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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization's mission

IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 470,121 including grants of \$ 356,587) (Revenue \$)

GOAL 1 ENSURE KINDERGARTEN READINESS BY - INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION - BUILDING STRONG CONNECTIONS TO PARENTS TO SUPPORT CHILD HEALTH AND EDUCATION AT HOME - PROVIDING EARLY INTERVENTION AND REFERRAL SERVICES TO ADDRESS HEALTH OR DEVELOPMENTAL ISSUES EARLY ON RESULTS TO DATE - NUMBER WHO ATTENDED EARLY CHILDHOOD EDUCATION AND CARE SETTINGS GOAL 1,193, ACHIEVED 1,200, 101% -- AND OF THOSE 68% SHOWED PROGRESS IN ALL FIVE DEVELOPMENTAL AREAS - 98% OF STAFF IN THESE PROGRAMS RECEIVED PROFESSIONAL DEVELOPMENT OR CONTINUING EDUCATION CREDITS - 87% OF PARENTS THAT TOOK PART IN FAMILY STRENGTHENING PROGRAMS SHOWED IMPROVEMENT IN THEIR ABILITY TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND LEARNING - 94% OF CHILDREN WHO RECEIVED EARLY INTERVENTION TREATMENT SHOWED IMPROVEMENT - PARTNERED WITH BERKSHIRE PRIORITIES, A VOLUNTEER INITIATIVE MADE UP OF COMMUNITY LEADERS, TO LAUNCH PITTSFIELD PROMISE, A PILOT PROGRAM SPECIFICALLY TARGETED TO IMPROVE READING PROFICIENCY TO 90% BY 2020 WITH A COMMITMENT TO EXTEND COUNTY-WIDE WITHIN TWO YEARS

4b

(Code) (Expenses \$ 859,776 including grants of \$ 603,020) (Revenue \$)

GOAL 2 ENSURE YOUNG ADULTS SUCCESSFULLY TRANSITION TO WORK, HIGHER EDUCATION OR TRAINING BY - ADDRESSING YOUTH SUBSTANCE USE THROUGH THE PITTSFIELD PREVENTION PARTNERSHIP AND USING AN "ENVIRONMENTAL MANAGEMENT" APPROACH THAT GOES BEYOND GENERAL AWARENESS TO WORKING TO CHANGE THOSE THINGS IN THE COMMUNITY THAT ARE RELATED TO SUBSTANCE USE AND RISKY BEHAVIORS, EDUCATING THE COMMUNITY ABOUT LAWS AND POLICIES RELATED TO UNDERAGE DRINKING AND DRUG ABUSE, AND ASSISTING THE COMMUNITY IN RECOGNIZING AND SUPPORTING PROTECTIVE BEHAVIORS - ADDRESSING TEEN PREGNANCY THROUGH A COMMUNITY-WIDE INITIATIVE - "FACE THE FACTS-REDUCE TEEN PREGNANCY" FOCUSED ON FOUR STRATEGIES INCREASED ACCESS TO YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES, YOUTH ENGAGEMENT, COMPREHENSIVE SEXUALITY EDUCATION ACROSS GRADE LEVELS, AND PARENT/ADULT EDUCATION TO SHARE VALUES AND EXPECTATIONS - PROVIDING MENTORING, CIVIC ENGAGEMENT AND COLLEGE AND WORK-READY SKILL- BUILDING OPPORTUNITIES THAT PROMOTE POSITIVE BEHAVIORS ACROSS BERKSHIRE COUNTY'S YOUNG ADULT POPULATION RESULTS TO DATE - CONDUCTED HOST OF ACTIVITIES IN SUPPORT OF PITTSFIELD PREVENTION PARTNERSHIP STRATEGIES STICKER SHOCK, SHOULDER TAP SURVEYS, ALCOHOL PURCHASE SURVEYS, TRAINING FOR ALCOHOL SERVERS, SAY IT PROUD AWARDS, 411 IN THE 413 YOUTH CONFERENCE, ACTIVE PARENTING WORKSHOPS, PROM NIGHT POLICE SATURATION PATROLS, RX DRUG ROUND-UPS - MOVED TO EXECUTE TEEN PREGNANCY REDUCTION STRATEGIES BY PARTNERING WITH THE MA ALLIANCE FOR TEEN PREGNANCY, CONDUCTING FOCUS GROUPS WITH BERKSHIRE COUNTY TEENS AND ADULTS, AWARDING FUNDING TO A LOCAL TEEN OUTREACH PROGRAM PROVIDER, AND BEGAN INITIAL WORK ON BRANDED PUBLIC AWARENESS CAMPAIGN - NUMBER OF YOUTH ENGAGED IN MENTORING RELATIONSHIPS GOAL 195, ACHIEVED 234, 120% -- AND OF THOSE 75% FELT SUPPORTED BY THEIR MENTOR - NUMBER OF YOUTH CIVICALLY ENGAGED AND DEMONSTRATING LEADERSHIP GOAL 549, ACHIEVED 935 170% -- AND 77% FEEL MORE CONNECTED TO THEIR COMMUNITY AS A RESULT - NUMBER OF YOUTH RECEIVING ACADEMIC SUPPORT FOR COLLEGE READINESS GOAL 1,521, ACHIEVED 1,354, 89%

