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# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2012

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service and ending For the 2012 calendar year, or tax year beginning 10/1/2012 9/30/2013 Name of organization D Employer Identification number Upper Housatonic Valley National Heritage Area Check if applicable Doing Business As Address change 06-1613798 Number and street (or PO box if mail is not delivered to street address) Telephone number Name change Initial return 24 Main Street PO Box 493 860-435-9505 City, town or post office, state, and ZIP code Terminated 06068 Salisbury CT G Gross receipts \$ 236.921 Amended return Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Steve McMahon 7 Pomeroy Street, West Stockbridge, MA 01222 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ) < (insert no ) 4947(a)(1) or 527 Website: ▶ upperhousatonicheritage org H(c) Group exemption number X Corporation K Form of organization Association Other ▶ L Year of formation M State of legal domicile 2000 Part I Summary Briefly describe the organization's mission or most significant activities 1 cultural and artistic resources in the region Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 233,792 8 Contributions and grants (Part VIII, line 1h). . . 198.985 Program service revenue (Part VIII, line 2g) . . . 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,927 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,202 198,985 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 236,921 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part X-column) (A) lines 5 64,905 15,158 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), tine 25) b 66,427 17 117,794 Total expenses Add lines 13-17 (must equal Part IX, column (A)-line 25) 214,908 223.461 19 Revenue less expenses Subtract line 18 from line-12 -15,923 13,460 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 52,116 151,035 21 Total liabilities (Part X. line 26) . . . 1.741 6,029 22 Net assets or fund balances Subtract line 21 from line 20 50,375 145,006 Signature Block 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 Signature of officer . Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check X Paid R William Parrotte, EA 1/26/2015 self-employed R. William Parrotte P00068355 Preparer

Form **990** (2012)

X Yes

Firm's EIN ► 27-3579078

413-644-9949

► RWP Tax and Accounting, LLC

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Firm's address ► 789 Main Street Suite 2, Great Barrington, MA 01230

**Use Only** 

	990 (2012)	Upper Housatonic Valley National Heritage Area	06-1613798	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
1	Preserv	escribe the organization's mission attistic resources in the region		
2	Did the o	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?		☐ No
3	services	organization cease conducting, or make significant changes in how it conducts, any program?	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services, s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported		
4a	See Atta	) (Expenses \$ 161,475 including grants of \$ ) (Revenue ched.		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	÷\$	)
4c	(Code.	) (Expenses \$ including grants of \$ ) (Revenue	) \$ 	)
4d	Other pro	ogram services. (Describe in Schedule O.) es \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40		ogram service expenses   161 475		

Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X
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		X
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		Х
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		
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		Ť
	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>	-	<u>^</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			<u> </u>
	VII, VIII, IX, or X as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	l
_	Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1115		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		^
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	x	
f		116	<del>^</del>	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	<b></b>		^
	Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	124		_X
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a				
b	= 1.0	14a		Х
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	the state of the s	445		v
15	oreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to individuals located outside the United States? If "Voc." complete Schodule E. Bode III and IV	4.		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	ا جم ا		v
12		17		X
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.	ا ـ ـ ا	1	
40		18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 1	
00	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	120h l	- 1	

	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>  ^-</del> -
<b>2</b> 5a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		-
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	-52		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00.		
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res, complete schedule in .</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		<del>  ^-</del>
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	50		<del>  ^-</del>
•	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		L
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		<del>  ^</del>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
				(2012)

	Opper Housatoric Valley National Heritage Area 00-10	0,00		age ਹ
Par	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	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Left 1b 0	4		
С	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	<del></del>	<del>  ``</del>	$\vdash$
	Statements, filed for the calendar year ending with or within the year covered by this return .			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
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, securities account, or other financial			
	account)?	4a		x
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	Į.	l	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	ļ	١
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	١.		\ ,_
а	Did the organization make any taxable distributions under section 4966?	9a	-	X
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł	Ì	
ь 11	Section 501(c)(12) organizations. Enter:	1		l
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
b	against amounts due or received from them )	Ì		[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		<del> </del> -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	$\vdash$
u	Note. See the instructions for additional information the organization must report on Schedule O	134	<del>                                     </del>	$\vdash$
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans		1	1
С	Enter the amount of reserves on hand	1	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	t	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	990 (2012) Upper Housatonic Valley National Heritage Area 06-161	3798	p	age <b>6</b>
	* Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No	,	uge e
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	e ins	tructio	ons.
	Check if Schedule O contains a response to any question in this Part VI			
Sect	ion 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			
	If there are material differences in voting rights among members of the governing body, or	]		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	ľ		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ì		
	any other officer, director, trustee, or key employee?	_2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	١.		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<b> </b>		
_	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	75		V
8		7b		X
O	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sect			)	_^_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (		) Yes	No
Sect 10a	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Countries of the Organization have local chapters, branches, or affiliates?			
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue ( Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Code.		No
10a	Did the organization have local chapters, branches, or affiliates?  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?	10a 10b	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b 11a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a	X	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b	X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	X X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.	10a 10b 11a 12a 12b 12c 13 14	X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	X X X X X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No
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10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  In Other Officers or the process of the organization of the organization is exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  In C. Disclosure  List the states with which a copy of this Form 990 is required to be filed	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  In the states with which a copy of this Form 990 is required to be filed  CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X	No X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X	No X

policy, and financial statements available to the public during the tax year.

