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AMENDED RETURN

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state ren

OMB No 1545-0052 2009

Int	emal Re	evenue Se	rvice	Note	: The Touridat	on may	be able to use a					rting requiremen	เรา	10.0	
F	or ca	lendar	year 2009,	, or t	ax year beg	nning				, and end			,		1, 2009
G	Che	ck all t	hat apply		Initial retu		Initia		of a former p	_				Final retu	ırn
_				X	7 411011303	return		Addre	ss change	:	X	lame change			_
			Name of fo									A Employer idei	ntific	ation numbe	г
ι	Jse th	e IRS			BANK FOU										
	lab		FKA GRE	EATE	ER BERKSI	IIRE E	OUNDATION INC				04-3365869				
	Other		Number an	nd stre	et (or PO box	number if	mail is not deliver	ed to stree	t address)	Room/su	ute	B Telephone number (see page 10 of the instructions)			
	pri														
ç	or ty See Si	rpe. Secific	PO BOX	130)8							(41	3) 447-	1724
Instructions.			City or tow	n, sta	ite, and ZIP co	de						C If exemption ap pending, check	plicat here	tion is	▶∐
											D 1 Foreign orga			. ▶ 💹	
		PITTSFIELD, MA 01202-1308								2 Foreign orga					
Н	Che	ck type	e of organiz	zation	X Secti	on 501(c)(3) exempt	private 1	foundation					ere and attach	▶□
ſ	∃s	ection 4	1947(a)(1) n	onexe	empt charitable				rivate founda	tion		· ·			
ī			t value of a				unting method	ı X C	ash Acc	rual		E If private found under section 5		i status was term)(1)(A), check hei	- I
	of ye	ear <i>(fro</i>	m Part II, c	ol (c), line	l∏o	ther (specify)	_				F If the foundation	٠.		
	-	▶ \$	15,9	987 ,	733.	(Part I,	column (d) mi	ist be oi	n cash basis))		· .		(1)(B), check her	
	art l				and Expens		(a) Davis	ond.						(d) Disbu	
		total o	f amounts in	colun	nns (b), (c), an ial the amount	d (d)	(a) Revenue expenses		(b) Net inve		(c) Adjusted net income	Į	for cha	
					iai the amount I of the instruc		books	•				income		purp (cash ba	isis only)
	1		tions, gifts, grant	is, etc. i	received (attach sc	nedule) .									
	2	Check I	if the	e found	dation is not req	uired to									ı
	3		allac		B porary cash inve			7,281		9,281.			0.	ATCH	1
	4		-		om securities		5	7,733.	5	7,733.			0.	ATCH	2
	5a														
a			,		of assets not on		4	9,343	-						I
Revenue		Gross s	ales price for a		260										
š	7		on line 6a Lagin net inc		(from Part IV,	line 2)			4	9,343.		-			1
ž	<u>'</u>	•	•		an	•									
-	DŒ.			, -											1
_[10-a	GIOSS	modificatio)s											1
	l h		wances · · (ost of goods so												
	JĀN	24	profit or (lose	ex datta	ach schedule)					,					
	11	Other	ncome (atla	En sc	hedule)										ŀ
_		/leth	Add Ine 1 t	throug	ah 11		11	5,357	. 11	6,357.			0.		
<u>t</u>			reation of office	cers di	ah 11 rectors, trustees	etc		0							
	14				and wages .		4	5,015	-	0.			0.		46,015
Ses	15		n plans, em		•										
and Administrative Expenses					ule) ATCH	3		3,413		0.		-	0.		3,413
×					schedule)ATC							_			
ΘĒ			-		(attach schedu			1,868	-	0.			0.		1,868
aţì	17					•					· · ·				
str	18				page 14 of the ins										
Ξ	19 ~	•			nedule)-and de									-	
Ę	20	•	•			•									
٩	21		•		I meetings										<u>-</u> -
anc	22											***			
	23				schedule) AT		2	9,171		0.		 -	Ō.		29,171
Operating	24				ministrative ex					-					-
Jer.			-			-	8	0,467	1	0.			0.		80,467
ŏ	25				nts paid			9,205			<u> </u>			†	189,205
	26			_	nts paid ents Add lines 2			9,672		0.			0.	 	269,672
-	27		ct line 26 fro			. -, a(10 25		· · · ·			1			 	_
					es and disbursem	onte	-15	3,315	-						
	i i				es and dispurser (if negative, e			*		16,357.	_			 	
									1	,	 	- (θ.	 -	
_	<u> </u>	Aujusi	en ner incol	iiie (II	negative, ente	: - ∪-)	<u> </u>				٠			I	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 5 JSA 9E1410 2 0000 G7V010 2912 1/7/2011 11:08:22 AM V 09-8.7 GBF :

Form 990-PF (2009)

GBF SP RET

9	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
_	-	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	29,422.	321,770.	321,770.
	2	Savings and temporary cash investments			
	3	Accounts receivable	_		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			_ 1
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			_
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts	_		,
	8	Inventories for sale or use			·
ssets	9	Prepaid expenses and deferred charges			
Ass		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule) ATCH 7	15,839,809.	15,628,263.	15,628,263.
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,			
	!	and equipment basis Less accumulated depreciation			
	12	(attach schedule) Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 8			
	14	Land huldings and			
		equipment basis Less accumulated depreciation			
	4.5	(attach schedule) Other assets (describe ATCH 9)	0.	0.	37,700.
	15	Total assets (to be completed by all filers - see the	**	· · ·	317.00.
	16	Instructions Also, see page 1, item I)	15,869,231.	15,950,033.	15,987,733.
_			23,007.	23,007.	
		Accounts payable and accrued expenses	-	23,007.	1
		Grants payable			
ties		Deferred revenue			·
Ē	17 18 19 20 21	Loans from officers, directors, trustees, and other disqualified persons			}
Ë		Mortgages and other notes payable (attach schedule)	3,329,577.	3,329,577.	ŗ
	22	Other liabilities (describe ► ATCH_10)	3,323,371.	3,323,377.	
	22	Total liabilities (add lines 17 through 22)	3,352,584.	3,352,584.	
_	23	Total liabilities (add lines 17 through 22)	3,332,304.	3,332,304.	1
		Foundations that follow SFAS 117, check here			1
Ø		and complete lines 24 through 26 and lines 30 and 31.			1
၁င	24	Unrestricted			
퍨	25	Temporarily restricted			•
ä	24 25 26 27	Permanently restricted			I
Pur		Foundations that do not follow SFAS 117,		:	
Ē		check here and complete lines 27 through 31. ▶ X			
ō		Capital stock, trust principal, or current funds			f
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	12,516,647.	12,597,449.	
ASS	29	Retained earnings, accumulated income, endowment, or other funds	12,310,647.	12,397,449.	
et/	30	Total net assets or fund balances (see page 17 of the	10 516 647	10 507 440	<u> </u>
Ž		instructions)	12,516,647.	12,597,449.	1
-	31_	Total liabilities and net assets/fund balances (see page 17—	15 000 001	15 050 033	
		of the instructions)	15,869,231.	15,950,033.	
		Analysis of Changes in Net Assets or Fund			
1		I net assets or fund balances at beginning of year - Part II		- 1	
					12,516,647.
2	Ente	r amount from Part I, line 27a		2	-153,315.
3	Othe	er amount from Part I, line 27a er increases not included in line 2 (itemize) ▶ ATTACH	MENT 11	3	234,117.
4	Add	lines 1, 2, and 3			12,597,449.
5	Dec	and a second control of the second of the second of		1 - 1	
6	Tota	reases not included in line 2 (itemize) ►	line 5) - Part II, column (b),	line 30 6	12,597,449.
_					