4c

(Code) (Expenses \$ 467,894 including grants of \$ 352,781) (Revenue \$)

THIRD EXEMPT PURPOSE ACCOMPLISHMENT GOAL 3 IMPROVE FINANCIAL STABILITY AND INDEPENDENCE AMONG INDIVIDUALS EXPERIENCING HOUSING, EMPLOYMENT AND FINANCIAL INSECURITY BY - ASSISTING THEM IN ATTAINING OR RETAINING PERMANENT, AFFORDABLE HOUSING - PROVIDING OPPORTUNITIES TO OBTAIN BASIC SKILLS OR JOB SKILLS LEADING TO EMPLOYMENT - PROVIDING SUPPORT AND FINANCIAL LITERACY SKILLS TO HELP ACHIEVE ECONOMIC MILESTONES RESULTS TO DATE - NUMBER OF FAMILIES WHO OBTAINED OR RETAINED SAFE OR AFFORDABLE HOUSING GOAL 1,182, ACHIEVED 975, 82% - NUMBER OF INDIVIDUALS WHO GAINED OR RETAINED EMPLOYMENT GOAL 336, ACHIEVED 493, 146% - NUMBER OF INDIVIDUALS WHO COMPLETED FINANCIAL EDUCATION GOAL 354, ACHIEVED 379, 107% - ORGANIZED A GROUP OF LOCAL BUSINESS AND COMMUNITY LEADERS AND MET WITH THE MASSACHUSETTS REGIONAL OFFICE OF THE INTERNAL REVENUE SERVICE TO DEVELOP PLANS FOR REINVIGORATING THE LOCAL VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM - BROUGHT TOGETHER THE WESTERN MASSACHUSETTS NETWORK TO END HOMELESSNESS AND THE REGIONAL PLANNING COMMISSIONS FOR THE WESTERN REGION OF THE STATE TO CREATE A DIRECTORY OF SERVICES FOR LOW INCOME RESIDENTS - INVESTED 5,318 TO SUPPORT MASS 2-1-1, THE EASY-TO-REMEMBER TOLL-FREE NUMBER AVAILABLE TO CALL 24/7 FOR FREE STATEWIDE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,797,791

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? 	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.		
2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KRISTINE HAZZARD BERKSHIRE UNITED WAY INC 200 SOUTH STREET PITTSFIELD,MA 01202 (413) 442-6948

