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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2011 calendar year, or tax year beginning **10/1/2011**, 2011, and ending **9/30/12**, 20

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

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

D Employer identification number
06-1613798

E Telephone number
860-435-9505

F Group Exemption Number ▶

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

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

I Website: ▶

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	160,789
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	358	
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	358	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	161,147	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	30,889
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	15,158
	13	Professional fees and other payments to independent contractors	13	45,916
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	8,010
	16	Other expenses (describe in Schedule O)	16	113,279
	17	Total expenses. Add lines 10 through 16	17	213,252
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-52,105
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	65,562
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,457

For Paperwork Reduction Act Notice, see the separate instructions.

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,562	22 13,457
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	65,562	25 13,457
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,562	27 13,457

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Historic Preservation

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Educational Programming (See Attached)		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	19,800
29 Develop the Management Plan		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	10,850
30 Heighten appreciation for natural, cultural and historic assets of the region		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	100,900
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	15,450
32 Total program service expenses (add lines 28a through 31a)	32	147,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William L. Crow III (Feb 2014) P.O. Box 157, Salisbury, CT 06068	4.00	0	0	0
Rachel Fletcher (Feb 2014) 113 Division Street, Great Barrington, MA 01230	4.00	0	0	0
Paul W. Ivory (Secretary) (Feb 2014) 54 Grove Street, Great Barrington, MA 01230	Secretary - 3.00	0	0	0
Christine Ward (Feb 2015) 29 Castle Hill Ave, Great Barrington, MA 01230	4.00	0	0	0
Ronald D. Jones (Chair) (Feb 2015) 87 Canaan Road, 4B, Salisbury, CT 06068	Treasurer - 4.00	0	0	0
Edward Kirby (Feb 2015) 100 Cornwall Bridge Road, Sharon, CT 06069	5.00	0	0	0
Steve McMahon (Acting Chair) (Feb 2014) 7 Pomeroy Street, West Stockbridge, MA 01222	Chairman - 10.00	0	0	0
Raymond B. Murray III (Feb 2016) 50 Limestone Rd.- PO Box 339, Lee, MA 01238	3.00	0	0	0
Dennis Regan (Feb 2015) P.O. Box 251, South Lee, MA 01260	4.00	0	0	0
Stephen A. Sears (Feb 2016) 260 North Mountain Road, Dalton, MA 01226	2.00	0	0	0
Philip Smith (Feb 2016) P.O. Box 470, Lee, MA 01238	Vice Chairman - 4.00	0	0	0
Talbott Smith (Treasurer)(Feb 2014) 26 Green Hill Rd, Kent, CT 06757	2.00	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ CT		
42a The organization's books are in care of ▶ Dan Bolognani Telephone no. ▶ 860-435-9505 Located at ▶ 24 Main St., PO Box 493, Salisbury, CT ZIP + 4 ▶ 06068-0493		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☒ No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47** 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 **47** ☐ Yes ☒ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

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

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

Sign Here Signature of officer *Ronald D. Jones* Date *MAY 14, 2013*
 Ronald D. Jones, Treasurer
 Type or print name and title

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Upper Housatonic Valley National Heritage Area, Inc.

Employer identification number

06-1613798

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	77,096	175,158	296,238	291,424	160,789	1,000,705
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	77,096	175,158	296,238	291,424	160,789	1,000,705
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)						0
6 Public support. Subtract line 5 from line 4.						1,000,705

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	77,096	175,158	296,238	291,424	160,789	1,000,705
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	573	0	0	0	0	573
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	2,614	644	446	358	4,062
11 Total support. Add lines 7 through 10						1,005,340
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	91 %
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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
17a 10%-facts-and-circumstances test—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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 section 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Line 10 Receipts from services related to exempt function - 2008: \$2,614, 2009: \$644, 2010: \$446, 2011: \$358

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Name of the organization

Employer identification number

06-1613798

Part III - Statement of Program Service Accomplishments - Line 31 - Preserve and Enhance - \$15,450 (See Attached)

Upper Housatonic Valley National Heritage Area 2012 Work Plan/Budget

Educational Programming:

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

Projects include:

- The annual Upper Housatonic Valley Experience, a Masters level 3-credit course for area teachers to build curriculum for local schools. This includes:
 - Instructor Stipends
 - Participants' Tuition & Fees,
 - Coordination of sites and transportation
 - Supplies, Honorariums/Admission Fees to heritage sites visited,
 - Opening and closing ceremonies.