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income				
	d describe the kind(s) of property sold (e crick warehouse, or common stock, 200 s	•	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
CDE DADE TU COUL		siis MEC Co)	D-Donation	(IIIO, day, yi)	_	
b	7000				-	
C						
d			ļ	-		
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a						
b						
C						
d			-			
e		10.01.00				
Complete only for assets s	showing gain in column (h) and own			Gains (Col (h) g		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less Losses (from co		
a			ļ			
b			ļ			
C						
<u>d</u>						
<u>e</u> 2 Capital gain net income or	r (not contal loce)	gain, also enter in Part I, line 7	2		49,343.	
	ا تا 2- n or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7	2 49,343.			
If gain, also enter in Part I	, line 8, column (c) (see pages 13 a	and 17 of the instructions)				
If (loss), enter -0- in Part I,	nder Section 4940(e) for Redu		3			
	the section 4942 tax on the distrib		ase perio	d ⁷ [Yes X No	
	not qualify under section 4940(e) ount in each column for each year,		efore mak	ung any entries		
(a)	(b)	(c)	Tiore man	(d)		
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution r (col (b) divided by	y col (c))	
2008	1,608,477.	22,818,482.			0.070490	
2007	1,969,027.	24,893,663.	ļ		0.079098	
2006	2,274,117.	30,209,588.			0.075278	
2005	2,592,043.	31,916,163.			0.081214	
2004	2,342,241.	34,793,081.	 		0.067319	
2 Total of line 1, column (d			2		0.373399	
	for the 5-year base period - divide idation has been in existence if less		_3		0.074680	
nambor_or yourostrio-rour		, man o-youro				
4 Enter the net value of nor	ncharitable-use assets for 2009 from	m Part X, line 5	4	15,	469,408.	
Multiply line 4 by line 3			5	1,	155,255.	
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	6 1,164.		
7 Add lines 5 and 6			7	1,	156,419.	
8 Enter qualifying distribution			8		269,672.	
If line 8 is equal to or gr Part VI instructions on page	reater than line 7, check the box ii	n Part VI, line 1b, and complete t	that part	using a 1% ta	x rate See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	he ins	tructi	ons)						
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1									
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,3	327.						
	here and enter 1% of Part I, line 27b									
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	_								
	of Part I, line 12, col (b)									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2									
3	Add lines 1 and 2		2,3	327.						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		2,3	327.						
6										
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1, 422.			1						
b	Exempt foreign organizations-tax withheld at source 6b 0.									
	Tax paid with application for extension of time to file (Form 8868) 6c 2,000.									
	Backup withholding erroneously withheld 6d	_		ز ز						
7	Total credits and payments Add lines 6a through 6d		3,4	122.						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8									
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed									
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,0	95.						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,095. Refunded ▶ 11									
Par	t VII-A Statements Regarding Activities		•							
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	_						
	participate or intervene in any political campaign?	. <u>1a</u>		X						
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19									
	of the instructions for definition)?	. <u>1b</u>		X						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials									
	published or distributed by the foundation in connection with the activities									
c	Did the foundation file Form 1120-POL for this year?	1c	ļ	X						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		٠,	-						
	(1) On the foundation >\$ (2) On foundation managers >\$			1						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		d							
	on foundation managers > \$			<u> X</u>						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2) A)%						
	If "Yes," attach a detailed description of the activities		/	l^						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		- <u>X</u>							
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes ATCH 12	. 3		V						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X						
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5								
	If "Yes," attach the statement required by General Instruction T		2 4 2	. in						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	*	\$, ,						
	By language in the governing instrument, or	- °\$.		. i.						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	4 - 2-	<u>X</u> -							
_	conflict with the state law remain in the governing instrument?	· 6	X	 						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	· 7	58 4 ² ~ *	ž .						
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		\$	ء ' يد						
	-instructions) ► MA/	- ` *		i. ~						
b	,		- X							
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. <u>8b</u>	† 	 						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	- ~								
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			X						
	27)? If "Yes," complete Part XIV	· 9 _		 						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	144		X						
	names and addresses	. 10	1							

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X

3 b

3a Did the foundation hold more than a 2% direct or indirect interest in any business

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969. (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)					
5 a	During the year did the foundation pay or incur any amou	int to							
	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))?	Yes X N	o				
	(2) Influence the outcome of any specific public election				İ				
	directly or indirectly, any voter registration drive?		·	Yes X N	lo				
	(3) Provide a grant to an individual for travel, study, or ot	her similar purposes?		Yes X N	io				
	(4) Provide a grant to an organization other than a char								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	· · · · · · · · · · · · · · · · · · ·		Yes X N	lo	,			
	(5) Provide for any purpose other than religious, charita								
	purposes, or for the prevention of cruelty to children of			Yes X N	0				
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans					,			
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?								
	Organizations relying on a current notice regarding disas								
С	If the answer is "Yes" to question 5a(4), does the found								
·	because it maintained expenditure responsibility for the g			Yes X N	lo				
	If "Yes," attach the statement required by Regulations sec								
^ -	, , , , , , , , , , , , , , , , , , , ,		nav promilims						
ьа	Did the foundation, during the year, receive any funds, o			Yes X N	lo l				
h	on a personal benefit contract?			. — —	6 b				
D	If "Yes" to 6b, file Form 8870	city of indirectly, off a	personal benefit contrac	٠					
7.0	At any time during the tax year, was the foundation a pa	irty to a prohibited tay	shalter transaction?	Yes X N	۱۵ ۱				
	If yes, did the foundation receive any proceeds or have					l x			
	t VIII Information About Officers, Directors					<u> </u>			
	and Contractors								
	List all officers, directors, trustees, foundation m	nanagers and their (b) Title, and average		e page 22 of the inst					
	(a) Name and address	hours per week	(c) Compensation (If not paid, enter	employee benefit plans	other all	se account, lowances			
			-n-1	and deferred compensation	. 1				
		devoted to position	-0-)	and deferred compensation					
 ТА	ТАСНМЕНТ 13		0.	and deferred compensation 0		0			
ΑT	TACHMENT 13					0			
AT	TACHMENT 13					0			
AT	TACHMENT 13					0			
AT	TACHMENT 13					0			
AT	TACHMENT 13					0			
AT	TACHMENT 13					0			
	TACHMENT 13		0.	0.		0			
	TACHMENT 13 Compensation of five highest-paid employees (of lif none, enter "NONE."		0.	0 . e page 23 of the ins		0			
2	TACHMENT 13 Compensation of five highest-paid employees (of lf none, enter "NONE."	ther than those inc	0.	0.	structions).	se account,			
2	TACHMENT 13	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).				
2	TACHMENT 13 Compensation of five highest-paid employees (of lf none, enter "NONE."	ther than those inc	0.	e page 23 of the ins	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of lf none, enter "NONE."	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			
2 (a	TACHMENT 13 Compensation of five highest-paid employees (of If none, enter "NONE." Name and address of each employee paid more than \$50,000	ther than those inc	0.	e page 23 of the ins (d) Contributions to employee benefit plans and deferred	structions).	se account,			

