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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1 , 2008, **and ending** SEPT 30 , 2009

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. **Please use IRS label or print or type. See Specific Instructions.**

C Name of organization UPPER HOUSATONIC VALLEY NATIONAL HERITAGE AREA, INC.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 493
City or town, state or country, and ZIP + 4
SALISBURY CT 06068

D Employer identification number 06-1613798

E Telephone number (860) 435-9505

F Group Exemption Number ▶

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ N/A

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 177,772.

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

1 Contributions, gifts, grants, and similar amounts received	1	175,158.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe: PUBLICATION SALES)	8	2,614.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	177,772.
10 Grants and similar amounts paid (attach schedule)	10	22,200.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	49,095.
13 Professional fees and other payments to independent contractors	13	790.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	8,449.
16 Other expenses (describe: See Other Expenses Statement)	16	81,558.
17 Total expenses (add lines 10 through 16)	17	162,092.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,680.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,724.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,404.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,724.	33,404.
23 Land and buildings	0.	0.
24 Other assets (describe:)	0.	0.
25 Total assets	17,724.	33,404.
26 Total liabilities (describe:)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,724.	33,404.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28	EDUCATION COLLABORATIVE SEE ATTACHEMENT #1		
	(Grants \$ 0.) If this amount includes foreign grants, check here	☐	28 a 20,535.
29	MANAGEMENT PLANNING SEE ATTACHEMENT # 1		
	(Grants \$ 0.) If this amount includes foreign grants, check here	☐	29 a 46,547.
30	HEIGHTON APPRECIATION SEE ATTACHMENT #1		
	(Grants \$ 0.) If this amount includes foreign grants, check here	☐	30 a 57,362.
31	Other program services (attach schedule) SEE ATTACHMENT #1 (Grants \$ 0.) If this amount includes foreign grants, check here	☐	31 a 9,091.
32	Total program service expenses (add lines 28a through 31a)	☐	32 133,535.

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)
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[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40 b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e		X
41 List the states with which a copy of this return is filed ▶ _____		

42 a The books are in care of ▶ DAN BOLOGNANI, EXECUTIVE DIRECTOR Telephone no ▶ (860) 435-9505
 Located at ▶ 24 MAIN ST P.O. BOX 493 SALISBURY CT ZIP + 4 ▶ 06068

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

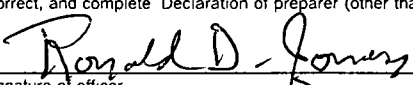
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
49 b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer  Date May 13, 2010				
	Type or print name and title RONALD D. JONES - CHAIRMAN				
Paid Preparer's Use Only	Preparer's signature	Date 05/05/10	Check if self-employed ☒	Preparer's Identifying Number (See instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	MARY K. KILLIARD, CPA 789 MAIN ST STE 2 GREAT BARRINGTON MA 01230			
	EIN		Phone no		
	May the IRS discuss this return with the preparer shown above? See instructions.		☐ Yes ☐ No		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	4,725.	40,140.	50,634.	77,096.	175,158.	347,753.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	4,725.	40,140.	50,634.	77,096.	175,158.	347,753.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						347,753.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,725.	40,140.	50,634.	77,096.	175,158.	347,753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				573.		573.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			189.		2,614.	2,803.
11 Total support. Add lines 7 through 10						351,129.
12 Gross receipts from related activities, etc. (see instructions)					12	
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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.04 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 2007. 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 – 2008. 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 – 2007. 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 ▶ ☐		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part II, Line 10

Description: GROSS RECEIPTS FROM SERVICES RELATED TO EXEMPT FUNCTION

2006: 189.

Description: SALE OF GUIDES

2008: 2614.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

SUPPLIES	581.
TELEPHONE & TELECOMMUNICATIONS	587.
PROGRAM RELATED CONTRACTS	26,081.
MANAGEMENT PLAN CONTRACTS	30,450.
TRAVEL	4,576.
CONFERENCES & CONVENTIONS	4,982.
INSURANCE	507.
MEMBERSHIP DUES	562.
OUTSIDE COMPUTER SERVICES	564.
ADVERTISING	3,383.
WEBSITE DEVELOPMENT	9,207.
BUSINESS ORGANIZATIONAL EXPENSES	78.
Total	81,558.

Attachment #1

990 – Part III - Fiscal 2009: Upper Housatonic Valley National Heritage Area, Inc.

- Provide educational programming for natural resource preservation and stewardship, and integrate various aspects of the heritage of the Upper Housatonic River Valley – the social, cultural, economic and industrial history of the valley, the ecology of the river throughout that history, and the symbiotic relationship between that history and ecology. Portions of this programming may be broadened and adapted as part of the development of the Management Plan.

Projects include:

- The Upper Housatonic Valley Experience, a graduate level course for area teachers to build curriculum for local schools, in partnership with Mass. College of Liberal Arts, Berkshire Community College and Berkshire Chamber of Commerce.
- Collaborate with educational institutions (University of Connecticut, Massachusetts College of Liberal Arts and Berkshire Community College) and educators to expand our graduate-level teacher's course (the Housatonic Experience). Goals include the implementation of CT based curriculum, building the capacity of class size for the course and increasing the variety and number of heritage sites included in the program.
- Work with Native American heritage groups to formulate the basis for place-based educational programming (historic) and for programming that ties to contemporary Native American culture.