\$ 23,100
- Provide learning opportunities for heritage partners (history and arts advisors) for improving capacity and creating additional linkage between related sites.

\$ 2,800
- Develop and maintain interpretive native woodland, meadow and wildlife trails. Increase exposure to Project Native mission and have the farm serve the community as an educational destination.

\$ 2,500
- Provide an experiential educational program for Grades K-12: create a one-day Educators Retreat focusing on the Gilded Age; create a backpack with materials for the educators to use in their classrooms and for student tours; provide transportation and admission fees for students tours; expand Ventfort Kids summer and Feb./April breaks.

\$ 4,000
- "Wednesday Evening Presentations" at historic Bascom Lodge, summit of Mount Greylock - relevant and timely weekly presentations to county residents and visitors. Programming is free, open to the public, and offers a wide range of educational topics, on a wide variety of heritage themes (mostly on nature and culture), often related to the mountain and the Berkshires.

\$ 7,200

Total – Educational Programming \$ 39,600

Funding for Educational Programming:

- \$23,400 Federal (NPS) grant
- \$16,200 Non-federal funds

Management Plan Completion

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

Ongoing Projects Include:

- Consulting services of a qualified consultant and work with same to finalize and submit to DOI a final draft Management Plan.
\$ 12,800
 - Publication, public comment, design and printing, final dissemination of the completed management action plan.
\$ 8,900
- Total – Management Planning \$ 21,700**

Funding for Management Planning:

- \$20,100 Federal (NPS) grant
- \$ 1,600 Non-federal funds

Resource Stewardship and Appreciation

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

Projects include:

- Partner with Sloane-Stanley Museum, in conjunction with the Connecticut Mining Museum and the Connecticut Antique Machinery Association, to implement a program of signs to interpret the Kent Iron Works ruins along an existing trail on their adjoining properties..
\$ 8,200
- Expand and broaden the diversity of Heritage Walks Weekends in Autumn, a collaboration of dozens of organizations and individuals.
\$ 31,000

- Explore and celebrate contemporary and historic Native American culture through festivals, education and interpretive materials.
\$ 3,200
- Create and implement a program to explore literary heritage in the Upper Housatonic Valley, to include publication of literary journal, website, and events.
\$ 6,400
- Research, develop, design, publish a Paddling Guide for the Housatonic River in Connecticut that paddlers, hikers, fishermen, and birders can use to fully enjoy the river. The guide will cover public canoe and kayak access sites, along with notable fishing and hiking locations and riverside recreational spots from the Massachusetts border to Long Island Sound.
\$ 28,200
- Create and implement a walking tour application for iPhone, Android and Windows 7 smartphones. The app will use text, photo, audio and web links to describe each stop and will be guided using Google Maps and the GPS that is built in to smartphones..
\$ 13,800
- Continue working with history partners to promote capacity-building and to knit together a better understanding of the region's history through collections-cataloguing and sharing, interpretive projects, public outreach.
\$ 43,150
- Strengthen and enhance existing walking / hiking trail sites throughout the region through the development of trail brochures, improvements of trailhead kiosks and trail maintenance projects..
\$ 38,750
- Develop an interpretive trail linking six 18th century houses that are open to the public. This project will also include developing a printed brochure of the trail with information about each property, a web page, and a simple electronic brochure that each property could print on-demand.
\$ 14,750
- Driving tour of Egremont's historical roads - this driving tour will encompass 30+ select historic sites which are too distant from one another to be easily visited on foot. A map-based brochure will be created.
\$ 8,050
- Enhance and expand the Herman Melville Trail (created 2000). Building on the existing paper brochure version - 1) develop and install four interpretive panels

(at Arrowhead, Monument Mountain, Pontoosuc Lake and Berkshire Athenaeum) 2) create an e-trail on website, 3) branding the trail by creating a unifying logo..