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Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	-
·	
Total number of others receiving over \$50,000 for professional services	▶ NON
Part IX-A Summary of Direct Charitable Activities	
Outhitary of Direct Glariable Addivided	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NOT APPLICABLE	
1 NOT ATTUCABLE	
2	
3	
4	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreits see page 24 of the instructions.)	gn foundatior	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	_	
а	Average monthly fair market value of securities	1a	15,533,788.
b	Average of monthly cash balances	1b	164,895.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	6,300.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1 d	15,704,983.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,704,983.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	235,575.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	15,469,408.
6	Minimum investment return. Enter 5% of line 5	6	129,265.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	129,265.
2a	Tax on investment income for 2009 from Part VI, line 5 2, 327.	\$ z	
b	Income tax for 2009 (This does not include the tax from Part VI) 2b]	
С	Add lines 2a and 2b	2c	2,327.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	126,938.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	126,938.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	126,938.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	269,672.
b	Program-related investments - total from Part IX-B	1b	0.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	269,672.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	269,672.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v	vhether the fou	ındatıon

Form **990-PF** (2009)

Pa	rt XIII 'Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	.= -			126,938.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
b	Total for pnor years 20 07 ,20 06 ,20 05			_	
3	Excess distributions carryover, if any, to 2009	-			
а	From 2004 611,593.				
b	E 0005				
	From 2006				
	From 2007 748, 383.				
	From 2008 527,877.				
	Total of lines 3a through e	3,837,132.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 269,672.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
·	required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				126,938.
	Remaining amount distributed out of corpus	142,734.			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
	indicated below:	-			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,979,866.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1 This amount must be				
_	distributed in 2010			-	
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section		•		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)	 .			
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	611 502			
	instructions)	611,593.			
9 –	Excess distributions carryover to 2010.	⁻ 3 ⁻ , 368, 273 ⁻ .			
	Subtract lines 7 and 8 from line 6a	3,308,213.			
	Analysis of line 9				
	Excess from 2005				
b	Excess from 2006 848, 497.				
C	Excess from 2007				
d	Excess from 2008				
e	Excess from 2009 142,734.		l	1	

_	D=i++++ O=++	ation Foundations	27 of the	naturations and Da	+\/// A ======== ()	NOT APPLICABLE
	rt XIV Private Oper					NOT AFFLICABLE
1 a	If the foundation has	_				
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating found	lation described in section	4942(j)(3) or 4942(j)(5)
		Tax year	· · · · · · · · · · · · · · · · · · ·	Prior 3 years		T T
2 a			(h) 2000	T	(4) 2000	(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	I or the minimum investment return from Part X for each					
	year listed				i	
_						
D	85% of line 2a					
Ç	Qualifying distributions from Part					
	XII, line 4 for each year listed .	<u> </u>				
d	Amounts included in line 2c not					
	used directly for active conduct	i			1	
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of			1	1	
	exempt activities Subtract line	1		ł .	ĺ	
3	2d from line 2c Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section			1		
	4942(j)(3)(B)(i)			+		
D	"Endowment" alternative test-			l .		
	enter 2/3 of minimum invest-					İ
	ment return shown in Part X, line 6 for each year listed					
_						
С	"Support" alternative test - enter					
	(1) Total support other than			+	ŀ	
	gross investment income (interest, dividends, rents,					
	payments on securities					1
	loans (section 512(a)(5)),		i			
	or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(III)	-				
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income					
P		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time	during the year - se	e nage 28 of the in	structions)	ation had to,out	or more in access
_				Sti dottolis.j		
1	Information Regardin					
а	List any managers of					ed by the foundation
	before the close of any	y tax year (but only if ti	ney have contributed i	more than \$5,000) (S	ee section 507(d)(2))	
	NOT APPLIC	ART.F				
						
b	List any managers of					large portion of the
	ownership of a partne	rship or other entity) o	f which the foundation	n has a 10% or greatei	rinterest	
	NOT APPLIC	ABLE				
2	Information Regardin		Gift Loan Scholars	hin etc Programs:	 -	
4	Č	•		· ·		
	Check here ► If 1					
	unsolicited requests_t				e 28 of the instruction	ons) to individuals or
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	Ig	·	
			- C Alb A			
а	The name, address, a		of the person to who	m applications should b	e addressed	
_	<u>ATTACHM</u>	ENT 14				
b	The form in which app	olications should be su	bmitted and informati	on and materials thev	should include	
	•••			ŕ		
	<u>ል</u>	NS AVAILABLE A	T AROUF ADDDEC	S		
			T ADOVE ADDITED		<u> </u>	
С	Any submission dead	ines				
	SEE APPLIC	ATIONS FOR VAR	IOUS DEADLINES			
-4	Any restrictions or I	imitations on awards	such as by geogr	aphical areas charits	able fields kinds of	institutions or other
u	factors	minutions on awaius	, such as by geogr	aprilion areas, challe	abio noido, kindo Ul	ontanono, or other
		VEMDE ODCANTER	יעור שעוואש אוויא	TTEV NO N OPON	TON 501/01/21	
	ONLY TAX E	XEMPT ORGANIZA	TIONS THAT QUA	LIFI AS A SECT.	TON 20T(C)(2)	

Part XV Supplementary Information (co 3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantia contributor			
ATTACHMENT 15				
	,			
			;	
			-	
	İ			
Total			▶ 3a	189,205.
Total		_		
		l		
ATTACHMENT 16		1		
		ł		
		<u> </u>		
Total	<u> </u>	1	N 24	35,000.
Total	<u> </u>			33,000.