organization. Dan Bolognani

20

State the name, physical address, and telephone number of the person who possesses the books and records of the

Dan Bolognani 24 Main Street PO Box 493, Salisbury, CT 06068-0493 860-435-9505

rom 990 (2012)	Upper Housatonic valley National Heritage Area
Part VII	· Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa
•	Employees, and Independent Contractors

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

- 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. 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, and 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	s pe	ition more rson irecto	n of structure Highest compensated	an	(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
(1) William L Crow III	1 00		-	_	<del> </del>	<del>  -</del>				
Trustee	0 00	х			l			0	0	0
(2) Rachel Fletcher	1.00									
Trustee	0 00	Х						0	0	0
(3) Beryl Jolly	1.00									
Trustee	0 00	X					_	0	0	0
(4) Edward Kırby	1.00		1							
Trustee	0 00		_			<u> </u>	L	0	0	0
(5) Raymond B Murray III	1 00	4								
Trustee	0 00		L.	<u> </u>	_			0	0	0
(6) Kathy Orlando	1 00	4								
Trustee	0 00				<u> </u>	<u> </u>	_	0	0	0
(7) Dennis Regan	1.00	4			ļ		ļ			_
Trustee	0 00	_		<b> </b> _		-		0	0	0
(8) Stephen A Sears	1.00							_		
Trustee	0 00		-				-	0	0	0
(9) Philip Smith	1 00							_		•
Trustee	0 00	+	├	_				0	0	0
(10) Talbott Smith	1.00	1	ŀ							0
Trustee (444) Characters (Mond	0 00 1 00	_	$\vdash$	-				0	0	0
(11) Christine Ward	0 00	1	l					0	۰ ا	0
Trustee (42) Stove MeMahan	5 00		┢	-		<del> </del>		<u> </u>	0	<u> </u>
(12) Steve McMahon Chairman	0 00			x				۰ ا	0	o
1,320,141	5.00	_		<del>  ^</del>		_		<u> </u>	•	0
(13) Paul W. Ivory Secretary	0 00	ŧ .		x				ا ا	٥	0
(14) Ronald D. Jones	5 00	-	1	⇈		T	I			
Treasurer	0 00			x				l o	l o	o
Headurer			<u>—</u>	·	Ь		1	<u> </u>		5 000 (0040)

	. Section A. Officers, Directors, True.  (A) Name and title	(B) Average hours per week (list any	(do r box, office	ot ch unles	Pos eck s pe d a d	c) ition more rson irecto	than o	n an Reportable ee) compensation		(E) Reportable compensation from related		(F) Estima amour	ated nt of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		from from organizand relations	the ation lated
(15)													
(16)													
(17)											<del> </del>		
(18)													
(19)						<del> -</del>					+		
(20)													
(21)						_					-		
(22)				_		_							
(23)						ļ <u>.</u>					<del> </del>		
(24)											<del> </del>		
(25)													
1b c d	Sub-total  Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A .						<b>&gt; &gt; &gt;</b>	0		0		C
2	Total number of individuals (including but not lir		ted a	bov	e) v				<u>.                                      </u>		<u> </u>		
	reportable compensation from the organization											Ye	s No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r higi	nesi	t compensated		3		_ x
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.										4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_			5		X
Sec	tion B. Independent Contractors	es, complete oc	neau	10 0	101	300	ii pci	301	<i>r</i>	· · · · · · · · · · · · · · · · · · ·			^_
1	Complete this table for your five highest compe compensation from the organization Report co year										s tax		
	(A) Name and business add	ress							(B) Description of ser	vices	Com	(C) pensatio	on
													(
										<u> </u>		_	
													C
2	Total number of independent contractors (including more than \$100,000 of compensation from the	_	ed to	tho	se l	ste	d abo ດ	ve)	who received				