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BISSELL DIRECTOR	0 00	X						0	0	0
(2) MICHAEL BARBIERI CHAIR	1 00	X		X				0	0	0
(3) PAUL BRUCE TREASURER	1 00	X		X				0	0	0
(4) RUTH BLODGETT CLERK	1 00	X		X				0	0	0
(5) BRENDA BURDICK VICE CHAIR	1 00	X		X				0	0	0
(6) CHURCHILL COTTON DIRECTOR	1 00	X						0	0	0
(7) JANET DOHONEY DIRECTOR	1 00	X						0	0	0
(8) CHRISTINE LUDWISZEWSKI CLERK	1 00	X		X				0	0	0
(9) JUNE ROY-MARTIN DIRECTOR	1 00	X						0	0	0
(10) DENISE MARSHALL DIRECTOR	1 00	X						0	0	0
(11) MICHAEL BULLOCK DIRECTOR	1 00	X						0	0	0
(12) KEN MYERS DIRECTOR	1 00	X						0	0	0
(13) MICHAEL WYNN DIRECTOR	1 00	X						0	0	0
(14) DOUGLAS CRANE DIRECTOR	1 00	X						0	0	0
(15) LAWRENCE HARNETT DIRECTOR	1 00	X						0	0	0
(16) CHRISTOPHER MATHEWS DIRECTOR	1 00	X						0	0	0
(17) MICHAEL FERRY DIRECTOR	1 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DARRIN HARRIS DIRECTOR	1 00	X						0	0	0
(19) CAROL LEIBINGER-HEALEY DIRECTOR	1 00	X						0	0	0
(20) COLLEEN LUSSIER DIRECTOR	1 00	X						0	0	0
(21) ARTHUR MILANO DIRECTOR	1 00	X						0	0	0
(22) GERALD MURRAY DIRECTOR	1 00	X						0	0	0
(23) KRISTINE HAZZARD PRESIDENT &	40 00			X				102,867	0	9,473
(24) HOWARD EBERWEIN III DIRECTOR	1 00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								102,867		9,473

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	130,482			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,200,387			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		2,330,869			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		51,744		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real 85,530	(ii) Personal			
b		Less rental expenses	60,597				
c		Rental income or (loss)	24,933				
d		Net rental income or (loss)		24,933		24,933	
7a		Gross amount from sales of assets other than inventory	(i) Securities 641,411	(ii) Other			
b		Less cost or other basis and sales expenses	671,180				
c		Gain or (loss)	-29,769				
d		Net gain or (loss)		-29,769			-29,769
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 11,341				
b		Less direct expenses	b 3,518				
c		Net income or (loss) from fundraising events . .		7,823			7,823
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
		Miscellaneous Revenue	Business Code				
11a		DESIGNATION REVENUES		97,743	97,743		
b	ADMIN & FUND RAISING FEES CHA		23,307	23,307			
c	MISCELLANEOUS INCOME		1,789	1,789			
d	All other revenue		-5,109		-5,109		
e	Total. Add lines 11a-11d		117,730				
12	Total revenue. See Instructions		2,503,330	122,839	19,824	29,798	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,312,388	1,312,388		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	482,009	253,048	63,351	165,610
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,950	13,722	2,116	9,112
9	Other employee benefits	42,002	22,242	4,491	15,269
10	Payroll taxes	43,390	22,573	5,853	14,964
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,673		10,673	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	18,133		18,133	
g	Other	42,186	6,600	32,892	2,694
12	Advertising and promotion	346	148		198
13	Office expenses	11,714	1,346	354	10,014
14	Information technology	27,490	16,526	3,189	7,775
15	Royalties				
16	Occupancy				
17	Travel	5,854	3,829	273	1,752
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,485	3,029	6,530	926
20	Interest	1,598		1,598	
21	Payments to affiliates	25,203	8,401	8,401	8,401
22	Depreciation, depletion, and amortization	14,434	5,319	9,115	
23	Insurance	1,988		1,988	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUBSTANCE PREVENTION PART	66,017	66,017		
b	SPECIAL COMMUNITY PROJECT	34,874	34,874		
c	COMMUNITY IMPACT INVESTME	20,551	20,551		
d	SUPPLIES	14,124	2,239	587	11,298
e					
f	All other expenses	22,861	4,939	3,666	14,256
25	Total functional expenses. Add lines 1 through 24f	2,233,270	1,797,791	173,210	262,269
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			15,490	1	101,128
	2	Savings and temporary cash investments			138,269	2	132,783
	3	Pledges and grants receivable, net			972,126	3	902,579
	4	Accounts receivable, net			158	4	4,152
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,930	9	17,003
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	788,061			
	b	Less: accumulated depreciation	10b	496,838	318,630	10c	291,223
	11	Investments—publicly traded securities			2,131,015	11	2,116,368
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,590,618	16	3,565,236
Liabilities	17	Accounts payable and accrued expenses			36,023	17	61,429
	18	Grants payable				18	
	19	Deferred revenue				19	7,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			120,034	23	105,325
	24	Unsecured notes and loans payable to unrelated third parties			1,275	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,747,450	25	1,459,190
	26	Total liabilities. Add lines 17 through 25			1,904,782	26	1,632,944
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,185,242	27	1,538,714
	28	Temporarily restricted net assets			166,644	28	68,338
	29	Permanently restricted net assets			333,950	29	325,240
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,685,836	33	1,932,292
	34	Total liabilities and net assets/fund balances			3,590,618	34	3,565,236

