836

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

b Were the organization's financial statements audited by an independent accountant?  Yes  No

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a 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?  Yes  No

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.  Yes  No

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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—Other
- 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?

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

- (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? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- 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 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) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<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	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<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						12,761,936

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	2,784,565	2,670,091	2,633,896	2,231,882	2,441,502	12,761,936
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,891	101,559	64,194	49,436	34,626	340,706
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				12,038	9,666	21,704
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	36,208	19,550	5,355	1,725	9,680	72,518
<b>11 Total support.</b> Add lines 7 through 10						13,196,864

**12** Gross receipts from related activities, etc. (see instructions) 12 35,353

**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 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.70 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	96.47 %

**16a 33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** 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—2009.** 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** \$ **62,838**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2010**

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

**Name of the organization**

**Employer identification number**

**BERKSHIRE UNITED WAY, INC.**

**04-2104841**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number <b>04-2104841</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BERKSHIRE MEDICAL CENTER 777 NORTH STREET PITTSFIELD MA 01201	\$ 126,507	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GENERAL DYNAMICS 100 PLASTICS AVENUE PITTSFIELD MA 01201	\$ 77,792	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 93,551	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GREYLOCK FEDERAL CREDIT UNION 150 WEST STREET PITTSFIELD MA 01201	\$ 74,924	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SABIC INNOVATIVE PLASTICS ONE PLASTICS AVENUE PITTSFIELD MA 01201	\$ 64,685	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BERKSHIRE BANK 24 NORTH STREET PITTSFIELD MA 01201	\$ 56,194	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

**BERKSHIRE UNITED WAY, INC.**

Employer identification number

**04-2104841**

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BERKSHIRE BANK FOUNDATION PO BOX 1308 PITTSFIELD MA 01202-1308	\$ 215,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JOSEPHINE & LOUISE CRANE FOUNDATION PO BOX 901 FALMOUTH MA 02541-0901	\$ 220,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	AYCO CHARITABLE FOUNDATION CHARLES & KERRY CREW CHAR FOUNDATION 6 TANSY COURT WYNANTSKILL NY 12198	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

**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 XIV.
- 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 XIV 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 XIV.

**Part V Endowment Funds.** Complete if 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 .....	316,492	306,492	646,863		
<b>b</b> Contributions .....		10,000	125		
<b>c</b> Net investment earnings, gains, and losses .....	17,458		-22,249		
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....			-318,247		
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	333,950	316,492	306,492		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **u** ..... %
  - b** Permanent endowment **u** **100.00** %
  - c** Term endowment **u** ..... %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No       |
|--|-----|----------|
| <b>(i)</b> unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> related organizations .....  |     | <b>X</b> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(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 .....		515,613	358,548	157,065
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		147,692	115,066	32,626
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) <b>u</b>				<b>318,630</b>

**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)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) **u**

**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)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) **u**

**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)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) **u**

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) <b>ALLOCATIONS PAYABLE</b>	<b>1,605,671</b>	
(3) <b>DUE TO DESIGNATED AGENCIES</b>	<b>141,779</b>	
(4)		
(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>	<b>1,747,450</b>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,585,037
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,465,266
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	119,771
4	Net unrealized gains (losses) on investments	4	274,377
5	Donated services and use of facilities	5	22,103
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	296,480
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	416,251

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

1	Total revenue, gains, and other support per audited financial statements	1	2,971,740
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	274,377
b	Donated services and use of facilities	2b	22,103
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	90,223
e	Add lines 2a through 2d	2e	386,703
3	Subtract line 2e from line 1	3	2,585,037
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,585,037

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

1	Total expenses and losses per audited financial statements	1	2,555,489
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	90,223
e	Add lines 2a through 2d	2e	90,223
3	Subtract line 2e from line 1	3	2,465,266
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,465,266

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

SPECIAL EVENTS	\$	13,981
EXPENSES ALLOCATED TO RENTAL PROPERTY	\$	76,242
INVESTMENT FEES	\$	0
EXPENSES ALLOCATED TO RENTAL PROPERTY	\$	-76,242
SPECIAL EVENTS	\$	-13,981
INVESTMENT FEES	\$	0