Pai	rt VIII	<ul> <li>Statement of Revenue         Check if Schedule O contains a response to any question     </li> </ul>	n in this	s Part VIII			. 🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
12 W	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				İ
s, G Amc	C	Fundraising events 1c	0				l
Gift lar	d	Related organizations 1d	0	1			-
Si iii	e		1,066	i			
tio er S	f	All other contributions, gifts, grants, and	1				
혈			9,726				İ
jo je	g	Noncash contributions included in lines 1a-1f: \$	0	ŀ			
	h	Total. Add lines 1a–1f	.► ebo?	233,792			
Program Service Revenue	2a		-	ا			1
eve	b			0			
8	C			0		<u>-</u>	
Ž	d			0		<del></del>	
Š	l u		<del> -</del>	0			
grar	,	All other program service revenue		0			
Po	a	Total. Add lines 2a–2f	▶	0			
	3	Investment income (including dividends, interest, and		- 4			
	•	other similar amounts)		1,927	1,194		
	4	Income from investment of tax-exempt bond proceeds		0	1, 13-4		
	5	Royalties	· • -	0			
	i -	(i) Real (ii) Persor	nal	<del>-</del>			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0				
	d	Net rental income or (loss)	<b>•</b>	ol			1
	7a	Gross amount from sales of (i) Securities (ii) Other	r			- · · · · · · · · · · · · · · · · · · ·	
		assets other than inventory . 0	0				
	b	Less cost or other basis					
		and sales expenses 0	이				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	. ▶	0			_
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	0				
ţ	b	Less. direct expenses	ō		İ		
0	С	Net income or (loss) from fundraising events	<b>•</b>	o			
	9a	Gross income from gaming activities	I -				
		See Part IV, line 19	0				
		Less. direct expenses b	0				
	С	Net income or (loss) from gaming activities	.▶	0	_		
	10a	Gross sales of inventory, less					
		returns and allowances a	50				
		Less cost of goods sold b	0				
-	С	Net income or (loss) from sales of inventory	▶	50	50		
ĺ		Miscellaneous Revenue Business C	ode				
	11a	Refunds 900099		1,152	1,152		
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d	. ▶ _	1,152			
	12	Total revenue. See instructions	<b>&gt;</b>	236,921	2,396	0	0

Part IX	<ul> <li>Statement of Func</li> </ul>	tional Expenses
---------	---------------------------------------	-----------------

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganızatıons must c	omplete column (A)	·
	Check if Schedule O contains a response to any	question in this Part	IX	<u> </u>	
	not include amounts reported on lines 6b, 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	92,129	92,129		
2	Grants and other assistance to individuals in the				
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members				
3	trustees, and key employees	1 0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ĺ		
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	64,905	14,010	50,895	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	0			
9	Other employee benefits	0			
10	Payroll taxes	. 0			
11	Fees for services (non-employees).				
а	Management	0			<del></del> .
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	1,054	4.054		
۱ م	Investment management fees	1,054	1,054	<del>-</del>	
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,895	12,895		
13	Office expenses	15,622	12,599	3,023	
14	Information technology	2,580		2,580	
15	Royalties	0			
16	Occupancy	0			
17	Travel	5,851	3,063	2,788	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization	1,329	0	1,329	
24	Other expenses Itemize expenses not covered	1,329		1,329	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Penalties and Interest	528		528	
b	Dues	843		843	
C	Outside Services	24,530	24,530		
d	Miscellaneous	1,195	1,195		
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	223,461	161,475	61,986	
26	Joint costs. Complete this line only if the			ŀ	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	}	}	\	
	following SOP 98-2 (ASC 958-720)				
	10110 Willing GOT 00-2 (7100 000-720)	I			

Form 990 (2012) Upper Housatonic Valley National Heritage Area 06-1613798 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . 52,116 74,181 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net . 0 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 ol 7 0 Inventories for sale or use . . . . 8 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D | 10a Less accumulated depreciation . . . 10b 0 10c 0 0 b Investments—publicly traded securities . . . . 11 ol 11 0 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related See Part IV, line 11. 0 13 0 14 0 14 Other assets. See Part IV, line 11 . . . . . . 76,854 15 ol 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 52.116 16 151,035 17 17 18 18 19 Deferred revenue . . . . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . Loans and other 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 . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . οl 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 1,741 25 6.029 Total liabilities. Add lines 17 through 25 . . 1,741 26 6,029 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . 27 28 Temporarily restricted net assets . . 28 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund.

Total liabilities and net assets/fund balances .

Retained earnings, endowment, accumulated income, or other funds. . .

145,006

145,006

151.035

31

32

33

50,375

50,375

52.116

Form	990 (2012) Upper Housatonic Valley National Heritage Area	С	<u> 6-1613</u>	798_	Pag	e 12
Par		_				
	· 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			236	,921
2	Total expenses (must equal Part IX, column (A), line 25)	2			223	,461
3	Revenue less expenses Subtract line 2 from line 1	3			13	,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			_50	,375
5	Net unrealized gains (losses) on investments	5			4	,938
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			76	,233
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10			145	,006
Part	XII Financial Statements and Reporting				r	<del></del>
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	•	·	
			_	_	Yes	No
1	Accounting method used to prepare the Form 990.		\	- 1	ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1	ı		
_	Schedule O		ŀ	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·  -	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ŀ	- 1		
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis		ì	- 1	Ì	
b	Were the organization's financial statements audited by an independent accountant?		·	2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.		]	- 1	Ì	
	Separate basis Donsolidated basis Both consolidated and separate basis		ŀ			
С	If "Yes" to line 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?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		Γ			
	Schedule O.			]		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		İ			
	the Single Audit Act and OMB Circular A-133?	•		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				Ì	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	1	

Form **990** (2012)

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

See separate instructions.

