



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****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 10/1/2010, 2010, and ending 9/30/2011, 20

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

C Name of organization
Upper Housatonic Valley National Heritage Area, Inc.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 493
 City or town, state or country, and ZIP + 4
Salisbury, CT 06068

D Employer identification number
06-1613798

E Telephone number
860-435-9505

F Group Exemption Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ►

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	291,424
	2	Program service revenue including government fees and contracts	2	2,445
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	446
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	446
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	294,315
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	32,503
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	90,319
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	20,770
	16	Other expenses (describe in Schedule O)	16	133,440
	17	Total expenses. Add lines 10 through 16	17	277,032
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,283
	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	48,279
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	65,562

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

70-9

h

SCANNED JUN 22 2012

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48,279	22 65,562
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	48,279	25 65,562
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,279	27 65,562

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this 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 Educational Programming (See Attached)		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	35,200
29 Management Planning (See Attached)		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	6,200
30 Heighten Appreciation (See Attached)		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	51,100
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	54,500
32 Total program service expenses (add lines 28a through 31a) ☐	32	147,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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) P.O. Box 157, Salisbury, CT 06068	4.00	0	0	0
Rachel Fletcher (Feb 2014) 113 Division Street, Great Barrington, MA 01230	4.00	0	0	0
Paul W. Ivory (Secretary) (Feb 2014) 54 Grove Street, Great Barrington, MA 01230	Secretary - 3.00	0	0	0
Beryl Jolly (Feb 2013) 244 Main St., Great Barrington, MA 01230	3.00	0	0	0
Ronald D. Jones (Chair) (Feb 2012) 87 Canaan Road, 4B, Salisbury, CT 06068	Chairman - 10.00	0	0	0
Edward Kirby (Feb 2012) 100 Cornwall Bridge Road, Sharon, CT 06069	5.00	0	0	0
Steve McMahon (Acting Chair) (Feb 2014) 7 Pomeroy Street, West Stockbridge, MA 01222	Vice Chairman - 4.00	0	0	0
Raymond B. Murray III (Feb 2013) 50 Limestone Rd.- POBox 339, Lee, MA 01238	3 00	0	0	0
Dennis Regan (Feb 2012) P.O. Box 251, South Lee, MA 01260	4.00	0	0	0
Stephen A. Sears (Feb 2013) 260 North Mountain Road, Dalton, MA 01226	2.00	0	0	0
Philip Smith (Feb 2013) P.O. Box 470, Lee, MA 01238	2.00	0	0	0
Talbott Smith (Treasurer)(Feb 2014) 26 Green Hill Rd, Kent, CT 06757	Treasurer - 4 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a 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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ CT		
42a The organization's books are in care of ▶ <u>Dan Bolognani, Executive Director</u> Telephone no. ▶ <u>860-435-9505</u> Located at ▶ <u>24 Main St., PO Box 493, Salisbury, CT</u> ZIP + 4 ▶ <u>06068</u>		
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	✓
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	✓
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 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
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
None				

f Total number of other employees paid over \$100,000 **0**

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
None		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer: Ronald D. Jones Date: May 15, 2012

Ronald D. Jones, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions ☐ 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

2010

**Open to Public
Inspection**

Name of the organization

Upper Housatonic Valley National Heritage Area, Inc.

Employer identification number

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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,634	77,096	175,158	296,238	291,424	890,550
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	
4 Total. Add lines 1 through 3	50,634	77,096	175,158	296,238	291,424	890,550
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)						75,000
6 Public support. Subtract line 5 from line 4.						815,550

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	50,634	77,096	175,158	296,238	291,424	890,550
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	573	0	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.)	189	0	2,614	644	446	3,893
11 Total support. Add lines 7 through 10						895,016
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 2010 (line 6, column (f) divided by line 11, column (f))	14	91.00 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89.72 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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

Part II Line 10 Receipts from services related to exempt function - 2006: \$189, 2008: \$2,614, 2009: \$644, 2010: \$446

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Upper Housatonic Valley National Heritage Area, Inc.