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,503,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,233,270
3	Revenue less expenses Subtract line 2 from line 1	3	270,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,685,836
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-23,604
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,932,292

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization BERKSHIRE UNITED WAY INC	Employer identification number 04-2104841
--	--

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 **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 Se**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 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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 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.")	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
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	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
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						12,308,240

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,559	64,194	49,436	34,626	51,744	301,559
9 Net income from unrelated business activities, whether or not the business is regularly carried on			12,038	9,666	4,206	25,910
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	19,550	5,355	1,725	9,680	11,341	47,651
11 Total support (Add lines 7 through 10)						12,683,360
12 Gross receipts from related activities, etc (See instructions)					12	122,839
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97.040 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96.700 %
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization
BERKSHIRE UNITED WAY INC

Employer identification number
04-2104841

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	333,950	316,492	306,492		
b Contributions			10,000		
c Investment earnings or losses	-3,787	17,458			
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,923				
f Administrative expenses					
g End of year balance	325,240	333,950	316,492		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		128,939		128,939
b Buildings		515,613	371,521	144,092
c Leasehold improvements				
d Equipment		143,509	125,317	18,192
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				291,223

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,503,330
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,233,270
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	270,060
4	Net unrealized gains (losses) on investments	4	68,969
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-92,573
9	Total adjustments (net) Add lines 4 - 8	9	-23,604
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	246,456

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,515,186
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	68,969
b	Donated services and use of facilities	2b	17,331
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-74,444
e	Add lines 2a through 2d	2e	11,856
3	Subtract line 2e from line 1	3	2,503,330
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,503,330

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,268,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	17,331
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	18,129
e	Add lines 2a through 2d	2e	35,460
3	Subtract line 2e from line 1	3	2,233,270
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,233,270

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS INCLUDE THE FOLLOWING DONOR RESTRICTED PRINCIPAL IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE AS PROVIDED BY THE DONOR. THE GE GOOD NEIGHBOR FUND, RUTH BORASKI CHILDRENS ENDOWMENT, AND GENERAL ENDOWMENT FUND ARE PERMANENTLY RESTRICTED. INCOME IS TO BE USED FOR SPECIAL NEEDS AND GRANTS OR ADDED TO THE PRINCIPAL IF NOT USED.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	INVESTMENT EXPENSES -18,485 RENTAL PROPERTY EXPENSES 60,596 DIRECT FUNDRAISING EVENT EXPENSES 3,518 K-1 PASSTHROUGH LOSS 5,109 RESERVE FOR UNCOLLECTIBLE ACCOUNTS -125,182 INVESTMENT EXPENSES 18,485 RENTAL PROPERTY EXPENSES -60,596 DIRECT FUNDRAISING EVENT EXPENSES -3,518 PRIOR YEAR GRANT RECOVERY 27,500
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	INVESTMENT EXPENSES -18,485 RENTAL PROPERTY EXPENSES 60,596 DIRECT FUNDRAISING EVENT EXPENSES 3,518 K-1 PASSTHROUGH LOSS 5,109 RESERVE FOR UNCOLLECTIBLE ACCOUNTS -125,182
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	INVESTMENT EXPENSES -18,485 RENTAL PROPERTY EXPENSES 60,596 DIRECT FUNDRAISING EVENT EXPENSES 3,518 PRIOR YEAR GRANT RECOVERY -27,500