Inspection

Employer identification number

Upper Housatonic Valley National Heritage Area 06-1613798 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 сΓ Type II Type III—Functionally integrated d Type III—Non-functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g(iii) Х h Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (I) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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.)

Sect	ion A. Public Support	quality under	the tests hate	a bolow, ploa	ioc complete	r are m.,	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(u) 2000	(8) 2000	(6) 2010	(4) 2011	(0) 20 12	
1	membership fees received (Do not						
	include any "unusual grants")	175,158	295,238	291,424	160,789	233,792	1,156,401
2	Tax revenues levied for the organization's	173,130	200,200	201,424	100,700	200,702	1,100,401
_	benefit and either paid to or expended on						
	its behalf	o	0	o	o	l ol	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	o	o	0	ol	0
4	Total. Add lines 1 through 3	175,158	295,238	291,424	160,789	233,792	1,156,401
5	The portion of total contributions by each	110,100	200,200	201,121	100,100	200,102	1,100,101
•	person (other than a governmental unit	1		1 1	1		
	or publicly supported organization)		1				
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,	i va				1.7	
	column (f)	jih ili majar		1 1			
6	Public support. Subtract line 5 from line 4	in a right	7, 1	12.1	1	i, i	1,156,401
	ion B. Total Support	<u> </u>			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	175,158	295,238	291,424			1,156,401
8	Gross income from interest, dividends,	170,100	200,200	201,121	100,100	200,702	1,100,101
•	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	О	0	0	0	1,927	1,927
9	Net income from unrelated business				· · ·	1,027	1,021
•	activities, whether or not the business is						
	regularly carried on .	О	0	0	0	l ol	0
10	Other income. Do not include gain or						<u>~</u>
••	loss from the sale of capital assets						
	(Explain in Part IV) .	2,614	644	446	358	1,202	5,264
11	Total support. Add lines 7 through 10.	2,011	011			1,=0=	1,163,592
12	Gross receipts from related activities, etc (se	e instructions)				12	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .						▶□
Sect	ion C. Computation of Public Support			<del> </del>	<u>-</u>		
14	Public support percentage for 2012 (line 6, co		d by line 11 co	lumn (fl)		14	99 38%
15	Public support percentage from 2011 Schedu	• • •	•			15	0 00%
16a	33 1/3% support test—2012. If the organizat						
	and <b>stop here</b> . The organization qualifies as						▶ 🗵
b	33 1/3% support test—2011. If the organizat						neck this
	box and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test—2012.	•					
174	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts						
	organization						
b	10%-facts-and-circumstances test—2011.						
D	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts						ani III
	supported organization	-anu-cii cuiiista	noes test ille	organization q	uaimes as a pu	Diloly	▶□
40			line 40 40	40h 47 1	7h abaalat 1		
18	Private foundation. If the organization did no						. $\Box$
	instructions	<i></i> .					▶∟

# 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.)

Sec	tion A. Public Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513.	<del></del>					0
4	Tax revenues levied for the organization's		1				
	benefit and either paid to or expended on						0
_	its behalf	<del></del>	<del></del>		-		0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
о 7а	Amounts included on lines 1, 2, and 3						<u> </u>
, a	received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that				!		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		,				
	line 6)				4.5		0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕒 📗	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6.	О	0	0	o	o	0
10a	Gross income from interest, dividends,					ĺ	
	payments received on securities loans,	ı					
	rents, royalties and income from similar sources	ı				1	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ı					
	acquired after June 30, 1975 .						0
С	Add lines 10a and 10b	0	0	0	. 0	0	0
11	Net income from unrelated business	ı	1		i		
	activities not included in line 10b, whether	ı					
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets	I					•
40	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,						•
4.4	and 12)	0		0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.						▶□
	<u></u>	<del></del>					· · · · · · · · · · · · · · · · · · ·
<u> 3ec</u> 15	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column		o 13 column (fl)			15	0 00%
16	Public support percentage from 2011 Schedule A, F	•			٠	16	0 00%
	tion D. Computation of Investment Inco				• •	10	0 00 70
17	Investment income percentage for 2012 (line 10c, or			umn (fl)		17	0 00%
18	Investment income percentage for 2012 (line 100, to					18	0 00%
19a	33 1/3% support tests—2012. If the organization				ا 33 1/3% ore than	··· <del>·</del> · · · · · · · · · · · · · · · · ·	0 00 70
	not more than 33 1/3%, check this box and stop he						▶ □
b	33 1/3% support tests—2011. If the organization						۔
~	line 18 is not more than 33 1/3%, check this box an						. ▶□
20	Private foundation. If the organization did not che	-	-				▶□
	att roundation it the organization did not one		,				ــا -

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).
	matructions).

#### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 06-1613798 Upper Housatonic Valley National Heritage Area Form 990 Part III Line 2 During the fiscal year, a program related to WEB Du Bois was added and additional donations and program expenses were accounted for

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization	Page Z Employer identification number
Upper Housatonic Valley National Heritage Area	06-1613798
<u></u>	
	•

BUDGET SUMMARY					
Category	NPS Funds	Cooperator/Recipient Match/Cost Share	Total		
Personnel	29,290	29,290	58,580		
Fringe Benefits	4,210	4,210	8,420		
Travel	5,090	5,090	10,180		
Equipment	1,200	1,200	2,400		
Supplies and Materials	7,770	7,770	15,540		
Contractual Services	18,750	18,750	37,500		
Construction	0	0	0		
Other *	11,690	11,690	23,380		
Total Direct Charges	78,000	78,000	156,000		
Indirect Charges	0	0	0		
TOTAL COSTS	78,000	78,000	156,000		

#### \* Other includes:

Planning and development, including research of public records, surveys and historic documents, for the creation of a public non-motorized trail through CT State Forest in cooperation with CT Dept. of Energy and Environmental Protection. The proposed trail abuts private lands, and questions of accessibility have been raised as the town road that previously connected these assets has been previously abandoned, and rights-of-way are being questioned. Several egress options have been articulated through public scoping, and regional natural-resource protection organizations have been engaged as the proposed trail and some of these egress options are in close proximity to the Housatonic River.

Research Native American Heritage as it relates to one section of the proposed HouBike Trail from West Cornwall to Cornwall Bridge. This section of trail is along or part of what was a major Native American trail, known by colonists as the Paugussett or Berkshire Path (Spiess, 1934). It traversed from present Norwalk to Canaan in Connecticut then up to Stockbridge Massachusetts, following the east bank of the Housatonic from New Milford at least as far as Sheffield. It was part of a network of major and minor paths (see Maps) connecting Native American communities and a number of distinct tribes. While preliminary, we hope to engage the Institute of American Indian Studies and the Berkshire Museums we prepare a program of interpretation for this particular segment of the trail.

In partnership with the City of Pittsfield's Office of Cultural Development and dozens or programming partners (primarily under the guidance of the Lift Ev'ry Voice African-American Culture and Heritage Festival Committee) we will reprise the successful 2012 festival for the summer of 2013, in tandem with the grand opening of the Samuel Harrison House and the 150th anniversary of the 54th Regiment - Massachusetts Volunteer Infantry. The Berkshire Historical Society is especially interested in the historic elements and we already have the Dance Theatre of Harlem at Jacob's Pillow to kick off the festival.

#### Note on Personnel costs and contractual services:

Personnel costs in the 2013 Work Plan and Budget are primarily attributed to the "Heighten Appreciation for Our Heritage" portion of the plan. In some cases this work is research-intensive and consumes staff time in writing, verifying and publishing data. For instance – the annual Heritage Walks requires months of staff time to prepare and promote, and are extremely labor-intensive. Also - the proposed Sharon-Salisbury bike route project will require riding the routes, logging every detail of turns and distances, relevant heritage sites (and associated research), photography and proofreading. The CT American Revolution digital guidebook) statewide biking and driving routes) is anticipated to consume in excess of 800 hours of manpower to create. Creation of the new interpretive program "Literary Heritage" is anticipated to involve extensive organizational time. Much of the expense is attributable to project-scoping, developing advisory and working committees, public outreach, etc. The water-power research project will eventually be a multi-year research project.

Contractual Services costs are primarily associated with the Masters' level teachers course (Heritage Educational & Stewardship Development Initiatives section), and the costs associated with the needed faculty and an accredited educational institution that administers the core components of the course, evaluates teachers' lesson plans and grants credits at the conclusion. Additional contract costs are associated with professional water guides and equipment for the free / public interpretive paddling excursions

(Heighten Appreciation for Our Heritage section). The use of these professional guides and the services of Housatonic Valley Association considerably increases our on-the-water interpretive capability, reduces our liability exposure, and allows us to create this unique program. The services of a professional development company will serve to move the WEB Du Bois NHS project rapidly toward becoming self-sufficient (Preserve & Enhance Our Heritage section). Our intent is to raise the visibility of this project (and the broad support that we need) and to 'spin it off' as its own non-profit as soon as possible.

ATTACHMENT - A
2013 Work Plan and Budget
Upper Housatonic Valley National Heritage Area

**Project Name:** 

Heritage Educational & Stewardship Development Initiatives

**Project Costs:** 

Federal: \$ 18,030 Non-federal: \$ 18,030 Project Total: \$ 36,060

#### **Project Description:**

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.

These initiatives were identified in the (draft) Management Plan as methods to increase stewardship of heritage resources, build capacity among history organizations, and increase awareness of the region's rich heritage by residents and visitors.

