

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11 , **and ending** 06/30/12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BERKSHIRE UNITED WAY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 SOUTH STREET City or town, state or country, and ZIP + 4 PITTSFIELD MA 01201-6807	D Employer identification number 04-2104841 E Telephone number 413-442-6948 G Gross receipts \$ 3,238,625
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F Name and address of principal officer: KRISTINE HAZZARD 200 SOUTH STREET PITTSFIELD MA 01201	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.BERKSHIREUNITEDWAY.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1952	M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUSTAINABLE CHANGE.																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">3</td><td align="right">20</td></tr> <tr><td>4</td><td align="right">20</td></tr> <tr><td>5</td><td align="right">13</td></tr> <tr><td>6</td><td align="right">667</td></tr> <tr><td>7a</td><td align="right">19,824</td></tr> <tr><td>7b</td><td align="right">4,206</td></tr> </table>	3	20	4	20	5	13	6	667	7a	19,824	7b	4,206												
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	4 Number of independent voting members of the governing body (Part VI, line 1b)																									
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)																									
	6 Total number of volunteers (estimate if necessary)																									
	7a Total unrelated business revenue from Part VIII, column (C), line 12																									
	b Net unrelated business taxable income from Form 990-T, line 34																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td align="right">2,441,502</td><td align="right">2,330,869</td></tr> <tr><td>9 Program service revenue (Part VIII, line 2g)</td><td align="right">0</td><td align="right">0</td></tr> <tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td align="right">101,817</td><td align="right">21,975</td></tr> <tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td align="right">41,718</td><td align="right">150,486</td></tr> <tr><td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td align="right">2,585,037</td><td align="right">2,503,330</td></tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,441,502	2,330,869	9 Program service revenue (Part VIII, line 2g)	0	0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,817	21,975	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,718	150,486	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,585,037	2,503,330						
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Part II 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 Here	Signature of officer KRISTINE HAZZARD Type or print name and title PRESIDENT	Date
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Paid Preparer Use Only	Print/Type preparer's name ROBIN A. MARKEY	Preparer's signature ROBIN A. MARKEY	Date 11/01/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00395617
	Firm's name } SMITH, WATSON & CO., LLP 406 MAIN STREET Firm's address } GREAT BARRINGTON, MA 01230	Firm's EIN } 04-2530803 Phone no. } 413-528-1111			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

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

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

Yes No X

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

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

Yes No X

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 470,121 including grants of \$ 356,587) (Revenue \$)

GOAL #1: ENSURE KINDERGARTEN READINESS BY:

- INCREASING ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION.
- BUILDING STRONG CONNECTIONS TO PARENTS TO SUPPORT CHILD HEALTH AND EDUCATION AT HOME.
- PROVIDING EARLY INTERVENTION AND REFERRAL SERVICES TO ADDRESS HEALTH OR DEVELOPMENTAL ISSUES EARLY ON.

RESULTS TO DATE

- NUMBER WHO ATTENDED EARLY CHILDHOOD EDUCATION AND CARE SETTINGS: GOAL 1,193; ACHIEVED: 1,200; 101% -- AND OF THOSE 68% SHOWED PROGRESS IN ALL FIVE DEVELOPMENTAL AREAS.

4b (Code:) (Expenses \$ 859,776 including grants of \$ 603,020) (Revenue \$)

GOAL #2: ENSURE YOUNG ADULTS SUCCESSFULLY TRANSITION TO WORK, HIGHER EDUCATION OR TRAINING BY:

- ADDRESSING YOUTH SUBSTANCE USE THROUGH THE PITTSFIELD PREVENTION PARTNERSHIP AND USING AN "ENVIRONMENTAL MANAGEMENT" APPROACH THAT GOES BEYOND GENERAL AWARENESS TO WORKING TO CHANGE THOSE THINGS IN THE COMMUNITY THAT ARE RELATED TO SUBSTANCE USE AND RISKY BEHAVIORS; EDUCATING THE COMMUNITY ABOUT LAWS AND POLICIES RELATED TO UNDERAGE DRINKING AND DRUG ABUSE; AND ASSISTING THE COMMUNITY IN RECOGNIZING AND SUPPORTING PROTECTIVE BEHAVIORS.
- ADDRESSING TEEN PREGNANCY THROUGH A COMMUNITY-WIDE INITIATIVE - "FACE THE FACTS-REDUCE TEEN PREGNANCY" FOCUSED ON FOUR STRATEGIES: INCREASED ACCESS