	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
J	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
a	is service revenue			-	-	the mediane /
ь —						
- <u>-</u>						
d						<u> </u>
e						
f —						
g Fee:	s and contracts from government agencies					
•	rship dues and assessments					
	on savings and temporary cash investments			14	9,281.	
Dividen	ds and interest from secunties	_		14	57,733.	<u>.</u>
Net ren	tal income or (loss) from real estate					
a Deb	ot-financed property					
b Not	debt-financed property					
Net renta	al income or (loss) from personal property					
Other in	nvestment income					
Gain or ((loss) from sales of assets other than inventory			18	49,343.	<u> </u>
Net inco	ome or (loss) from special events					
Gross p	profit or (loss) from sales of inventory					
Other re	evenue a					
b						
c						
d						
е			ļ <u>-</u>	_	116 257	
	I Add columns (b), (d), and (e)				116,357.	116 25
	add line 12, columns (b), (d), and (e)				13	116,357
	heet in line 13 instructions on page 28 Relationship of Activities					
Line No. ▼	Explain below how each active the accomplishment of the for page 29 of the instructions) NOT APPLICABLE					
			-			
						· · · · · · · · · · · · · · · · · · ·

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Orga	nizations								
ın se	the organization directly	y or indirectly ode (other than	engage in any of the n section 501(c)(3) org	anizations) or ii					Yes	No
a Trans	fers from the reporting f	oundation to a n	oncharitable exempt organ	ization of						$\overline{\mathbf{x}}$
								1a(1)		X
	Other assets					• • • • •		1a(2)		
(1) S	ales of assets to a nonch	narıtable exempt o	organization					1b(1)		X
(2) P	urchases of assets from	a nonchantable	exempt organization					1b(2)		X
			ets					1b(3)		X
								1b(4)		X
								1b(5)		X
			fundraising solicitations				1			
	• • • • •	_	ther assets, or paid employ					1c	four r	narkat
			Yes," complete the fo nces given by the rep							
	<u> </u>		gement, show in colur	•						
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	ation (d)	Description of trans	sfers, transacti	ons, and shan	ng arra	ngeme	nts
		NOT APPL	ICABLE							
					 					
			<u> </u>							
										
			 							
										
		<u></u>								
										
	-		ated with, or related to,				scribed in	— ¬.,		
	on 501(c) of the Code (othes," complete the following		501(c)(3)) or in section 52	217			L	Ye	≋ <u>∟</u> ′	No ⊵
u i i i i	(a) Name of organization		(b) Type of orga	nization		(c) Description	on of relations	hip		
			NOT APPLICABLE							
					.1					
			camined this return, including of preparer (other than taxp							
	Dit. N. L	Lunth		//	17/11 .	-Renn	etam o	, 5	x 0 (. Av
ے 📗 🖥	ignature of officer or vustee	MINISTER	<u> </u>	_/// Date	- '/ '/	Title	()		<u></u>	· 65 V.
<u>بَ</u> اِجْ	nghature of officer of wustee					Preparer's	ıdentıf	yına		
Pald Preparer's Preparer's	Preparer's signature	any ?	313 xv	Date /////20/	Check if self-emplo	yed ►	number (Se page 30 of t P000643	e Sign a he instr	ture o	
Paid Preparer	Firm's name (on yours if	• •	& COMPANY, PC			EIN ►	04-26898			
4	self-employed), address		· · · · · · · · · · · · · · · · · · ·	FLOOR				-		
	and ZIP code	BOSTO			02110	Phone no	617-43	39-9	700	
						•	Fe	orm 99	0-PF	(2009)

BERKSHIRE BANK FOUNDATION INC
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON IN

Kind of Property		INS AND LO		ription		P	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	D	acquired Gain or	
119,991.	allowable	5515 SHARES PROPERTY TY 98,620.		12/31/69	adı basıs	P	(loss) 07/15/2009 21,371.	12/14/2009
64,548.		1250 SHRS I PROPERTY TY 61,963.				P	06/20/2008 2,585.	11/17/200
76,375.		700 SHARES PROPERTY TY 50,988.		TIES		P	09/20/2007 25,387.	11/12/200
OTAL GAIN(LO	oss)						49,343.	
				,				

NVESTMENTS	
CASH 1	
INTEREST ON TEMPORARY CASH	
NO	
INTEREST	
ı	
PART I	
990PF,	
FORM	

	0	0
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	9,281.	9,281.
REVENUE AND EXPENSES PER BOOKS	9,281.	9,281.
		TOTAL
	ME	
DESCRIPTION	INTEREST INCOME	

.

57,733.

57,733.

ADJUSTED NET INCOME

NET INVESTMENT INCOME

- DIVIDENDS AND INTEREST FROM SECURITIES

FORM 990PF, PART I

REVENUE AND EXPENSES PER BOOKS	57,733.			
ACHOR NO PARCETAIN CINC MOCHA	Š			
DESCRIPTION	DIVIDENDS ON			

FEES
LEGAL
1
Н
PART
PF,
066
90

CHARITABLE	3,413.	3,413.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	3,413.	3,413.
		TOTALS
DESCRIPTION	LEGAL FEES PAID	

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

WOLF & COMPANY

TOTALS

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE	1,868.	1,868.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	.0	0
REVENUE AND EXPENSES PER BOOKS	1,868.	1,868.
		TOTALS
DESCRIPTION	OTHER FEES	

- OTHER EXPENSES FORM 990PF, PART I

CHARITABLE PURPOSES 22,567. 2,817. 3,787.	29,171.
ADJUSTED NET INCOME 0.	0
NET INVESTMENT INCOME 0.	0
REVENUE AND EXPENSES PER BOOKS 22,567. 2,817. 3,787.	29,171.
	TOTALS
DESCRIPTION LINE OF CREDIT FEE MISC EXPENSES MEMBERSHIPS	

04-3365869

FORM 990PF, PART II - CORPORATE S	CORPORATE STOCK	X.	ATTACH	ATTACHMENT 7
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING <u>FMV</u>
INVESTMENTS		15,839,809.	15,628,263.	15,628,263.
	TOTALS	15,839,809.	15,628,263.	15,628,263.

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

SECURITIES

TOTALS

ATTACHMENT 8 GBF SP RET 11:05:23 AMV 09-8.7 G7V010 2912 1/7/2011

- OTHER ASSETS

PART II

FORM 990PF,

AMV
:23
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2011
1/1/:

7.8-60

თ	
ACHMENT	

ATTACHMENT 9	INNING ENDING ENDING ENDING K VALUE BOOK VALUE
	BEGINNING BOOK VALUE

37,700. ING 4V

.

.

TOTALS

POPCORN MACHINE

DESCRIPTION

37,700.

ATTACHMENT 9

FORM 990PF, PART II - OTHER LIABILITIES		ATTACHMENT	10		
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE		
LINE OF CREDIT		3,329,577.	3,329,577.		
	TOTALS	3,329,577.	3,329,577.		

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAINS

234,117.

TOTAL

234,117.