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BERKSHIRE UNITED WAY INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
04-2104841

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

27

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 04-2104841
Name: BERKSHIRE UNITED WAY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS AMERICAN RED CROSS480 WEST STREET 480 WEST STREET PITTSFIELD, MA 01201	53-0196605	3	18,000		FMV		WORKFORCE CNA PROG
BARRINGTON STAGE COMPANY BARRINGTON STAGE COMPANY 30 UNION STREET 30 UNION STREET PITTSFIELD, MA 01201	04-3263298	3	30,000		FMV		PLAYWRIGHT MENTORING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE CHILDREN AND FAMILIES BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	3	65,000		FMV		EARLY EDUCATION
BERKSHIRE CHILDREN AND FAMILIES BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	3	86,000		FMV		YOUNG PARENT SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE COMPACT FOR EDUCATION BERKSHIRE COMPACT FOR EDUCATION 375 CHURCH STREET 375 CHURCH STREET NORTH ADAMS, MA 01247			10,000		FMV		COLLEGE ASPIRATIONS
BERKSHIRE COUNTY ARC BERKSHIRE COUNTY ARC 395 SOUTH STREET 395 SOUTH STREET PITTSFIELD, MA 01201	04-2218928	3	15,000		FMV		YOUTH & FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE COUNTY KIDS PLACE BERKSHIRE COUNTY KIDS PLACE63 WENDELL AVENUE 63 WENDELL AVENUE PITTSFIELD, MA 01201	04-3193833	3	40,000		FMV		TRAUMA RECOVERY PROG
BERKSHIRE COUNTY REGIONAL EMP BERKSHIRE COUNTY REGIONAL EMPLOY184 NORTH STREET 184 NORTH STREET PITTSFIELD, MA 01201	04-3291395	3	17,000		FMV		INTERNSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF PITTSFIELD BOYS & GIRLS CLUB OF PITTSFIELD16 MELVILLE STREET 16 MELVILLE STREET PITTSFIELD, MA 01201	04-2103925	3	40,000		FMV		CHILDREN'S CENTER
BRIEN CENTER BRIEN CENTER1 FENN STREET SUITE 4 1 FENN STREET SUITE 4 PITTSFIELD, MA 01201	04-2081870	3	50,000		FMV		WORKPLACE-YOUNG ADUL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIEN CENTER BRIEN CENTER1 FENN STREET SUITE 4 1 FENN STREET SUITE 4 PITTSFIELD, MA 01201	04- 2081870	3	55,000		FMV		SUBSTANCE ABUSE PREV
CENTER FOR PEACE THROUGH CULTURE CENTER FOR PEACE THROUGH CULTURE20 SYLVAN ROAD 20 SYLVAN ROAD GREAT BARRINGTON, MA 01230	54- 2081431	3	10,000		FMV		GREENAGERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL BERKSHIRE HABITAT FOR HUMAN CENTRAL BERKSHIRE HABITAT FOR HUMAN314 COLUMBUS AVENUE 314 COLUMBUS AVENUE PITTSFIELD, MA 01201	04-3157085	3	33,750		FMV		BUILDING FOR TOMORRO
CHILD CARE OF THE BERKSHIRES CHILD CARE OF THE BERKSHIRES 210 STATE STREET 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	3	20,000		FMV		EARLY EDUCATION SERV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE OF THE BERKSHIRES CHILD CARE OF THE BERKSHIRES 210 STATE STREET 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	3	70,000		FMV		PARENTING TEENS
COMMUNITY HEALTH PROGRAM COMMUNITY HEALTH PROGRAM 444 STOCKBRIDGE ROAD 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	3	20,500		FMV		REFERRALS & ASSESMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSTRUCT INC CONSTRUCT INC41 MAHAIWE STREET 41 MAHAIWE STREET GREAT BARRINGTON,MA 01230	23- 7099108	3	30,000		FMV		INDEPENDENT LIVING
DALTON COMMUNITY RECREATION ASSOC DALTON COMMUNITY RECREATION ASSOC400 MAIN STREET 400 MAIN STREET DALTON,MA 01226	04- 2103761	3	27,500		FMV		YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER SERVICES OF BERKSHIRE COUNTY ELDER SERVICES OF BERKSHIRE COUNTY 66 WENDELL AVENUE 66 WENDELL AVENUE PITTSFIELD, MA 01201	04-2542001	3	25,213		FMV		ELDER MEALS