4c (Code:) (Expenses \$ 467,894 including grants of \$ 352,781) (Revenue \$)

THIRD EXEMPT PURPOSE ACCOMPLISHMENT

GOAL #3: IMPROVE FINANCIAL STABILITY AND INDEPENDENCE AMONG INDIVIDUALS EXPERIENCING HOUSING, EMPLOYMENT AND FINANCIAL INSECURITY BY:

- ASSISTING THEM IN ATTAINING OR RETAINING PERMANENT, AFFORDABLE HOUSING.
- PROVIDING OPPORTUNITIES TO OBTAIN BASIC SKILLS OR JOB SKILLS LEADING TO EMPLOYMENT
- PROVIDING SUPPORT AND FINANCIAL LITERACY SKILLS TO HELP ACHIEVE ECONOMIC MILESTONES.

RESULTS TO DATE

- NUMBER OF FAMILIES WHO OBTAINED OR RETAINED SAFE OR AFFORDABLE HOUSING:

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses u 1,797,791

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		X
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		X
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		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	X	
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		X
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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	20		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** MA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** KRISTINE HAZZARD 200 SOUTH STREET
 PITTSFIELD MA 01202 413-442-6948

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BISSELL DIRECTOR	0.00	X					0	0	0	
(2) MICHAEL BARBIERI CHAIR	1.00	X		X			0	0	0	
(3) PAUL BRUCE TREASURER	1.00	X		X			0	0	0	
(4) RUTH BLODGETT CLERK	1.00	X		X			0	0	0	
(5) BRENDA BURDICK VICE CHAIR	1.00	X		X			0	0	0	
(6) CHURCHILL COTTON DIRECTOR	1.00	X					0	0	0	
(7) JANET DOHONEY DIRECTOR	1.00	X					0	0	0	
(8) CHRISTINE LUDWISZEWski CLERK	1.00	X		X			0	0	0	
(9) JUNE ROY-MARTIN DIRECTOR	1.00	X					0	0	0	
(10) DENISE MARSHALL DIRECTOR	1.00	X					0	0	0	
(11) MICHAEL BULLOCK DIRECTOR	1.00	X					0	0	0	
(12) KEN MYERS DIRECTOR	1.00	X					0	0	0	
(13) MICHAEL WYNN DIRECTOR	1.00	X					0	0	0	
(14) DOUGLAS CRANE DIRECTOR	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LAWRENCE HARNETT DIRECTOR	1.00	X					0	0	0	
(16) CHRISTOPHER MATHEWS DIRECTOR	1.00	X					0	0	0	
(17) MICHAEL FERRY DIRECTOR	1.00	X					0	0	0	
(18) DARRIN HARRIS DIRECTOR	1.00	X					0	0	0	
(19) CAROL LEIBINGER-HEALEY DIRECTOR	1.00	X					0	0	0	
(20) COLLEEN LUSSIER DIRECTOR	1.00	X					0	0	0	
(21) ARTHUR MILANO DIRECTOR	1.00	X					0	0	0	
(22) GERALD MURRAY DIRECTOR	1.00	X					0	0	0	
(23) KRISTINE HAZZARD PRESIDENT & CEO	40.00			X			102,867	0	9,473	
(24) HOWARD EBERWEIN III DIRECTOR	1.00			X			0	0	0	
(25)										
1b Sub-total							102,867		9,473	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							102,867		9,473	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	15,490	1	101,128
	2	Savings and temporary cash investments	138,269	2	132,783
	3	Pledges and grants receivable, net	972,126	3	902,579
	4	Accounts receivable, net	158	4	4,152
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,930	9	17,003
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	788,061		
		10a			
	b	Less: accumulated depreciation	496,838	10c	291,223
		10b			
	11	Investments—publicly traded securities	2,131,015	11	2,116,368
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,590,618	16	3,565,236	
Liabilities	17	Accounts payable and accrued expenses	36,023	17	61,429
	18	Grants payable		18	
	19	Deferred revenue		19	7,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	120,034	23	105,325
	24	Unsecured notes and loans payable to unrelated third parties	1,275	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,747,450	25	1,459,190
	26	Total liabilities. Add lines 17 through 25	1,904,782	26	1,632,944
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,185,242	27	1,538,714
	28	Temporarily restricted net assets	166,644	28	68,338
	29	Permanently restricted net assets	333,950	29	325,240
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,685,836	33	1,932,292	
34	Total liabilities and net assets/fund balances	3,590,618	34	3,565,236	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,308,240