Employer identification number

06-1613798

Part III - Statement of Program Service Accomplishments - Line 31 - Preserve and Enhance - \$54,500 (See Attached)

Part 1, Line 16 (990-EZ) - Grants and Similar Amounts Paid

\$133,440

1	Travel	1	\$3,729
2	Meals and Entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions & meetings	5	\$10,634
6	Depreciation	6	
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	\$1,063
11	Telephone	11	\$1,920
12	Unrelated business income taxes	12	
13	Advertising	13	\$19,671
14	Website development	14	
15	Program related contracts	15	\$88,219
16	Miscellaneous	16	\$221
17	Insurance	17	\$754
18	Membership Dues	18	\$980
19	Website hosting	19	\$6,249
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

06-1613798

Grant Project Name	Applicant Name	Applicant Organization	Address 1	City	State	Zip	Email Address	Phone
Egremont Town Archives: A Plan	Maxine Lome	Egremont Historical Society	PO Box 334	S. Egremont	MA	01258	maxineconsults@aol.com	413-528-1827
Visit Cornwall	Gordon Ridgway	Town of Cornwall	Box 97	Cornwall	CT	06753	cwselectmen@optonline.net	860-672-4068
Shaker Architecture and Communi	Todd Burdick	Hancock Shaker Vill	PO Box 927	Pittsfield	MA	01201-7513	tburdick@hancocksf.org	413-443-0188 x.216
Historic Egremont Census Year 2	Lynn Wood	Friends of Egremont	PO Box 448	S. Egremont	MA	01258	registr@researchatatl.com	413-528-3919
Monterey Cataloguing Project	Robert Rausch	The Monterey Histor	PO Box 214	Monterey	MA	01245	brauschgoldfarm@comcast.net	413-528-3219
The Lower Carroll Paper Mill Site	Martha Bryan	New Marlborough L	PO Box 258	Mill River	MA	01244	mbryan@fairpoint.net	413-229-8633
Umbrella Festival - feasibility stuc	Helena Fruschio	Berkshire Creative	66 Allen Street	Pittsfield	MA	01201	info@berkshirecreative.com	(413) 499-4000
Mum Bett Freeman Interpretive C	Jocelyn Forbush	The Trustees of Res	572 Essex Street	Beverly	MA	01915-1530	jforbush@ttor.org	413-532.1631 x13

[illegible]

**FY 2011 Project Workplan
Federal Funds Allocation
Upper Housatonic Valley National Heritage Area
2011 Project Scope and Work Plan/Budget**

- Provide educational programming for historic, cultural and natural resource preservation and stewardship, including the development of classroom curricula, field trips, professional development for teachers and immersion courses for residents, teachers and students. Portions of this programming may be broadened and adapted as the Management Plan is finalized and adopted.

Projects include:

- The annual Upper Housatonic Valley Experience, a Masters level 3-credit course for area teachers to build curriculum for local schools.
\$ 22,000
- Create a new Masters level course to immerse area school teachers in an arts & culture curriculum (likely to include collaboration with University of Connecticut, Massachusetts College of Liberal Arts and Berkshire Community College).
\$ 8,500
- Implement “Writers’ Residency” program at the National Historic Landmark - Herman Melville’s home “Arrowhead”, Berkshire Historical Society and Pittsfield Public Schools.
\$ 4,200
- Collaborate with Mass College of Liberal Arts (MCLA) to develop a Masters level Independent Study course for regional teachers.
\$ 9,500
- Build upon existing relationship with Native American groups to provide place-based educational programming (cultural and historic) and for programming with ties to contemporary Native American culture.
\$ 19,000
- Coordinate month-long celebration (February) of W.E.B. Du Bois as an educator with programs by Friends of the Du Bois Homesite, the Du Bois Center of American History, the Du Bois Center of UMASS Amherst, Bard College at Simon’s Rock, Clinton A.M.E. Zion Church, others.
\$ 7,200

Total – Educational Programming \$ 35,200

- Finalize and adopt 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 to promote and adopt the Management Plan.
\$ 5,500
 - Consulting services of a qualified consultant and work with same to finalize and submit to DOI a final draft Management Plan.
\$ 3,700
 - Publication, public comment, design and printing, final dissemination of the completed management action plan.
\$ 3,200
- Total – Management Planning \$ 6,200**

- Heighten appreciation for the natural, cultural, and historic assets of the region through research and interpretive materials, signage and accessibility. Portions of this programming may be broadened and adapted as the Management Plan is finalized and adopted.