ELIZABETH FREEMAN CENTER ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	3	20,000		FMV		TENANCY PRESERVATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH FREEMAN CENTER ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	3	35,000		FMV		CHILD SAFE PROGRAM
ELIZABETH FREEMAN CENTER ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	3	60,000		FMV		VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH FREEMAN CENTER ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	3	100,000		FMV		SHELTER
GLADYS ALLEN BRIGHAM COMMUNITY CENT GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	3	20,000		FMV		YOUTH EMPOWERMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLADYS ALLEN BRIGHAM COMMUNITY CENT GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	3	36,700		FMV		YOUTH LEADERSHIP
GLADYS ALLEN BRIGHAM COMMUNITY CENT GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	3	39,787		FMV		CHILDHOOD EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLADYS ALLEN BRIGHAM COMMUNITY CENT GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	3	77,856		FMV		SCHOOL AGE ENRICHMEN
LEE YOUTH ASSOCIATION LEE YOUTH ASSOCIATION ACADEMY STREET ACADEMY STREET LEE, MA 01238	04-2700427	3	9,064		FMV		BEFORE/AFTER SCHOOL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE YOUTH ASSOCIATION LEE YOUTH ASSOCIATION ACADEMY STREET ACADEMY STREET LEE,MA 01238	04-2700427	3	19,000		FMV		TEEN PROGRAM
LEE YOUTH ASSOCIATION LEE YOUTH ASSOCIATION ACADEMY STREET ACADEMY STREET LEE,MA 01238	04-2700427	3	24,000		FMV		PRESCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS OF BERKSHIRE CO LITERACY VOLUNTEERS OF BERKSHIRE CO 1 WENDELL AVENUE PITTSFIELD, MA 01201	04-3244191	3	8,500		FMV		LITERACY VOLUNTEERS
MASS211 INC 46 PARK STREET FRAMINGHAM, MA 01702	04-3514643	3	5,318		FMV		INFORMATION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS IMMIGRANT AND REFUGEE105 CHAUNCY STREET BOSTON,MA 02111	22-3115048	3	30,000		FMV		BERK IMMIGRANT CTR
PEDIATRIC DEVELOPMENT CENTER PEDIATRIC DEVELOPMENT CENTER388 COLUMBUS AVENUE EXTENSION 388 COLUMBUS AVENUE EXTENSION PITTFIELD,MA 01201	04-2776797	3	26,800		FMV		PLAY & LEARN PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSFIELD FAMILY YMCA PITTSFIELD FAMILY YMCA292 NORTH STREET 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837	3	15,000		FMV		INFANT/TODDLER PROG
RAILROAD STREET YOUTH PROJECT RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET 60 BRIDGE STREET GREAT BARRINGTON,MA 01230		3	20,000		FMV		APPRENTICESHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAILROAD STREET YOUTH PROJECT RAILROAD STREET YOUTH PROJECT60 BRIDGE STREET 60 BRIDGE STREET GREAT BARRINGTON,MA 01230		3	30,000		FMV		YOUTH DEVELOPMENT
REACH OUT AND READ INC56 ROLAND STREET SUITE 100D BOSTON,MA 021291243	04- 3481253	3	10,000		FMV		LITERACY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF PITTSFIELD SALVATION ARMY OF PITTSFIELD30 WEST STREET 30 WEST STREET PITTSFIELD, MA 01201	13-5562351	3	20,000		FMV		YOUTH & COMMUNITY
UNITED CEREBRAL PALSY OF BC UNITED CEREBRAL PALSY OF BK742 NORTH STREET 742 NORTH STREET PITTSFIELD, MA 01201	04-2173060	3	5,400		FMV		EDUCATION ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY OF BC UNITED CEREBRAL PALSY OF BK742 NORTH STREET 742 NORTH STREET PITTSFIELD, MA 01201	04-2173060	3	12,000		FMV		SELF SUFFICIENCY
UNITED CEREBRAL PALSY OF BC UNITED CEREBRAL PALSY OF BK742 NORTH STREET 742 NORTH STREET PITTSFIELD, MA 01201	04-2173060	3	20,000		FMV		YOUTH SKILL BUILDING