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,670,091	2,633,896	2,231,882	2,441,502	2,330,869	12,308,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,559	64,194	49,436	34,626	51,744	301,559
9 Net income from unrelated business activities, whether or not the business is regularly carried on			12,038	9,666	4,206	25,910
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,550	5,355	1,725	9,680	11,341	47,651
11 Total support. Add lines 7 through 10						12,683,360

12 Gross receipts from related activities, etc. (see instructions) **12** 122,839

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) **14** 97.04%

15 Public support percentage from 2010 Schedule A, Part II, line 14 **15** 96.70%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

PART II, LINE 10 - OTHER INCOME DETAIL

K-1 AND MISCELLANEOUS PROGRAM FEES \$ 36,310

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

BERKSHIRE UNITED WAY, INC.

04-2104841

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BERKSHIRE UNITED WAY, INC.	Employer identification number 04-2104841
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BERKSHIRE HEALTH SYSTEMS 777 NORTH STREET PITTSFIELD MA 01201	\$ 127,419	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GENERAL DYNAMICS 100 PLASTICS AVENUE PITTSFIELD MA 01201	\$ 75,598	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 87,537	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GREYLOCK FEDERAL CREDIT UNION 150 WEST STREET PITTSFIELD MA 01201	\$ 74,763	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SABIC INNOVATIVE PLASTICS ONE PLASTICS AVENUE PITTSFIELD MA 01201	\$ 100,641	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BERKSHIRE BANK 24 NORTH STREET PITTSFIELD MA 01201	\$ 88,733	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BERKSHIRE UNITED WAY, INC.	Employer identification number 04-2104841
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GUARDIAN/BERKSHIRE LIFE INSURANCE CO 700 SOUTH STREET PITTSFIELD MA 01201	\$ 91,993	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BERKSHIRE BANK FOUNDATION PO BOX 1308 PITTSFIELD MA 01202-1308	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JOSEPHINE & LOUISE CRANE FOUNDATION PO BOX 901 FALMOUTH MA 02541-0901	\$ 290,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	AYCO CHARITABLE FOUNDATION CHARLES & KERRY CREW CHAR FOUNDATION 6 TANSY COURT WYNANTSKILL NY 12198	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CRANE & CO. 30 SOUTH STREET DALTON MA 01226	\$ 50,893	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CITY OF PITTSFIELD 70 ALLEN STREET PITTSFIELD MA 01201	\$ 48,197	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BERKSHIRE UNITED WAY, INC.	Employer identification number 04-2104841
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SABIC INNOVATIVE PLASTICS 1 PLASTICS AVENUE PITTSFIELD MA 01201	\$ 119,565	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

BERKSHIRE UNITED WAY, INC.

04-2104841

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historically important land area, certified historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy... Yes No, 6 Staff and volunteer hours devoted to monitoring... u, 7 Amount of expenses incurred in monitoring... u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... Yes No, 9 In Part XIV, describe how the organization reports conservation easements...

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** 100.00 %
 - c** Temporarily restricted endowment **u** %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		128,939		128,939
b Buildings		515,613	371,521	144,092
c Leasehold improvements				
d Equipment		143,509	125,317	18,192
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** 291,223

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO DESIGNATED AGENCIES	1,313,571	
(3) CI GRANTS PAYABLE	145,619	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 1,459,190	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

PERMANENTLY RESTRICTED NET ASSETS INCLUDE THE FOLLOWING DONOR RESTRICTED PRINCIPAL IN PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE AS PROVIDED BY THE DONOR. THE GE GOOD NEIGHBOR FUND, RUTH BORASKI CHILDREN'S ENDOWMENT, AND GENERAL ENDOWMENT FUND ARE PERMANENTLY RESTRICTED. INCOME IS TO BE USED FOR SPECIAL NEEDS AND GRANTS OR ADDED TO THE PRINCIPAL IF NOT USED.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