Projects include:

- Implement a performing-arts interactive website and map in conjunction with planned heritage walks to illuminate the historical aspects.
\$ 6,200
- Expand and broaden the diversity of Heritage Walks Weekends in Autumn, a collaboration of dozens of organizations and individuals.
\$ 35,600
- Explore and celebrate contemporary and historic Native American culture through festivals, education and interpretive materials.
\$ 12,200
- Finalize and implement a program to explore 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.

\$ 5,000

- Expand the depth of research into the African American Heritage Trail, including interpretive work at the Du Bois boyhood homesite (in cooperation with UMass Amherst and others), open the African American Heritage Interpretive Center at the Ashley House for permanent exhibition on Elizabeth 'Mumber' Freeman (begun 2010), publish two brochures: W. E. B. Du Bois in Great Barrington (self guided tour) and 54th MA Regiment, Participate in "Lift Ev'ry Voice" region-wide celebration of African American culture (June/July)

\$ 12,400

- Work with The Great Barrington 250th Anniversary Committee to celebrate William Stanley Month, as part of its year-long celebration. This is the 125th anniversary of Stanley's landmark experimentation with alternating current electricity.

\$ 7,500

- Continue working with history partners to promote capacity-building and to knit together a better understanding of the region's history through collections-cataloguing and sharing, interpretive projects, public outreach.

\$ 8,850

- Conduct a base line inventory of natural resources, to provide focus on important features and related themes that will provide guidance for future projects. Utilize local resources of individuals and organizations to review / refine this inventory.

\$ 6,750

- Continue to promote the development and sustainability of a series of trails and trail systems throughout the Heritage Area. These trails and trail systems may already exist or be developed and created as hiking and multi-use trails, water recreation trails, bike paths and automobile touring trails.

\$ 7,700

Total – Heighten Appreciation \$ 51,100

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

Projects include:

- Formally recognize two new sites on the African American Heritage Trail: Second Congregational Church (of Rev. Samuel Harrison) in Pittsfield and Simon's Rock Library, home of W E B Du Bois Memorial Committee, in Great Barrington.

\$ 14,500

- Continuing the monitoring of the stabilization and preservation of the 1874 Beckley Dam for the purpose of further study of the power system of the blast, further analysis of the two turbines at Beckley (goal is to construct a protective cover for each with interpretive signage concerning their operation), at Beckley Furnace attempt a study of the foundation east of the furnace to learn more about the stove system that heated the air blast, and continue the study of the Barnum and Richardson Company, its contributions to two centuries of iron production and the individual family members who contributed to U. S. iron making and who were involved the last day cessation of local iron production.

\$ 8,800

- Work with history organizations to inventory and catalog collections, and make those catalogues available to the public, increase accessibility to archives related to the African American Heritage Trail, develop an experiential educational program for elementary and secondary students, and create a one-day educators retreat, develop a "museum in a box" kit for classroom use, and to organize field trips, both tied to Massachusetts curriculum standards, organize collections and digitize information on the collections, create a 19th Century Local History Curriculum compatible with Grade 3 Social Studies Massachusetts Frameworks, develop classroom lessons and field trips about the historical influence of natural resources on wildlife, create a new curriculum programs for grades K-12 on the innovative architecture and town planning of the Hancock Shaker Village, 1790-1960, tying it to current eco friendly, sustainable planning and create an interactive website which will expand access to digitized data, and to initiate an oral history project.

\$ 85,700

Total – Preserve & Enhance \$ 54,500

Total – All Programs \$ 147,000

Summary of project funding

Educational programming	\$ 35,200
Develop the Management Plan	\$ 6,200
Heighten appreciation for natural, cultural and historic assets of the region	\$ 51,100
Preserve and enhance the region's history and historical resources	<u>\$ 54,500</u>
Total: \$147,000	