**SCHEDULE I  
(Form 990)**

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

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed u

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)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	18,000		FMV		WORKFORCE CNA PROG
(2)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	65,600		FMV		DISASTER SERVICES
(3)	BARRINGTON STAGE COMPANY 30 UNION STREET PITTSFIELD MA 01201	04-3263298	3	30,000		FMV		PLAYWRIGHT MENTORING
(4)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	65,000		FMV		EARLY EDUCATION
(5)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	45,000		FMV		FAMILY LITERACY
(6)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	86,000		FMV		YOUNG PARENT SERVICE
(7)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	30,000		FMV		IMMIGRANT CENTER
(8)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	100,000		FMV		HOUSING AND SHELTER
(9)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	20,000		FMV		TENANCY PRESERVATION

- 2 Enter total number of section 501(c)(3) and government organizations u 29
- 3 Enter total number of other organizations u 0

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(1)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	10,000		FMV		ASSET DEVELOPMENT
(2)	BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD MA 01201	04-2422074	3	15,000		FMV		RECONNECT CENTER
(3)	BERKSHIRE COMPACT FOR EDUCATION 375 CHURCH STREET NORTH ADAMS MA 01247			10,000		FMV		COLLEGE ASPIRATIONS
(4)	BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD MA 01201	04-2218928	3	15,000		FMV		YOUTH & FAMILIES
(5)	BERKSHIRE COUNTY KIDS PLACE 63 WENDELL AVENUE PITTSFIELD MA 01201	04-3193833	3	40,000		FMV		TRAUMA RECOVERY PROG
(6)	BERKSHIRE COUNTY REGIONAL EMP 184 NORTH STREET PITTSFIELD MA 01201	04-3291395	3	17,000		FMV		INTERNSHIP PROGRAM
(7)	BOYS & GIRLS CLUB OF PITTSFIELD 16 MELVILLE STREET PITTSFIELD MA 01201	04-2103925	3	40,000		FMV		CHILDREN'S CENTER
(8)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	50,000		FMV		WORKPLACE-YOUNG ADUL
(9)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	55,000		FMV		SUBSTANCE ABUSE PREV

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
- 3 Enter total number of other organizations u \_\_\_\_\_

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(1)	CENTER FOR PEACE THROUGH CULTURE 20 SYLVAN ROAD GREAT BARRINGTON MA 01230	54-2081431	3	10,000		FMV		GREENAGERS
(2)	CENTRAL BERKSHIRE HABITAT FOR HUMAN 314 COLUMBUS AVENUE PITTSFIELD MA 01201	04-3157085	3	33,750		FMV		BUILDING FOR TOMORRO
(3)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	70,000		FMV		PARENTING TEENS
(4)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	20,000		FMV		EARLY EDUCATION SERV
(5)	COMMUNITY HEALTH PROGRAM 444 STOCKBRIDGE ROAD GREAT BARRINGTON MA 01230	04-2582119	3	20,500		FMV		REFERRALS & ASSESSMEN
(6)	COMMUNITY LEGAL AID 405 MAIN STREET WORCHESTER MA 01608	04-2446242	3	13,000		FMV		LEGAL AID
(7)	CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON MA 01230	23-7099108	3	30,000		FMV		INDEPENDENT LIVING
(8)	DALTON COMMUNITY RECREATION ASSOC 400 MAIN STREET DALTON MA 01226	04-2103761	3	27,500		FMV		YOUTH SERVICES
(9)	ELDER SERVICES OF BERKSHIRE COUNTY 66 WENDELL AVENUE PITTSFIELD MA 01201	04-2542001	3	25,213		FMV		ELDER MEALS

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
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(1)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	100,000		FMV		ADVOCACY, RELIEF
(2)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	35,000		FMV		SHELTER
(3)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	60,000		FMV		VIOLENCE PREVENTION
(4)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	77,856		FMV		SCHOOL AGE ENRICHMEN
(5)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	39,787		FMV		CHILDHOOD EDUCATION
(6)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	20,000		FMV		YOUTH LEADERSHIP
(7)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	36,700		FMV		YOUTH EMPOWERMENT
(8)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	24,000		FMV		PRESCHOOL
(9)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	9,064		FMV		BEFORE/AFTER SCHOOL