- Upper Housatonic Valley Experience is a part of the core educational programming, and is
  delivered through various means, including a partnership with Massachusetts College of Liberal
  Arts (Masters' level credit-granting institution), Berkshire Community College (provides
  logistical support and evaluates lesson plans) and numerous heritage-based organizations that
  host events.
- Alliance of History Organizations is an ongoing Housatonic Heritage program that provides education, expertise and other means to assist in the developmental capacity of area history organizations. Additional partnerships and contracted services are provided through the New England Museum Association and the Connecticut League of History Organizations (both institutions provide educational content) for the purpose of delivering high-quality materials to area non-profits for the purpose of building audience, increasing interpretive collaborations, institutional development, public outreach and more. Public (free and open to) presentations are provided at historic Bascom Lodge atop Mount Greylock (Appalachian Trail) by trusted institutions and heritage organizations.
- The Writer-in-Residence project for the spring Jana Laiz going to a couple of Pittsfield schools is in hand, and we're fine with the Cultural Council funding. However, Jana and I have discussed a writing workshop for adults. A summer or fall writing series "Writers-in-Residence"? would be a fun way for a small group of people, led by Jana, to be inspired to write about the Berkshires/Housatonic River Valley.

#### **Project Partners:**

- Massachusetts College of Liberal Arts (Credit-granting institution)
- Berkshire Community College (Provides faculty support, evaluates lesson plans)
- Bascom Lodge (host facility for public presentations atop Mount Greylock)
- Connecticut League of History Organizations (provides faculty and educational materials)
- New England Museum Association (provides educational materials)
- Berkshire Historical Society (provides writer-in-residence site, programming)
- Pittsfield Public Schools (provides faculty time)

# **Projected Timetable:**

The Upper Housatonic Valley Experience (teachers' course) runs throughout the summer months, culminating in final presentations by the teachers, and grading / awarding of credit. Educational programming for area schools will begin with the fall semester – on or about September 3, with full implementation to occur in the classroom during the fall and spring semesters (and ongoing). Public seminar series at Bascom Lodge runs from May 31 to October 12 (weekly). History organization educational series typically runs through Memorial Day Weekend, then begins again after Columbus Day Weekend.

# Breakdown of Project Costs by Category:

Heritage Educational & Stewardship Development Initiatives						
	Non-federal	Federal	Totals			
Personnel	\$4,710	\$4,710	\$9,420			
Fringe Benefits	\$900	\$900	\$1,800			
Travel	\$1,100	\$1,100	\$2,200			
Equipment	\$320	\$320	\$640			
Supplies	\$3,650	\$3,650	\$7,300			
Contractual	\$4,550	\$4,550	\$9,100			
Construction	\$0	\$0	\$0			
Other*	\$2,800	\$2,800	\$5,600			
Total Direct Costs	\$18,030	\$18,030	\$36,060			
Indirect Costs	\$0	\$0	\$0			
<b>Total Project Costs</b>	\$18,030	\$18,030	\$36,060			

*Other	Design	æ	nrinting	costs th	at are	outsourced	
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**Project Name:** 

Management Plan

**Project Costs:** 

Federal: \$ 8,150 N

Non-federal: \$8,150

Project Total: \$ 16,300

# **Project Description:**

Finalize and adopt the Management Plan, to describe, in detail, the work plan for the next 5- and 10-year period. Ongoing tasks include working with the consulting services of a qualified consultant and work with same to finalize and submit to DOI a final draft Management Plan. Additional expenses will be incurred through the publication, public comment, design and printing, and final dissemination of the completed management action plan.

Additional expenses to be incurred as the Management Plan is distributed to partner organizations, and implementation of the actions described therein are coordinated with those other organizations, agencies and municipalities.

Housatonic Heritage will use several instances of contracted services:

- Elizabeth Sharpe, consultant to the management planning process
- Design and printing and distribution services

#### **Project Partners:**

No project partners are anticipated, other than the consultant noted above.

# **Projected Timetable:**

It is anticipated that the draft plan will be completed and submitted for review by June 30, 2013. Public comment, design, printing will be completed by September 30, 2013. Distribution and implementation meetings will be held during the fall, 2013.

# Breakdown of Project Costs by Category:

	Management Plan					
	Non-federal	Federal	Totals			
Personnel	\$2,100	\$2,100	\$4,200			
Fringe Benefits	\$700	\$700	\$1,400			
Travel	\$1,250	\$1,250	\$2,500			
Equipment	\$0	\$0	\$0			
Supplies	\$900	\$900	\$1,800			
Contractual	\$1,800	\$1,800	\$3,600			
Construction	\$0	\$0	\$0			
Other*	\$1,400	\$1,400	\$2,800			
Total Direct Costs	\$8,150	\$8,150	\$16,300			
Indirect Costs	\$0	\$0	\$0			
Total Project Costs	\$8,150	\$8,150	\$16,300			

\*Other: Design & printing costs that are outsourced.