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 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
BERKSHIRE UNITED WAY INC**Employer identification number**

04-2104841

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	- 98% OF STAFF IN THESE PROGRAMS RECEIVED PROFESSIONAL DEVELOPMENT OR CONTINUING EDUCATION CREDITS - 87% OF PARENTS THAT TOOK PART IN FAMILY STRENGTHENING PROGRAMS SHOWED IMPROVEMENT IN THEIR ABILITY TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND LEARNING - 94% OF CHILDREN WHO RECEIVED EARLY INTERVENTION TREATMENT SHOWED IMPROVEMENT - PARTNERED WITH BERKSHIRE PRIORITIES, A VOLUNTEER INITIATIVE MADE UP OF COMMUNITY LEADERS, TO LAUNCH PITTSFIELD PROMISE, A PILOT PROGRAM SPECIFICALLY TARGETED TO IMPROVE READING PROFICIENCY TO 90% BY 2020 WITH A COMMITMENT TO EXTEND COUNTY-WIDE WITHIN TWO YEARS

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>TO YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES, YOUTH ENGAGEMENT, COMPREHENSIVE SEXUALITY EDUCATION ACROSS GRADE LEVELS, AND PARENT/ADULT EDUCATION TO SHARE VALUES AND EXPECTATIONS - PROVIDING MENTORING, CIVIC ENGAGEMENT AND COLLEGE AND WORK-READY SKILL- BUILDING OPPORTUNITIES THAT PROMOTE POSITIVE BEHAVIORS ACROSS BERKSHIRE COUNTY'S YOUNG ADULT POPULATION RESULTS TO DATE - CONDUCTED HOST OF ACTIVITIES IN SUPPORT OF PITTSFIELD PREVENTION PARTNERSHIP STRATEGIES STICKER SHOCK, SHOULDER TAP SURVEYS, ALCOHOL PURCHASE SURVEYS, TRAINING FOR ALCOHOL SERVERS, SAY IT PROUD AWARDS, 411 IN THE 413 YOUTH CONFERENCE, ACTIVE PARENTING WORKSHOPS, FROM NIGHT POLICE SATURATION PATROLS, RX DRUG ROUND-UPS - MOVED TO EXECUTE TEEN PREGNANCY REDUCTION STRATEGIES BY PARTNERING WITH THE MA ALLIANCE FOR TEEN PREGNANCY, CONDUCTING FOCUS GROUPS WITH BERKSHIRE COUNTY TEENS AND ADULTS, AWARDED FUNDING TO A LOCAL TEEN OUTREACH PROGRAM PROVIDER, AND BEGAN INITIAL WORK ON BRANDED PUBLIC AWARENESS CAMPAIGN - NUMBER OF YOUTH ENGAGED IN MENTORING RELATIONSHIPS GOAL 195, ACHIEVED 234, 120% -- AND OF THOSE 75% FELT SUPPORTED BY THEIR MENTOR - NUMBER OF YOUTH CIVICALLY ENGAGED AND DEMONSTRATING LEADERSHIP GOAL 549, ACHIEVED 935 170% -- AND 77% FEEL MORE CONNECTED TO THEIR COMMUNITY AS A RESULT - NUMBER OF YOUTH RECEIVING ACADEMIC SUPPORT FOR COLLEGE READINESS GOAL 1,521, ACHIEVED 1,354, 89%</p>