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
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(1)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	19,000		FMV		TEEN PROGRAM
(2)	LITERACY VOLUNTEERS OF BERKSHIRE CO 1 WENDELL AVENUE PITTSFIELD MA 01201	04-3244191	3	8,500		FMV		LITERACY VOLUNTEERS
(3)	PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVENUE EXTENSION PITTSFIELD MA 01201	04-2776797	3	26,800		FMV		PLAY & LEARN PROGRAM
(4)	PITTSFIELD FAMILY YMCA 292 NORTH STREET PITTSFIELD MA 01201	04-2104837	3	15,000		FMV		INFANT/TODDLER PROG
(5)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230	00-0707375	3	30,000		FMV		YOUTH DEVELOPMENT
(6)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230	00-0707375	3	20,000		FMV		APPRENTICESHIPS
(7)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	46,500		FMV		SOCIAL SERVICES
(8)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	20,000		FMV		YOUTH & COMMUNITY
(9)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	12,000		FMV		SELF SUFFICIENCY

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
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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)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	20,000		FMV		YOUTH SKILL BUILDING
(3)	BERKSHIRE REGIONAL PLANNING COMM 1 FENN STREET, SUITE 201 PITTSFIELD MA 01201	04-2430187	3	30,543		FMV		DATA COLLECTION
(4)	MASS ALLIANCE ON TEEN PREGNANCY 105 CHAUNCY STREET BOSTON MA 02111	22-2540285	3	12,730		FMV		TEEN PREGNANCY PREV
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations u \_\_\_\_\_
- 3 Enter total number of other organizations 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

**2010**Open to Public  
Inspection

Employer identification number

04-2104841

**BERKSHIRE UNITED WAY, INC.****FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT**

INCLUDED THE MOST RECENTLY AVAILABLE BERKSHIRE COUNTY MCAS RESULTS, WHICH INDICATED THAT ONLY ABOUT 60% OF OUR THIRD GRADERS ARE PROFICIENT IN ENGLISH AND MATH. DETERMINED TO SIGNIFICANTLY INCREASE BERKSHIRE COUNTY'S PROFICIENCY, BERKSHIRE PRIORITIES IS TODAY ASSESSING BEST PRACTICE OPTIONS, FORMULATING A MAP OF EXISTING LOCAL RESOURCES, AND GATHERING KEY LOCAL DATA IN ORDER TO MOBILIZE THE COMMUNITY FOR ACTION.

2. THE EARLY CHILDHOOD EDUCATION THINK TANK IS WORKING TO PROMOTE, SUPPORT AND MAKE HIGH-QUALITY EARLY CHILDHOOD EDUCATION AVAILABLE TO EVERY CHILD THROUGHOUT BERKSHIRE COUNTY. THE EARLY CHILDHOOD TEAM JUMP-STARTED THEIR EFFORTS WITH CHILDHOOD LITERACY ACTIVITIES LIKE THE RECENT COUNTY-WIDE "WEE READ" EVENT AND EFFORTS TO MAKE BERKSHIRE COUNTY A "REACH OUT AND READ" BOOK END COUNTY, WHERE EVERY PEDIATRICIAN PROVIDES A BOOK TO CHILDREN AT WELL-CHILD VISITS FROM BIRTH TO AGE FIVE, AND IS NOW FORMULATING A COMPREHENSIVE STRATEGY.

3. THE PITTSFIELD PREVENTION PARTNERSHIP (PPP) AND BERKSHIRE YOUTH DEVELOPMENT ARE ALL ABOUT YOUTH AND ADULT EDUCATION TO PROMOTE SAFE BEHAVIORS IN OUR YOUNG PEOPLE. SOME PPP ACTIVITIES INCLUDE "SHOULDER TAPS" SURVEYS IN WHICH TEENS, ACCOMPANIED BY A DISCRETELY LOCATED POLICE OFFICER, TEST ADULT WILLINGNESS TO PURCHASE ALCOHOL FOR THEM. PPP ALSO PLAYED A KEY ROLE IN THE HIGHLY SUCCESSFUL BERKSHIRE COUNTY PRESCRIPTION ROUND-UP, WHICH COLLECTED AND SAFELY DISPOSED 1,000 POUNDS OF PRESCRIPTION DRUGS. THEY CONDUCTED "SAFE PROM" PRESENTATIONS, PARTICIPATE

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IN THE TEEN PREGNANCY PREVENTION INITIATIVE AND HELPED COMPILE RESULTS OF THE 2011 PREVENTIONNEEDS ASSESSMENT SURVEY, WHICH MEASURES YOUTH RISK AND PROTECTIVE FACTORS AND IS A CRITICAL TOOL FOR CREATING STRATEGIES TO ADDRESS AREAS OF CONCERN AND FOR MEASURING IMPACT OVER TIME.

