See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10/1/2009 , and ending 9/30/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Upper Housatonic Valley Nationall Heritage Area, Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 493

City, town, or country State ZIP + 4
Salisbury CT 06068

D Employer identification number
06-1613798

E Telephone number
(860) 435-9505

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ www.upperhousatonicheritage org

J Tax-exempt status (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 296,882

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	296,238
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 644		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	644
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	296,882
Expenses	10	Grants and similar amounts paid (attach schedule)		10	19,667
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	148,575
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	16,238
	16	Other expenses (describe ▶ See Attached Statement)		16	97,527
	17	**Total expenses.** Add lines 10 through 16 ▶		17	282,007
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	14,875
	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	33,404
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	48,279

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	33,404	22	48,279
23 Land and buildings	0	23	0
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	33,404	25	48,279
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21).	33,404	27	48,279

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Preservation/Celebration of Local Heritage

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28 Education Programming: See attached (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	33,100
29 Management Planning: See attached. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	44,700
30 Heighton Appreciation See attached. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	40,350
31 Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	31,850
32 **Total program service expenses.** (add lines 28a through 31a) ▶	32	150,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William L. Crow III (Feb 2014) PO Box 157 Salisbury CT 06068	Title Hr/WK 4 00	0	0	0
Rachel Fletcher (Feb 2014) 113 Division Street Great Barrington MA 01230	Title Hr/WK 6 00	0	0	0
Paul W. Ivory (Feb 2014) 54 Grove Street Great Barrington MA 01230	Title Secretary Hr/WK 3.00	0	0	0
Beryl Jolly (Feb 2013) 54 Grove Street Great Barrington MA 01230	Title Hr/WK 3.00	0	0	0
Ronald D. Jones (Feb 2012) PO Box 1942 Lakeville CT 06039	Title Chairman Hr/WK 12 00	0	0	0
Edward Kirby (Feb 2012) 100 Cornwall Bridge Road Sharon CT 06069	Title Hr/WK 4.00	0	0	0
Steve McMahon (Feb 2014) 1 Sergeant Street Stockbridge MA 01262	Title Vice Chairman Hr/WK 4 00	0	0	0
Raymond Murray (Feb 2013) 50 Limestone Road Lee MA 01238	Title Hr/WK 3.00	0	0	0
Dennis Regan (Feb 2012) PO Box 251 South Lee MA 01260	Title Hr/WK 4 00	0	0	0
Stephen A. Sears (Feb 2013) Crane and Co., Inc. Dalton MA 01226	Title Hr/WK 2 00	0	0	0
Philip Smith (Feb 2013) 131 Fox Run Lee MA 01238	Title Hr/WK 2.00	0	0	0
Talbott Smith (Feb 2014) 26 Green Hill Road Kent CT 06757	Title Treasurer Hr/WK 4.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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.	40e		X

41 List the states with which a copy of this return is filed. ▶ CT

42 a The organization's books are in care of ▶ Dan Bolognani - Executive Director Telephone no ▶ (860) 435-9505

Located at ▶ 24 Main Street PO Box 493 City Salisbury ST 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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's 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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each 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

Ronald D Jones — 5/4/2011

Signature of officer — Date

RONALD D JONES, CHAIRMAN

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
R. William Parrotte	4/25/2011	▶ X	P00068355

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no
RWP Tax and Accounting, LLC 789 Main Street Suite 2, Great Barrington, MA 01230	▶ 27-3579078	▶ (413) 644-9949

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Upper Housatonic Valley Nationall Heritage Area, Inc.	06-1613798

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . 11g(i) No X

(ii) A family member of a person described in (i) above? . . . . . 11g(ii) No X

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) No X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,140	50,634	77,096	175,158	296,238	639,266
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0		0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	40,140	50,634	77,096	175,158	296,238	639,266
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)						62,134
6 **Public support.** Subtract line 5 from line 4.						577,132

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	40,140	50,634	77,096	175,158	296,238	639,266
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	573	0	0	573
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	189	0	2,614	644	3,447
11 **Total support.** Add lines 7 through 10						643,286

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 2009 (line 6, column (f) divided by line 11, column (f))	14	89.72%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	99.04%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☒

b **33 1/3% support test–2008.** 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–2009.** 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–2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ► ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests–2009.** 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–2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part II Line 10 Receipts from services related to exempt function: 2006: $189, 2008: $2,614; 2009 $644.

990 – Part III - Fiscal 2010: 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.

    $ 18,500

  - 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

    $ 4,500

  - Collaborate with Mass College of Liberal Arts (MCLA) to develop a Masters level Independent Study course for regional teachers

    $ 2,100

  - 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.

    $ 8,500

  Total – Educational Programming $ 33,100

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

  Ongoing Projects Include:

  - Meetings with stakeholders and others, including administrative support for programs, projects, management plan work.

    $ 3,500

  - Consulting services of a qualified consultant and with work same to develop a functional draft Management Plan. This portion includes the development of the Environmental Assessment portion of the MAP.

    $ 38,700

  - Publication, public comment, design and printing, final dissemination of the completed management action plan

    $ 2,500

  Total – Management Planning $ 44,700

- 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:

- Implement (planning phase) a recreational river-access program that may include map, brochure, website and interactive kiosk. Companion piece - devise a complimentary "river conservation" map to inform river users and visitors about conservation measures that they can adopt.

  $ 6,500

- Expand and broaden the diversity of Heritage Walks Weekends in Autumn, a collaboration of dozens of organizations and individuals.

  $ 8,600

- Explore and celebrate contemporary and historic Native American culture through festivals, education and interpretive materials.

  $ 4,200

- 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.

  $ 7,500

- Expand the depth of research into the African American Heritage Trail, including interpretive work at the DuBois homestead.

  $ 1,300

- Work with history partners to promote capacity-building and to knit together a better understanding of the region's industrial history through interpretive projects.

  $ 6,750

- Development of a regional system of walking, biking and hiking trails to connect people with heritage resources.

  $ 5,500

Total – Heighten Appreciation $ 40,350

- 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.

    $ 17,500

  - 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.

    $ 11,750

  - 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.

	$ 2,600
Total – Preserve & Enhance	**$ 31,850**
Total – All Programs	**$150,000**

Educational programming	$33,100
Develop the Management Plan	$44,700
Heighten appreciation for natural, cultural and historic assets of the region	$40,350
Preserve and enhance the region's history and historical resources	$31,850

Total: $150,000

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Educational	Hancock Shaker Village	X	PO Box 927	Pittsfield	MA	01202	
2	Educational	Stone Soup, Inc.	X	PO Box 83	Santa Cruz	CA	95063	
3	Educational	Berkshire Museum	X	39 South Street	Pittsfield	MA	01201	
4	Educational	West Stockbridge Historical Cor	X	21 State Line Road	West Stockbridge	MA	01266	
5	Educational	Sharon Historical Society	X	18 Main Street	Sharon	CT	06069	
6								
7								
8								
9								
10								

19,667 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
5,000								
3,000								
5,000								
2,167								
4,500								

Part I, Line 16 (990-EZ) - Other Expenses

			97,527
1	Travel	1	9,301
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	3,937
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	575
9	Interest	9	
10	Supplies	10	514
11	Telephone	11	763
12	Unrelated business income taxes	12	0
13	Advertising	13	19,892
14	Website Development	14	2,956
15	Program relates contracts	15	56,781
16	Miscellaneous	16	229
17	Insurance	17	768
18	Membership Dues	18	1,000
19	Website Hosting	19	811
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
Preserve and Enhance See attached.	
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	31,850
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 0 Total	31,850