**Project Name:** 

Heighten Appreciation for Our Heritage

**Project Costs:** 

**Federal:** \$ 37,750

**Non-federal:** \$ 37,750

Project Total: \$ 75,500

#### **Project Description:**

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. This program is outlined within the Management Plan and was identified as a primary objective of the heritage area during public scoping sessions.

- For the 2013 opening season here, we plan to work with Michael Melle (sculptuor), creating straw sculptures in the fields at Arrowhead to represent and honor the men of 54th Mass. A likely approach is to show recruitment, which is what happened in the Berkshires. Related to this installation will be a series of interpretive panels in the field, each about a different soldier. An ad hoc interpretive trail, so to speak.
- Collaborate with The Cultural Landscape Foundation to expand and broaden the diversity of Heritage Walks Weekends in Autumn, a collaboration of dozens of organizations and individuals.
- Publish the Sharon-Salisbury cycling route map that includes five loop trails off of the central HouBike Trail. It will be a companion piece to the Kent Bike Routes and the HouBike Trail brochures that were published recently. The www.HouBikeWalk.org website will be updated to include these new cycling routes.
- Working with David Levinson (author, anthropological researcher and historian), staff from the Massachusetts Historical Society, and others, to create a symposium to explore themes inspired by the Civil War and the 54th. Again, the idea is to discuss recruitment why did men sign up? Get drafted? How is this similar or different to/from other wars (particularly the Vietnam War).
- Literary Heritage Trail build upon the work that the new Advisory Council has started exploring the concept of a regional literary heritage interpretive program. The Council includes representation from Edith Wharton's The Mount and Herman Melville's Arrowhead, plus representatives of interested local libraries (including the Hotchkiss Library in Sharon, and the Scoville Library in Salisbury is the country's oldest public library). Additional representatives may be included from the English or American Literature Departments from the local high schools and colleges (such as Williams), as well as interested Language Arts Coordinators for elementary schools and middle schools so that we can encourage young people to love their literary heritage.
- Partner with Housatonic Valley Association (HVA) to offer interpretive Paddle Trips on the
  Housatonic River. The partnership will organize and promote a series of five easy, flat water
  canoe trips that are free and open to the public throughout Summer 2013. Themes may include
  birding on the Housatonic, flora and fauna of the river valley, geologic features, industrial history
  paper, iron, etc.) and other heritage sites that may best be observed from the river. The program
  will utilize trained, professional canoe guides, and contract with naturalists and historians for
  interpretive presentations.
- 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.
- In partnership with the Bicycle Tour Company, Central CT State University and an advisory panel of history organizations, develop a 100 page digital guide book of American Revolution. The digitally published book will contain themed bicycling and driving tours, including storied locations throughout the Upper Housatonic River Valley. The guide will contain seven routes; each section will include a narrative overview, three short biographies of relevant Revolutionaryera figures, detailed route notes for drivers and bicyclists, and original maps which will identify bicycle-friendly sections of the road tours.
- Continue work on mapping, publishing and advocating for the creation of the Western New England Greenway (WNEG), a regionally significant, contiguous network of over-the-road bike routes that will connect New York City to Montreal, linking with the East Coast Greenway at Norwalk, CT and the Route Verte in Quebec Province, Canada. The WNEG is being created to

enhance sustainable transportation and recreation opportunities by linking the communities along the route in the states of Connecticut, Massachusetts and Vermont.

• Begin a two-year study of 18th and 19th century waterpower in the Housatonic River Valley. The survey will methodically look at every dam site on the river from Hinsdale, Mass., to Long Island Sound. It will look at the growth of water-powered industry from wood-related mills (saw, shingle) to agrarian and small rural industry (grist, plaster, fulling, potash, cider) to specialized mills (marble saws, distilleries, tanneries) to iron-related shops (bloomery forges, iron furnaces) to the advent of large-scale industry (paper, textile). It would discuss the mechanics of dam construction and the dynamics of water wheel installation and mill operation). Finally, it would look at the advent of steam and electric power.

The survey will examine some 33 dam sites on the Housatonic River, plus take a large sampling of small industries on tributary streams. It will include expanded profiles of particularly interesting industrialists such as Zenas Crane of Dalton or Horatio Ames of Salisbury. It will look at scoundrels such as Horace C. Day, who used Charles Goodyear's rubber patent without paying royalty. It will also look at inventive genius William Stanley, who developed the first practical means of transmitting alternating-current electric power.

 Rekindle the Paper Heritage Trail. After a series of public events and interpretive exhibits in 2011, the Trail has not made significant progress toward fulfilling its mission. A meeting of stakeholders will be held in September 2013 to revisit the purposes and goals of the Trail, identify priorities for the year ahead, and develop MOUs to lay the groundwork for new work.