4. THE TEEN PREGNANCY PREVENTION INITIATIVE IS MADE UP OF COMMUNITY MEMBERS AND PRACTITIONERS IN EDUCATION, HEALTH CARE AND SOCIAL SERVICES CONCERNED ABOUT ALARMINGLY HIGH AND INCREASING LOCAL TEEN PREGNANCY RATES. THE TEEN BIRTH RATE IN PITTSFIELD INCREASED BY 41.3% BETWEEN 1996 AND 2009 AND IN NORTH ADAMS IT INCREASED 28%. DURING THE SAME TIME PERIOD, THE STATE RATE DECREASED 31.2%. TO UNDERSTAND LOCAL PERCEPTIONS, OUR TEAM SURVEYED 900 YOUTH AND ADULTS THROUGHOUT BERKSHIRE COUNTY WHO RECOMMENDED THREE KEY ACTIONS: 1) ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION THAT GOES BEYOND THE "SEX TALK" TO HELPING YOUTH NAVIGATE PERSONAL RELATIONSHIPS; 2) ACCESS TO CONDOMS AND OTHER CONTRACEPTIVES DURING HOURS AND IN LOCATIONS YOUTH FREQUENT AND FEEL SAFE; AND 3) ENSURING YOUTH PERCEIVE OPPORTUNITY AND HOPE FOR A BRIGHT FUTURE. OVER 100 CONCERNED CITIZENS ATTENDED OUR FIRST COMMUNITY CONVERSATION IN PITTSFIELD IN APRIL. THREE WORK GROUPS ARE MEETING TO DEVELOP AND IMPLEMENT STRATEGIES ADDRESSING THE THREE KEY ACTIONS.

5. MASS 2-1-1 IS AN ORGANIZATION SUPPORTED BY ALL MASSACHUSETTS UNITED WAYS AND SEVERAL STATE DEPARTMENTS. MASS 2-1-1 IS STAFFED BY INFORMATION AND REFERRAL SPECIALISTS (MAIRS). IT WAS ESTABLISHED TO PROVIDE AN ESSENTIAL LINK BETWEEN THOSE WHO NEED HELP AND THOSE WHO PROVIDE IT. MASS 2-1-1 IS A STATEWIDE NUMBER THAT PEOPLE CAN CALL FOR NON-EMERGENCY INFORMATION AND REFERRAL. EVERY DAY, SOMEONE SOMEWHERE IN MASSACHUSETTS NEEDS TO FIND

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ESSENTIAL COMMUNITY SERVICES, EVERYTHING FROM FINDING AN AFTER SCHOOL PROGRAM, LOCATING A FOOD PANTRY OR SOUP KITCHEN, OBTAINING UTILITIES OR FUEL ASSISTANCE, OR SECURING CARE FOR AN AGING PARENT. MASS 2-1-1 IS ALSO AN OFFICIAL STATE CONDUIT FOR INFORMATION IN THE EVENT OF A COMMUNITY LEVEL DISASTER OR EMERGENCY.

6. BERKSHIRE BENCHMARKS AND THE BERKSHIRE REGIONAL PLANNING COMMISSION

SUPPLY BERKSHIRE UNITED WAY WITH DATA COLLECTION AND ANALYSIS ASSISTANCE. STARTING IN 2009, BASELINE DATA ON COMMUNITY CONDITIONS WAS COMPILED AND SHARED AND IS NOW UPDATED EACH YEAR. THIS ALLOWS FOR MEASURING AND REPORTING CHANGES IN COMMUNITY CONDITIONS OVER TIME AND ENSURES ACCOUNTABILITY FOR BERKSHIRE UNITED WAY, ITS FUNDED PARTNERS AND THE COMMUNITY. LEARN MORE ABOUT COMMUNITY CONDITIONS AT [WWW.BERKSHIREBENCHMARKS.ORG](http://WWW.BERKSHIREBENCHMARKS.ORG).

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF FORM 990 IS DISTRIBUTED TO STAFF, THE FINANCE AND AUDIT COMMITTEES, 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

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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.

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 BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA.

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.