FORM 990PF, PART VII-A, LINE 3 - CONFORMED COPY OF THE CHANGES

NAME CHANGE TO BERKSHIRE BANK FOUNDATION. ACCOUNTING YEAR END CHANGED TO DECEMBER 31

ENT 13	EXPENSE ACCT AND OTHER ALLOWANCES	Ċ	. 0			. 0	ó
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0		·			Ċ
	COMPENSATION	.0	· 0		. 0	. 0	.0
OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN/PRESIDENT 1.00	DIRECTOR 1.00	DIRECTOR 1.00	VICE PRESIDENT 1.00	VICE PRESIDENT 1.00	TREASURER 1.00
FORM 990PF, PART VIII - LIST O	NAME AND ADDRESS	MICHAEL P DALY PO BOX 1308 PITTSFIELD, MA 01202-1308	CATHERINE B MILLER PO BOX 1308 PITTSFIELD, MA 01202-1308	CORYDON L THURSTON PO BOX 1308 PITTSFIELD, MA 01202-1308	SHEPARD RAINIE PO BOX 1308 PITTSFIELD, MA 01202-1308	GAYLE P FAWCETT PO BOX 1308 PITTSFIELD, MA 01202-1308	KEVIN P RILEY PO BOX 1308 PITTSFIELD, MA 01202-1308

(CONT'D) 0 0 0 0 EXPENSE ACCT ALLOWANCES AND OTHER ATTACHMENT 13 CONTRIBUTIONS . 0 0 BENEFIT PLANS TO EMPLOYEE 0 0 0 COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION GRAND TOTALS VICE PRESIDENT 1.00 1.00 20.00 SECRETARY DIRECTOR DIRECTOR MANCHESTER CENTER, VT 05255 PITTSFIELD, MA 01202-1308 PITTSFIELD, MA 01202-1308 PITTSFIELD, MA 01202-1308

241 HIGH HILL ROAD

JOHN R HAND

WALLACE W ATLES

PO BOX 1308

PETER J LAFAYETTE

PO BOX 1308

MICHAEL J FERRY

PO BOX 1308

NAME AND ADDRESS

11:05:23 AMV 09-8.7

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

PETER J LAFAYETTE P.O. BOX 1308 PITTSFIELD, MA 01202-1308 413-443-5601

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

V 09-8 7

GBF SP RET

ATTACHMENT 15

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

SEE ATTACHED SCHEDULE ADDRESS OF FILE

NOT RELATED 501(C)(3)

SEE PURPOSE ON ATTACHED SCHEDULE

189,205

AMOUNT

TOTAL CONTRIBUTIONS PAID

189,205

ATTACHMENT 15

11 05 23 AM G7V010 2912 1/7/2011

Berkshire Bank Foundation Donations Made Short Period 11/1/2009 - 12/31/2009

Charity	Purpose	Amount
Albany Public Library Foundation	support for the "Baby Bookworms" program	250.00
Arlington Community Club, Inc	support cost of renovations	500 00
Arington Food Shelf, Inc	emergency food assistance donation	500.00
Assumption College	acholarship for William E. O'Neil II/Student ID# 36838	2,000 00
Bernngton Stage Company, Inc.	support Playwright Mentoring Program 2009/2010	2,500.00
Baystate Health Foundation	Rays of Hope	1,250 00
BBBS of Hempshire County	support for "Kids to Campus" program	2,000 00
Bennington Museum, Inc	support transportation for school trips	1,500.00
Berkshire Botanical Garden	Holiday Markerplace & Gallery of Wreaths	250 00
Berkshire Creative	support Assets for Artista Program	3,500.00
Berkshire Museum	Festival of Trees Gala - 4 reservations	180.00
Berkshire South Regional Community Ctr	funding support for the NOAH Program	4,500.00
Berkshire Theatre Festival	provide funding support for a consultant	5,000.00
Black River Good Neighbor Services, Inc.	emergency food assistance donation	500 00
BRIDGE, Inc.	provide funding support for Cultural Competency Training	4,000.00
BROC Community Action in SW VT	support for Housing Stabilization Program	1,000 00
C W Clark Memonal Library	support for after school and vacation programs	250.00
Cancer House Of Hope	funding support for various Support Groups	10,000.00
Colonie Youth Center	support Job Training Assistance Program	1,000.00
Community Capital of Vermont	support Management Assistance Program	1,500.00
Community Food Cupboard, Inc	emergency food assistance donation	500.00
Craneville PTO-Playground Fund	support for playground ADA compliance	2,000.00
Everybody Wins Vermont, Inc.	support for the Everybody Wins mentoring program	500 00
Florida Southern College	acholarship for David A. O'Neil ID# 938420	2,000 00
Friends of Hildens, Inc	2010 Platinum Sponsorship	5,000 00
Friends of the Homeless Springfield	Emergency Food Donation	4,500 00
Greater Springfield Habitat for Humanity	support construction of the Gunn Street house	2,500 00
Greater Westfield Food Pantry	Emergency Food Donation	4,500 00
H. O. M E.	Silver Sponsorship donation	500.00
Hancock Shaker Village	1st pymt of 2 yr, \$25,000 pledge "Preserving the Past"	12,500.00 2,500.00
Hispanic Resources, Inc /Teatro Vida	support for Teatro Vids's Youth Ensemble	500.00
Interfalth Council of the Northshire	books & educational aids for low-income households	2.025.00
IS 183, Inc.	additional funding for the "Learning Through Arte" program Nancy J. Quizpi - student ID# J01844337	2,000.00
Johnson & Wates University	support Bowlethon	1,000.00
Junior Achievement of Northeastern NY	support distribution of books to schools	1,000.00
Link to Libraries, inc	Emergency Food Donation	4,500.00
Lorreine's Soup Kitchen & Pantry Mahaiwe Performing Arts Center	provide funding support to hire a consultant	5,000.00
Mahawe Performing Arts Center	transportation costs to bring students to the theatre	1,250.00
Mechanicville Elementary School	support for Winting Residency	250 00
Noble Hospital	Family Warling Room in the Emergency Department	10,000.00
Northeastern University	scholarshhip for Michelle S. D'Angelo ID# 000039973	2,000.00
Open Pantry Community Services, Inc.	Emergency Food Donation	4,500 00
Pawlet Food Pantry	emergency food assistance donation	500.00
Pioneer Valley Red Cross	emergency fire relief for NOHO and Holyoke	1,000.00
Pittsfield Beautiful, Inc.	support beautification programs in the City of Pittsfield	1,000.00
Polish Center of Discovery & Learning, Inc.	aupport renovation to the Polish Center	2,000.00
Rutland Area Food Shelf, Inc.	emergency food assistance donation	500.00
Rutland City Rescue Mission, Inc	Holiday Dinner for the needy/homeless	400 00
Rutland County Parent-Child Center	support educational programs for at-risk families	400.00
S I O.G.A Club of Berkehire County, Inc.	support for renovations at 81 Linden St , Pritsfield	2,500.00
Saddlewood Elementary School	support Olwaus Bullying Prevention Program	250 00
Scotia-Gienville Central School	educational grant for Scotla-Glenville Middle School	500.00
Share The Bounty	6th Annual Gingerbread House Competition	150.00
Soldier On, Inc	1st pymt of 2 yr \$25,000 grant for Co-op housing	12,500 00
South End Community Center, Inc	support for the Center's services and activities	5,000.00
Southern Berkshire Elderly Transporation	support for operating costs	750 00
Southern Berkshire Regional School Dist	purchase taptops for the District's Math Mastery Program	5,000 00
Southern Saratoga County YMCA	support for "Reach Out For Youth" program	250 00