Education Collaborative \$20,535

Total Education \$20,535

- Develop the Management Plan, to describe, in detail, the work plan for the next 5- and 10-year period

Projects Include:

- Exploratory meetings with stakeholders and others.
- Administrative support for programs, projects, management plan work.
- Retain the services of a qualified consultant and with work same to develop a functional draft Management Plan.
- Work constructively with the UNVNH's regional stakeholders as well as a broad cross-section of community interests to help develop the constituency necessary for timely, collaborative plan development and implementation of the management plan.
- Analyze past work, existing conditions and geographic scope, by revisiting the heritage area, examining the data, interviewing knowledgeable people, learning about sites and programs/events, and creating visions, goals, and objectives.

Develop Management Plan \$46,547

Total Management Planning \$46,547

• Attachment #1

- Heighten appreciation for the natural, cultural, and historic assets of the region through research and interpretive materials, signage and accessibility. Portions of this program of heightened appreciation may be adapted as it relates to the development of the Management Plan.

Projects include:

- Expand and broaden the diversity of Heritage Walks Weekends in Autumn, a collaboration of dozens of organizations and individuals who lead free, guided walks to visit a wide range of heritage destinations. Implement innovative marketing ideas to draw attention to the Heritage Walks by developing partnerships with regional tourism entities, online marketers and the media.
- Explore and celebrate contemporary and historic Native American culture through festivals, education and interpretive materials.
- Develop concepts of Performing Arts Heritage Trail. Entice the region's foremost performing-arts leaders to collaborate on a program to unite, explore and promote the collection of unique venues.
- Expand the depth of research and into the African American Heritage Trail, including work at the DuBois homestead and a new project celebrating the famed Massachusetts 54th Regiment.
- Spawn a multi-faceted project to explore and illuminate the roots of industry in the region.
- Work with partners to develop a regional system of walking, biking and hiking trails to connect people with heritage resources.

BVB Webisodes \$5,700.00

Direct Grant Program for in-town historic Walking trails \$23,021

Heritage Walks \$15,577

Locally Grown History program \$5,525

Native American heritage programming \$2,500

Trails & Greenways program \$5,039

Total – Heighten Appreciation \$57,362

- Preserve and enhance the region's history and historical resources. Such preservation and enhancement projects may be augmented to support development of the Management Plan.

Projects include:

- Upper Housatonic Valley African American Heritage Trail, through the creation of a heritage trail and related interpretive materials provides a guide to the significant persons, places and events in the Upper Housatonic Valley.
- Additional planning and implementation projects, archiving programs and interpretive materials pertaining to the region's industrial heritage. Specific programs include research projects of specific early industries (paper making, woolen, agriculture) and the migrant workers that permitted the foothold of industry in the region.

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· ATTACHMENT #1

- Work with heritage partners to develop signage standards for industrial heritage sites, and begin the process of providing interpretive signage, site markers and interpretive brochures / web pages for those industrial heritage sites.

African American Heritage Trail \$4,396.00

History Organizations support programs \$1,748

Paper Heritage Trail \$ 2,947

Total – Preserve & Enhance \$9,091

Attachment # 2

EIN: 06-1613798

IRS Form 990EZ - Part IV

Schedule 1

UPPER HOUSATONIC VALLEY NATIONAL HERITAGE AREA, INC.
DIRECTORS AND OFFICERS(Director's Term Ending Indicated After Name)

A.	B. Hours/Week	C,D,E Compensation etc. (\$)
Richard G. Aldrich (Vice Chair)(Feb 2012) Sr. Vice President, Lee Bank 75 Park Street, Lee MA 01238	4	0
William L. Crow III (Feb 2011) P.O. Box 157 Salisbury CT 06068	4	0
Rachel Fletcher (Feb 2010) 113 Division Street Great Barrington MA 01230	6	0
Paul W. Ivory (Feb 2011) 54 Grove Street Great Barrington MA 01230	3	0
Beryl Jolly (Feb 2010) 54 Grove Street Great Barrington MA 01230	3	0
Ronald D. Jones (Chair) (Feb 2012) P.O. Box 1942 Lakeville CT 06039	12	0
Edward Kirby (Feb 2012) 100 Cornwall Bridge Road Sharon CT 06069	4	0
Steve McMahon (Trustees of Reser) (2010) 1 Sergeant Street, PO Box 792 Stockbridge MA 01262	4	0
Barton H. Miller (Feb. 2011) 215 Spring Street Lee MA 01238	3	0
Dennis Regan (Feb 2012) P.O. Box 251 South Lee, MA 01260	4	0
Stephen A. Sears (Feb 2010) Crane & Co., Inc. Dalton, MA 01226	2	0

ATTACHMENT #2

Thomas Shachtman (Secretary) (Feb 2011)
P.O. Box 630
Salisbury CT 06068

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Talbott Smith (Treasurer)(Feb 2011)
26 Green Hill Rd,
Kent CT 06757

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