Housatonic Heritage will use several instances of contracted services:

- Design services for physical trails (not yet chosen)
- Brochure Design by Ames Working Designs
- Brochure printing by US Press
- Website design by Manning Design
- Paddling guides and interpretive materials by Housatonic Valley Association
- Route mapping, photography and narrative for CT American Revolution Guide by the Bicycle Tour Company and Central CT State University
- Research and narrative for Water Power by Bernie Drew

# **Project Partners:**

Primary partners on these projects will provide expertise, research and narrative for interpretive projects described above.

- Champlain Valley National Heritage Partnership
- Berkshire Regional Planning Commission
- Northwest CT Council of Governments
- New Milford, Town of
- Central CT State University
- Housatonic Valley Association
- Bicycle Tour Company
- Crane Museum of Papermaking
- Berkshire Museum
- City of Pittsfield, Office of Cultural Development

#### **Projected Timetable:**

Projects described here (except for the Western New England Greenway and the Water Power projects) are anticipated to be well underway and / or completed by December 31, 2013. Western New England Greenway is a multi-year collaboration with the partners described above. The Water Power project is a two-year research project, anticipated to be completed by December 31, 2104. The Paper Heritage Trail is a multi-year / ongoing program of interpretation.

# Breakdown of Project Costs by Category:

Heighten Appreciation for Our Heritage					
	Non-federal	Federal	Totals		
Personnel	\$19,300	\$19,300	\$38,600		
Fringe Benefits	\$2,140	\$2,140	\$4,280		
Travel	\$1,800	\$1,800	\$3,600		
Equipment	\$200	\$200	\$400		
Supplies	\$2,410	\$2,410	\$4,820		
Contractual	\$7,100	\$7,100	\$14,200		
Construction	\$0	\$0	\$0		
Other*	\$4,800	\$4,800	\$9,600		
Total Direct Costs	\$37,750	\$37,750	\$75,500		
Indirect Costs	\$0	\$0	\$0		
Total Project Costs	\$37,750	\$37,750	\$75,500		

<sup>\*</sup>Other: Mapping / GIS, interpretive materials design & printing costs that are outsourced.

#### **Project Name:**

Preserve & Enhance Our Heritage

#### **Project Costs:**

Federal: \$ 14,070 Non-federal: \$ 14,070 Project Total: \$ 28,140

# **Project Description:**

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, and are expressly authorized within the Plan as implementation strategies identified through the public scoping process.

### Projects include:

• Continue work on the WEB Du Bois National Historic Site program. The 2013 advocacy and public outreach effort will include creation of Niagara Circle, several events at national academic conferences to increase visibility and solicit funds, and develop a local / regional appeal campaign including the creation of the Berkshire Circle gifts of \$500. The proposed NHS will be a national and international destination in Great Barrington, MA that commemorates W.E.B. Du Bois's remarkable scholarship and his example as an activist, leader and educator. In 2013 there are planned events for the new trail interpretation which may be tied to the 50th anniversary of Du Bois's death August 28th in collaboration with the African American Heritage Trail.

- Provide interpretive signage at the boyhood Homesite of WEB Du Bois. In cooperation with UMass Amherst, research, design and install wayfinder-styled signage / interpretive panels (non-construction) at the Homesite in Great Barrington.
- Design a safe pedestrian pathway in Stockbridge, MA, from Church Street, connecting with Pine Woods and the Berkshire Botanical Garden in Stockbridge. The trail will provide vistas and scenic overlooks of the Housatonic River and Larrywaug Brook, provide a recreational walking path, and provide educational experiences of the natural habitat and historic aspects of the area. The trail will also connect cultural sites with the center of Stockbridge. (Construction activities are limited to the installation of informational kiosks.)

Housatonic Heritage will use contracted design services for interpretive markers (The Jackson Design Group), and for the Stockbridge pathway (Peter Jensen & Associates).

# **Project Partners:**

Primary partners on these project will provide expertise, research and narrative for interpretive projects described above.

- University of Massachusetts Amherst
- Monterey Preservation Land Trust
- Friends of Du Bois Homesite
- Stockbridge Land Trust

# **Projected Timetable:**

# Breakdown of Project Costs by Category:

Project Title					
	Non-federal	Federal	Totals		
Personnel	\$3,180	\$3,180	\$6,360		
Fringe Benefits	\$470	\$470	\$940		
Travel	\$940	\$940	\$1,880		
Equipment	\$680	\$680	\$1,360		
Supplies	\$810	\$810	\$1,620		
Contractual	\$5,300	\$5,300	\$10,600		
Construction	\$0	\$0	\$0		
Other*	\$2,690	\$2,690	\$5,380		
Total Direct Costs	\$14,070	\$14,070	\$28,140		
Indirect Costs	\$0	\$0	\$0		
Total Project Costs	\$14,070	\$14,070	\$28,140		

<sup>\*</sup>Other: Mapping / GIS, trail design, brochure design & printing costs that are outsourced.