Berkshire Bank Foundation Donations Made Short Period 11/1/2009 - 12/31/2009

Charity	Purpose	Amount
Southwick Family Support Center	Emergancy Food Donation	3,000 00
Springfield VACA, Inc.	1st pymt of 2 yr, \$10,000 00 pledge	5,000.00
Square One, Inc	South End Neighborhood Revitalization Coalition	5,000.00
Storefront Artist Project	support for Pittsfield downtown revitalization documentary	4,500.00
The Christian Center of Pittsfield, Inc.	support emergency roof repairs	2,500.00
The Clark	Business Benefactor Membership	1,000 00
The Jonathan Carey Foundation Trust	support mission to raise awareness/advocate	250 00
The Mentor Connector	support mentoring programs for at risk youth	1,000 00
Tony Strycharz Memorial Golf Classic	Silver Sponsorship	1,500.00
Tony Strycharz Memorial Golf Classic	additional donation for the Golf Classic	1,000 00
Town of Lenox	Lenox Environmental Committee "Take Charge"	1,500.00
Twin Rivers Council, BSA	scholarship support for low income scouts	250 00
University of Vermont (UVM)	Heather M. Snow ID# 952421913	2,000.00
USO Council of Pioneer Valley	Emergency Food Donation	2,500.00
Valley Opportunity Council	Emergency Food Donation	3,500.00
W K Doyle Mkddle School	support "Career Day" Merch 18, 2010	300,00
Westfield Police Dept Auxiliary Unit	support purchase of two way radios	500 00
WestMass ElderCare	Emergency Food Donation	3,000 00
Wille Ross School for Deaf	1st pymt of 2 yr pledge for "Transitton" program	5,000.00

189,205 00

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOME ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	PRESERVING THE PAST GRANT	12,500
SOLDIER ON INC ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	COOP HOUSING GRANT	12,500
SPRINGFIELD YMCA ON FILE - DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	GRANT	2,000
WILLIE ROSS SCHOOL FOR THE DEAF ADDRESS OF FILE DETAILS UPON REQUEST	NOT RELATED 501(C)(3)	GRANT FOR TRANSITIONING PROGRAM	5,000

TOTAL CONTRIBUTIONS APPROVED 35,000

V 09-8 7

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

BERKSHIRE BANK FOUNDATION INC Employer identification number Name of estate or trust FKA GREATER BERKSHIRE FOUNDATION INC 04-3365869 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 21,371. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. 21,371. Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b...... 27,972. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back. 27,972.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

•						
	dule D (Form 1041) 2009	-				Page 2
Pai	Summary of Parts I and II Caution: Read the instructions before completing this pa		(1) Beneficiaries' (see page 5)	(2) Estat or trust		(3) Total
42	<u> </u>	13	(see page 3)	Oi tiust	. 3	21,371.
13 14	Net short-term gain or (loss) 1 Net long-term gain or (loss):	13.				
		4a				27,972.
a h	· · · · · · · · · · · · · · · · · · ·	4b				
		4c		· 		
15	Total net gain or (loss). Combine lines 13 and 14a			-		49,343.
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	_	-T. Part I. line 4a) If line	s 14a and 15.	colum	
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part					
Pa					-	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Par					,
Note	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1	i in		ne 34) is a lo	SS COL	nolete the Capital Loss
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryover	.,				
Pai						
	n 1041 filers. Complete this part only if both lines 14a and 15 in colum			ount is ente	red ir	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more					
	t ion: Skip this part and complete the worksheet on page 8 of the instructi ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or	ions	· If			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are	gair	s, or qualified divide	ends are inc	luded	in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and	complete the works	sheet on pa	ge 8 (of the instructions if
	er line 14b, col (2) or line 14c, col (2) is more than zero			·	_	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)) .	17			
18	Enter the smaller of line 14a or 15 in column (2)	•				
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified		İ			
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0		22			
23	Subtract line 22 from line 17 If zero or less, enter -0-		23			
24	Enter the smaller of the amount on line 17 or \$2,300		24			
25	Is the amount on line 23 equal to or more than the amount on line 24?					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			1		
20	No. Enter the amount from line 23	• •	25			
26 27	Subtract line 25 from line 24	٠.	26			
21	Are the amounts on lines 22 and 26 the same?		37			
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	22	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
	Enter the different mile 25 (if mile 25 to blank, offer 6)	• •	· · 20			
29	Subtract line 28 from line 27		29			
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate			· · · · · <u></u>		
	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
		• •				_
32	Add lines 30 and 31	_			32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate	Sch	edule for Estates an	d Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041)				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 he	ere a	ind on Form 1041, S	Schedule		-

Schedule D (Form 1041) 2009

34

G, line 1a (or Form 990-T, line 36)

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. 2009

OMB No 1545-0092

Employer identification number Name of estate or trust 04-3365869 BERKSHIRE BANK FOUNDATION INC Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (e) Cost or other basis (see page 4 of the instructions) (d) Sales price (see page 4 of the (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (f) Gain or (loss) acquired (mo, day, yr) Subtract (e) from (d) instructions) (mo , day, yr) 1 a 21,371. 5515 SHARES PWR INDIA 07/15/2009 12/14/2009 119,991. 98,620.

21,371.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041), 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number

1250 SHRS ISHARES CHILI	Part II Long-Term Capital Gains a				1.00	
700 SHARES SPDR GOLD 09/20/2007 11/12/2009 76,375. 50,988. 25,3	(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
		06/20/2008	11/17/2009	64,548.	61,963.	2,585.
	700 SHARES SPDR GOLD	09/20/2007	11/12/2009	76,375.	50,988.	25,387.
						<u>,,,</u>
				<u>, </u>		
				V 10		
				, -		
6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b		· · · · ·			<u> </u>	27,972

Page 2



The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

BERKSHIRE BANK FOUNDATION, INC. Summary Screen

[?]

Halp with this form

Request a Certificate

The exact name of the Nonprofit Corporation: BERKSHIRE BANK FOUNDATION, INC.