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	GOAL 1,182, ACHIEVED 975, 82% - NUMBER OF INDIVIDUALS WHO GAINED OR RETAINED EMPLOYMENT GOAL 336, ACHIEVED 493, 146% - NUMBER OF INDIVIDUALS WHO COMPLETED FINANCIAL EDUCATION GOAL 354, ACHIEVED 379, 107% - ORGANIZED A GROUP OF LOCAL BUSINESS AND COMMUNITY LEADERS AND MET WITH THE MASSACHUSETTS REGIONAL OFFICE OF THE INTERNAL REVENUE SERVICE TO DEVELOP PLANS FOR REINVIGORATING THE LOCAL VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM - BROUGHT TOGETHER THE WESTERN MASSACHUSETTS NETWORK TO END HOMELESSNESS AND THE REGIONAL PLANNING COMMISSIONS FOR THE WESTERN REGION OF THE STATE TO CREATE A DIRECTORY OF SERVICES FOR LOW INCOME RESIDENTS - INVESTED 5,318 TO SUPPORT MASS 2-1-1, THE EASY-TO-REMEMBER TOLL-FREE NUMBER AVAILABLE TO CALL 24/7 FOR FREE STATEWIDE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	BYLAWS WERE MODIFIED AND APPROVED ON SEPTEMBER 26, 2012 TO INCLUDE UPDATED MISSION, CHANGES IN VOTING QUORUMS AND ADDITION OF VICE-CHAIR HAVING SIGNING PRIVILEGES

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF FORM 990 IS DISTRIBUTED TO STAFF, THE FINANCE AND AUDIT COMMITTEES, AND THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE CODE OF ETHICS IS DISTRIBUTED ANNUALLY WITHIN THIS DOCUMENT IS THE BERKSHIRE UNITED WAY CONFLICT OF INTEREST POLICY STAFF, VOLUNTEERS, COMMITTEE MEMBERS, AND BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WHICH ASKS ABOUT OTHER COMMITTEES, BOARD MEMBERSHIP AS WELL AS ANY OTHER CONFLICTS SUCH AS FAMILY RELATIONSHIPS THESE DOCUMENTS ARE REVIEWED BY SEVERAL STAFF MEMBERS TO DETERMINE IF FURTHER ACTION IS REQUIRED AS INDIVIDUALS ARE NOMINATED TO COMMITTEES OR ASSIGNED TASKS, THESE DOCUMENTS ARE USED TO ENSURE THAT ANY CONFLICTS, REAL OR PERCEIVED, ARE IDENTIFIED THE POLICY WAS REVIEWED AND UPDATED IN SEPTEMBER, 2010 TO INCLUDE CIRCUMSTANCES WHERE COMMUNITY INVESTMENTS ARE VOTED ON AT BOARD MEETINGS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION USES SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS THE LOCAL MARKET THESE SALARIES ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE AND APPROVED BY THE BOARD ALL PROSPECTIVE EMPLOYEES ARE INTERVIEWED BY THE DIRECT SUPERVISOR OF THE POSITION BEING HIRED AND APPROPRIATE OTHER STAFF, THE CEO AND/OR BOARD MEMBERS DEPENDING ON THE POSITION THE BOARD APPROVED A NEW SALARY STRUCTURE AND COMPENSATION POLICY IN OCTOBER, 2009 AND A NEW SALARY STRUCTURE BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA ON JANUARY 25, 2012

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE CEO THE COMPENSATION IS BASED ON SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS THE LOCAL MARKET THE FULL BOARD OF DIRECTORS IS INFORMED OF THE DATA AND DECISIONS MADE FOR CEO COMPENSATION

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST TO THE PUBLIC THE FEDERAL FORM 990, AUDITED FINANCIAL STATEMENTS, AND ANNUAL REPORT ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	68,969 NET UNREALIZED GAINS ON INVESTMENTS 5,109 K-1 PASSTHROUGH LOSS 27,500 PRIOR YEAR GRANT RECOVERY (125,182) RESERVE FOR UNCOLLECTIBLE ACCOUNTS ----- --- (23,604) CHANGES IN NET ASSETS

Additional Data

Software ID:
Software Version:
EIN: 04-2104841
Name: BERKSHIRE UNITED WAY INC

Form 990, Special Condition Description:

Special Condition Description

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return BERKSHIRE UNITED WAY INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 04-2104841
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	15,580

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	15,580
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return BERKSHIRE UNITED WAY INC	Business or activity to which this form relates OFFICE FACILITY, PITTSFIELD	Identifying number 04-2104841
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	11,819

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	11,819
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	