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SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization
BERKELLEY COMMUNITY PRIDE, INC. 30-0183479

Inspection Employer identification number

Par	Reason f	or Public Cha	rity Status (All orgá	nizations	s must c	omplete	this par	rt.) See ii	nstructio	ons.
The o			ition because it is: (Fo							
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		on operated for)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described in
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 i	n section 170(b)(1)(A))(vi). (Con	nplete Pa	art II.)				
9 /	receipts from	activities related	receives: (1) more that to its exempt funct	ions—sut	oject to d	certain ex	ceptions	s, and (2)	no more	than 331/3% of its
	acquired by th	ne organization a	nt income and unrel fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	olete Pari			x) from businesses
10	☐ An organization	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).	
11	purposes of c	one or more pub	nd operated exclusive blicly supported organ describes the type of	nizations	describe	d in sect	on 509(a	ı)(1) or se	ection 50	9(a)(2). See section
	a 🗌 Type I	ь 🗆	Type II c	□ Туре	III-Funct	ionally in	tegrated		dГ	Type III-Other
е	☐ By checking ti	his box, I certify Indation manage	that the organization ers and other than one	ıs not coı	ntrolled o	lirectly or	ındirectly		or more	disqualified persons
f	If the organiz	ation received a	a written determination	on from t	he IRS t	that it is	а Туре	l, Type l	I, or Typ	
_	•	check this box .						 		🗆
g	following pers	ons?	he organization accep							
			ndirectly controls, eitlody of the supported of						dın (iı) ar 	nd Yes No
	(ii) A famıly m	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ıı) a	above? .					11g(iii)
h	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					
(i) I	Name of supported organization	ame of supported (ii) EIN (iii) Type of organization		(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 US?		(vii) Amount of support
			,	Yes	No	Yes	No	Yes	No	
(A)										
(B)			-							
(C)										
(D)										
(E)							-			
Tatal	-	*			200					

NA

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.)

Secti	on A. Public Support		·				
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	_				_	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u></u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			· · · · · · · · · · · · · · · · · · ·			
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	 .					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	**************************************		**************************************	. 1 % A		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	•			· •		
	organization, check this box and stop he			<u> </u>	· · · · ·	· · · · · ·	<u> </u>
	on C. Computation of Public Suppor			4 1 (0)			
14	Public support percentage for 2011 (line 6		-			14	
15 16a	Public support percentage from 2010 Sci 331/3% support test—2011. If the organization	nedule A, Part	II, IINE 14 . check the box	on line 13 and	 d line 1 <i>4</i> is 331	7% or more, cl	meck this
100	box and stop here. The organization qua						
b	331/3% support test—2010. If the organ	•	• • •	_			
_	check this box and stop here. The organ						· > 🗀
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f	011. If the orga	anization did no and-circumsta	ot check a box nces" test, che	on line 13, 16 eck this box ar	nd stop here. E	line 14 is Explain in apported
	organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization in the control of the c	tion meets the leets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	is box and sto	op here.
18	Private foundation. If the organization di					this boy and	· 🟲 📙
	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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						2 0
	received. (Do not include any "unusual grants.")	1		_		3,899	3,899
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					11 7 4 2	11.0.1.0
	unrelated trade or business under section 513	1				4,763	4,763
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf					,	
5	The value of services or facilities				1		
J	furnished by a governmental unit to the						l
	organization without charge						
6	Total. Add lines 1 through 5		 			8,667	8,662
	Amounts included on lines 1, 2, and 3					0,000	0/000
<i>,</i> a	received from disqualified persons .						1
L .	, ,	ļ			 		
b	Amounts included on lines 2 and 3				1	1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1	1	
_	·	<u> </u>	 		-	<u> </u>	
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	*44,33924.			100	<45 4	8,662
	line 6.)	, #s-4	** 3%	*	* 10.57	<u> </u>	0/000
	on B. Total Support	(-) 0007	(h) 0000	(-) 0000	(4) 0040	(-) 0011	/A Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	ļ	ļ				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					76	11
	royalties and income from similar sources .		ļ		ļ	10	76
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					76	7-6
11	Net income from unrelated business						
	activities not included in line 10b, whether				1	1	
	or not the business is regularly carried on				1	1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			-			2 (
	and 12.)					76	76
14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support						
15	Public support percentage for 2011 (line			3. column (fl)		15	%
16	Public support percentage from 2010 Sci						%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2011. If the organ	nization did no	t check the box	on line 14. a	nd line 15 is m		
134	17 is not more than 331/3%, check this box						
_	331/3% support tests—2010. If the organiz						
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	_				·
711	- cusare concetton, a cel dicalitzadoli di			. 130. UL 130.	~ HIIO DUX	with occ Hall D	~

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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).
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BERKELEY COMMUNITY PRIDE INC 142 NORTH QUEEN ST SUITE 201 MARTINSBURG WV 25401



DECLARATION

033106

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Tessue

Tessue

Title

' '