The name was changed from: GREATER BERKSHIRE FOUNDATION, INC on 10/1/2009

Mergered with BERKSHIRE BANK FOUNDATION on 10/1/2009

Mergered with BERKSHIRE BANK FOUNDATION-PIONEER VALLEY on 10/1/2009

Entity Type: Nonprofit Corporation

Identification Number: 043365869

Old Federal Employer Identification Number (Old FEIN): 000572742

Date of Organization in Massachusetts: 04/14/1997

Current Fiscal Month / Day: 01 / 01

Previous Fiscal Month / Day: 01 / 31

The location of its principal office in Massachusetts:

No. and Street:

43 EAST STREET

City or Town.

PITTSFIELD

State: MA

Zip: 01202

Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street.

City or Town:

State.

Zip:

Country:

The name and address of the Resident Agent:

Name: No. and Street: PETER J. LAFAYETTE

<u>35 IVY LANE</u>

City or Town

PITTSFIELD

State: MA

Zip: <u>01201</u>

Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Lest, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	MICHAEL P. DALY	14 LYNNE COURT LANESBOROUGH, MA 01237 USA	Until Successor is Duly Qualified and Elected
CLERK	PETER J LAFAYETTE	35 IVY LANE PITTSFIELD, MA 01201 USA	Until Successor is Duly Qualified and Elected
TREASURER	KEVIN P. RILEY	128 BEE HILL ROAD	Until Successor is



	1	WILLIAMSTOWN, MA 01237 USA	Duly Qualified and Elected
DIRECTOR	MICHAEL P. DALY	14 LYNNE COURT LANESBOROUGH, MA 01237 USA	Until Successor is Duly Qualified and Elected
DIRECTOR	JOHN R HAND	241 HIGH HILL ROAD MANCHESTER CENTER, NY 05255 USA	Until Successor is Duly Qualified and Elected
DIRECTOR	MICHAEL D. FERRY	89 KIMBERLY DRIVE DALTON, MA 01228 USA	Until Successor is Duly Qualified and Elected
DIRECTOR	CATHERINE B MILLER	130 ROOT LANE SHEFFIELD, MA 01257 USA	Until Successor is Duly Qualified and Elected
DIRECTOR	WALLACE W. ALTES	23 VALLEYVIEW DRIVE ALBANY, NY 12208 USA	Until Successor u Duly Qualified an Elected
DIRECTOR	CORYDON L. THURSTON	484 STRATTON ROAD WILLIAMSTOWN, MA 01267 USA	Until Successor Is Duly Qualified and Elected
_	Manufacturer Confider Resident Agent For Prof		nual Report
Partnership Select a type of filling from ALL FILINGS Annual Report		it Merger Allowed	nual Report
Partnership Select a type of filing from	Resident Agent For Prof	Merger Allowed	nual Report
Partnership Select a type of filling from ALL FILINGS Annual Report Application For Revival Articles of Amendment	Resident Agent For Prof	Merger Allowed	nual Report
Partnership Select a type of filling from ALL FILINGS Annual Report Application For Revival Articles of Amendment	Resident Agent For Prof	it Merger Allowed	nual Report

PROBRAL IDENTIFICATION PROBRAL IDENTIFICATION NO. 04-145167

PHURNAL IUDNIIDULATRUN NO. <u>14-332179</u>

₹e: \$35.00

Kananiner

The Commonwealth of Massachusetts

William Francie Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF MERGER

(General Laws, Chapter 180, Section 10A) Foreign and Domestic Corporations

Merger of

Berkehlre Bank Foundation, a Delaware corporation,

Berkehire Bank Foundation-Pioneer Valley, a Deleware corporation

and

Greater Berkshire Foundation, Inc., a Massachusetts corporation,

the constituent corporations, into

Greater Berkshire Foundation, Inc., one of the constituent corporations.

The undersigned officers of each of the constituent corporations certify under the penalties of perjuty as follows:

- 1. The agreement of merger was duly adopted in accordance with and complies with the requirements of the laws of Massachusatis. The surviving coeporation shall furnish a copy of the agreement of marger to may stockholder or member or to any person who was a member or stockholder of any constituent corporation upon written request without change.
- The effective date of the merger determined pursuant to the agreement of merger shall be the date approved and filled by the Secretary of the Commonwealth. If a later effective date is desired, specify such date, which shall not be more than thirty days after the date of filing:

The effective date of the merger shall be October 1, 2009.

(For a merger) (a) The following amendments to the Articles of Organization of the surviving comparation have been effected pursuant to the agreement of morger

On the Effective Date, the same of the surviving entity shall be Berkshire Bank Foundation, Inc.

П M

- 4. The information contained in Item 4 is not a permanent part of the Articles of Organization of the surviving corporation.
 - (a) The excest address of the surviving corporation in Manachusetts in (past office boxes are not acaptable)
 43 East Street, Fittsfield, Massachusetts 01201
 - (h) The name, residential address and post office address of each director and officer of the surviving composition is:

	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
Presidenti	Michael P. Daly	14 Lynne Court	14 Lynne Court
	·	Lanceborough, MA 01237	Lancaborough, MA 01237
Treasurer;	Kevin P. Riley	128 Bee Hill Road	128 Bee Hill Road
		Williamstown, MA 01237	Williamstown, MA 01237
Clerk;	Peter J. Lafayette	35 Ivy Lane	35 Tvy Lane
		Pittsfield, MA 01201	Pittoffeld, MA 01201
Vice President:	Guyle F. Fawcett	327 Cross Place Road	327 Cross Place Road
		Washington, MA 01223	Weshington, MA 01223
Vice President:	Michael J. Perry	89 Kimberly Drive	89 Kimberty Drive
		Dalton, MA 01226	Delton, MA 01226
Vice President:	Shopard Rainie	76 Lexington Parkway	76 Lodogton Parkway
		Pinsfield, MA 01201	Pittefield, MA 01201
Directors:	Michael P. Daly	14 Lynne Court	14 Lynne Court
	4	Lanesburough, MA 01237	Lanesborough, MA 01237
	Michael J. Ferry	89 Kimberly Drive	89 Kimberly Drive
		Dalton, MA 01226	Dalton, MA 01226
	Catherine B. Miller	130 Root Lane	130 Root Lang
	}	Sheffield, MA 01237	Sheffield, MA 01257
	Corydon L. Thurston	464 Strutton Road	464 Stratton Road
	<u> </u>	Williamstown, MA 01267	Williamstown, MA 01267
	Wallace W. Atles	65 Third Street, Apr. 50	65 Third Street, Apt, 50
		Troy, NY 12180	Troy, NY 12180
	John R. Hand	241 High Hill Road	241 High Hill Road
		Manchester Center, VT 03235	Manchester Center, VT 05255

- (c) The fiscal year (i.e. tax year) of the surviving corporation shall end on the last day of the month of December
- (d) The name and business address of the resident agent, if any, of the surviving corporation is:

Peter J. Lafayeste, 43 Enst Street, Physicald, Massachusetts 01201

FOR MASSACHUSETTS CORPORATIONS

The undersigned President and Clerk of Greater Bedshire Foundation, further state under the penalties of parjury that the agreement of surres approved in the manner required by General Laws, Chapter 180, Section Articles of Organization of such comparation at a meeting of directors of	r has been duly executed on behalf of such corporation and duly 10 and in compliance with all pertinent requirements of the
Merky	President
Octor & Safainth.	Clerk
for corporations organized other than in ma	SBACHUSETTS
The undersigned President and Secretary of Berksbire Bank Foundation under the penalties of perjuty that the agreement of marger has been do manner required by the laws of Delaware and in compliance with all percorporation on: 1. 1. 1. 1. 1. 1. 1. 2009.	tly executed on behalf of such corporation and duly approved in the rinear requirements of the Articles of Organization of such
Pt Ald He	President
- orien of a reforgiver	Secretary
The undersigned President and Secretary of Berkshire Bank Foundation Delaware, further state under the ponalities of perjusy that the agreement and fully approved in the manner required by the laws of Delaware and Organization of such corporation on Though 13 2009.	t Of metree has been duly executed on behalf of such commentes.
CANICAL .	President
Brail Makey	Secretary
Cornellus D. Mahoney	•

MA SOC Filing Number: 200976338480 Date: 09/30/2009 4:26 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fcc having been paid, said articles are

deemed to have been filed with me on: September 30, 2009 4:26 PM

WILLIAM FRANCIS GALVIN

Thetein Fraing Daluis

Secretary of the Commonwealth

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

Internal Revenue S	ervice			► File	a separate	applicat	ion for eac	h return.	_					
 If you are fi 		n Automatic 3	-Month	Extension	n, comple	te only !	Part I and	check this	s box					▶ X
 If you are find the second of t	iling for a	n Additional (N	Not Au	tomatic) 3-	-Month Ex	ctension	, complet	e only Pa	rt II (on					
Part L Auto	matic 3	Month Exter	nsion	of Time. C	only subn	nit origir	al (no c	opies nec	eded).					
A corporation i										this t	oox and co	omplet	e	
Part I only				•••••				• • • • •		٠.				.▶ ∐
All other corpo time to file inco			20-C fil	'ers), partn	erships, F	REMICs,	and trust	's must u	se For	m 7	004 to n	eques	t an ext	ension of
Electronic Filings one of the refuelectronically returns, or a constant of the second	turns not if (1) you composite	ed below (6) want the add or consolidate	month: ditional ed Fror	s for a co. I (not autor m 990-T. Ir	rporation matic) 3-r istead, yo	required se nonth s tsum u	I to file I tension o submit the	Form 990 or (2) you e fully cor	-T) Ho file Fo npleted	owev orms d and	er, you d 990-BL, d signed (canno 6069 page 2	t file Fo , or 887 2 (Part II)	rm 8868 0, group
Type or	Name of	Exempt Organiz	zation								Employ	er iden	tification	number
print	Great	er Berkshi	ıre E	Coundati	ion, Ir	ic.					04-33	6586	9	
File by the		, street, and room					าธ							
due date for	P.O.B	ox 1308												
filing your return. See		vn or post office	, state,	and ZIP code	e. For a fore	ign addre	ss, see insi	tructions						
instructions		field,MA (•	·							
Chack type o		to be filed (file			ration for 6	and retu	co).							
Form 990		to be med (me		Form 990-T			11 <i>1</i>).			Eas	rm 4720			
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Form 990				Form 990-T	•				\vdash		rm 5227			
Form 990			_	Form 990-T	•	r than abo	ve)		\vdash		rm 6069			
X Form 990	HPF		Ш	Form 1041-	A				لـــا	Fo	rm 8870			
 If the organ If this is for for the whole gnames and Elin 1 I request until 8/1 for the or X 	nization d r a Group group, ch Ns of all r st an a 15 rganizatio calenda tax year	nembers the e utomatic 3-m 20 n's return for:	en office the org	anization's If it is fo on will cover (6 month , to file the	four digit r part of t r rs for a exempt o	ss in the Group E the group Corpor Co	United Si exemption , check the ation return	Number (ins box quired to n for the conting Dece	this bogen) file file figaniz	For ration	n named	a list i) ex above	tension	of time tension is
3a If this ap	pplication	is for Form 9	90-BL	, 990-PF, 9	990-T, 47	 20, or €	069, ent	er the ter	ntative	tax,	less any			
		dıts. See instru				-				•	,	38	\$ 3,4	22.00
		is for Form 99			enter any	refundat	le credits	and estin	mated t	tax r	payments		T	
•	•	prior year ove			•					•	•		\$ 1,4	122.00
		tract line 3b f					with this	form, or.	if real	uired	deposit			
		n or, if requi			-			-	•			170		
Instructio	=		, ~	, ==						-,	,. 444			00.00
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Caution. If you	-	•	electro	INC TUNG W	murawa! \	VIUI INIS	rum 886	o, see Fo	ım 845	JJ-E	o ano Fo	m 887	/ 9-FO	
for payment in														
For Privacy A	ct and Pa	perwork Reda	uction	Act Notice	, see instr	uctions.						Form	8868 (R	ev 4-2009)

Form	8868 (Rev. 4-2009)	Page 2	
• #	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	X	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.			
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization number Employer Identification number			
Typ	9.05		
prir	t GREATER BERKSHIRE FOUNDATION INC 04-350506)9	
exter	data for		
fiting redun		····	
	Ck type of return to be filed (File a separate application for each return): Form 990	Form 6069 Form 8870	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.			
• The books are in the care of MARY ELLEN PUNTIN			
T	Telephone No. ▶ 413 447-1724 FAX No. ▶ 413 236-0975		
● If the organization does not have an office or place of business in the United States, check this box			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is			
for the whole group, check this box ▶			
list with the names and EINs of all members the extension is for.			
4	10/21/2000		
	For Calendar year of Outer tax year beginning		
8	If this tax year is for less than 12 months, check reason: Initial return Final return X Change in accounting period		
7	7 State in detail why you need the extension		
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO			
	COMPLETE AN ACCURATE RETURN.		
			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	8a \$ 1,422.	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
	previously with Form 8868.	8b \$ 1,422.	
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	
	Signature and Verification		
	r penalties of perjury. I declare that I have examined this form, including accompanying schedules and statements, and to the best of the correct, and complete, and that I am authorized to prepare this form.	f my knowledge and belief,	
Signa	ture Jany a. Halojian Je. THE TAX MANAGER Date	08/11/2010	
	WOLF & COMPANY, PC	Form 8868 (Rev. 4-2009)	
99 HIGH STREET, 21ST FLOOR			
	BOSTON, MA 02110		