\$ 6,300

Total – Heighten Appreciation \$ 201,800

Funding for Heighten Appreciation:

- \$ 94,100 Federal (NPS) grant
- \$107,700 Non-federal funds

Resource Preservation and Enhancement

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

Projects include:

- Complete the trail network at the Yokun Ridge Preserve in cooperation with Berkshire Natural Resource Council. Includes design and layout of a 0.5 mile trail, updating signage and maps for the new and existing trails. Project also includes outreach to raise funds and labor for actual trail construction, to take place in 2013.
- Improve the Old Mill Trail trailhead in Hinsdale. The trailhead requires further definition to include the placement of boulders between the parking area and the Housatonic River, removal of invasive species and planting of a native vegetative buffer. This riparian zone may serve as an exhibit and outdoor classroom for developers, school trips, etc.

\$ 14,500

\$ 16,400

Total – Preserve & Enhance \$ 30,900

Funding for Preserve & Enhance:

- \$ 9,400 Federal (NPS) grant
- \$21,500 Non-federal funds

Total – All Programs \$ 294,000

Summary of project funding

Educational programming	\$ 39,600
Develop the Management Plan	\$ 21,700

IRS Form 990 – Part III – Fiscal 2012: Upper Housatonic Valley National Heritage Area, Inc.

Heighten appreciation for natural, cultural and historic assets of the region	\$201,800
Preserve and enhance the region's history and historical resources	<u>\$ 30,900</u>

Total: \$294,000

06-1613798

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

\$30,889.00

Grant/Project Name	Applicant Name	Applicant Organization	Address 1	City	State	Zip	Email Address	Phone
Monterey Cataloguing Project	Robert Rausch	The Monterey Historical Society	PO Box 214	Monterey	MA	01245	brausch.gouldfarm@gmail.com	413-528-3219
Making African-American Dance	Norton Owen	Jacob's Pillow Dance	358 George Carter Rd	Becket	MA	01223	nowen@jacobspillow.com	413-243-0749
19th - Early 20th Century Industrial Pottery	Guinn Potter	Cornwall Historical Society	PO Box 115	Cornwall	CT	06753	cornhist@optonline.net	860-672-0505
Past and Present	Elizabeth Sherman	Berkshire County Historical Society	780 Holmes Rd	Pittsfield	MA	01201	director@berkshirhistory.org	413-442-1793
Iron Ore and Onions	Gayle Tardiff-Raser	MASS Audubon	Box 472 West Mountain Rd	Lenox	MA	01240	graser@massaudubon.org	413-637-0499
Colonial History Education Program	Barbara Palmer	The Bidwell House	PO Box 357	Monterey	MA	01245	bidwellhouse@gmail.com	413-644-9997
Ventfort Hall educational program	Jeffrey Folmer	Ventfort Hall Association	PO Box 2424	Lenox	MA	01240	jfolmer@gildedage.com	413-637-8805
Great Barrington Historical Society	Malcolm Fick	Great Barrington Historical Society	PO Box 201	Great Barrington	MA	01230	malcolm.fick@roadnir.com	413-717-7727

Part 1, Line 10 (990-EZ) - Grants and Similar Amounts Paid

[illegible]

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

\$113,279

1	Travel	1	\$2,706
2	Meals and Entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions & meetings	5	\$7,845
6	Depreciation	6	
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	\$648
11	Telephone	11	\$1,809
12	Unrelated business income taxes	12	
13	Advertising	13	\$17,039
14	Website development	14	
15	Program related contracts	15	\$68,170
16	Miscellaneous	16	\$5,319
17	Insurance	17	\$1,816
18	Membership Dues	18	\$1,336
19	Website hosting	19	\$6,590
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	