INVESTMENT EXPENSES	\$	-18,485
RENTAL PROPERTY EXPENSES	\$	60,596
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,518
K-1 PASSTHROUGH LOSS	\$	5,109
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	\$	-125,182
INVESTMENT EXPENSES	\$	18,485
RENTAL PROPERTY EXPENSES	\$	-60,596
DIRECT FUNDRAISING EVENT EXPENSES	\$	-3,518
PRIOR YEAR GRANT RECOVERY	\$	27,500

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

INVESTMENT EXPENSES	\$	-18,485
RENTAL PROPERTY EXPENSES	\$	60,596
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,518
K-1 PASSTHROUGH LOSS	\$	5,109
RESERVE FOR UNCOLLECTIBLE ACCOUNTS	\$	-125,182

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

INVESTMENT EXPENSES	\$	-18,485
RENTAL PROPERTY EXPENSES	\$	60,596
DIRECT FUNDRAISING EVENT EXPENSES	\$	3,518
PRIOR YEAR GRANT RECOVERY	\$	-27,500

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

u Attach to Form 990.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS 480 WEST STREET PITTSFIELD MA 01201	53-0196605	3	18,000		FMV		WORKFORCE CNA PROG
(2)	BARRINGTON STAGE COMPANY 30 UNION STREET PITTSFIELD MA 01201	04-3263298	3	30,000		FMV		PLAYWRIGHT MENTORING
(3)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	65,000		FMV		EARLY EDUCATION
(4)	BERKSHIRE CHILDREN AND FAMILIES 480 WEST STREET PITTSFIELD MA 01201	04-2226238	3	86,000		FMV		YOUNG PARENT SERVICE
(5)	BERKSHIRE COMPACT FOR EDUCATION 375 CHURCH STREET NORTH ADAMS MA 01247			10,000		FMV		COLLEGE ASPIRATIONS
(6)	BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD MA 01201	04-2218928	3	15,000		FMV		YOUTH & FAMILIES
(7)	BERKSHIRE COUNTY KIDS PLACE 63 WENDELL AVENUE PITTSFIELD MA 01201	04-3193833	3	40,000		FMV		TRAUMA RECOVERY PROG
(8)	BERKSHIRE COUNTY REGIONAL EMP 184 NORTH STREET PITTSFIELD MA 01201	04-3291395	3	17,000		FMV		INTERNSHIP PROGRAM
(9)	BOYS & GIRLS CLUB OF PITTSFIELD 16 MELVILLE STREET PITTSFIELD MA 01201	04-2103925	3	40,000		FMV		CHILDREN'S CENTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** 27

3 Enter total number of other organizations listed in the line 1 table **u** 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	50,000		FMV		WORKPLACE-YOUNG ADUL
(2)	BRIEN CENTER 1 FENN STREET, SUITE 4 PITTSFIELD MA 01201	04-2081870	3	55,000		FMV		SUBSTANCE ABUSE PREV
(3)	CENTER FOR PEACE THROUGH CULTURE 20 SYLVAN ROAD GREAT BARRINGTON MA 01230	54-2081431	3	10,000		FMV		GREENAGERS
(4)	CENTRAL BERKSHIRE HABITAT FOR HUMAN 314 COLUMBUS AVENUE PITTSFIELD MA 01201	04-3157085	3	33,750		FMV		BUILDING FOR TOMORRO
(5)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	20,000		FMV		EARLY EDUCATION SERV
(6)	CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS MA 01247	04-2457299	3	70,000		FMV		PARENTING TEENS
(7)	COMMUNITY HEALTH PROGRAM 444 STOCKBRIDGE ROAD GREAT BARRINGTON MA 01230	04-2582119	3	20,500		FMV		REFERRALS & ASSESSMEN
(8)	CONSTRUCT, INC. 41 MAHAIWE STREET GREAT BARRINGTON MA 01230	23-7099108	3	30,000		FMV		INDEPENDENT LIVING
(9)	DALTON COMMUNITY RECREATION ASSOC 400 MAIN STREET DALTON MA 01226	04-2103761	3	27,500		FMV		YOUTH SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** _____
- 3** Enter total number of other organizations listed in the line 1 table **u** _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

OMB No. 1545-0047

2011

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Inspection**

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ELDER SERVICES OF BERKSHIRE COUNTY 66 WENDELL AVENUE PITTSFIELD MA 01201	04-2542001	3	25,213		FMV		ELDER MEALS
(2)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	20,000		FMV		TENANCY PRESERVATION
(3)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	35,000		FMV		CHILD SAFE PROGRAM
(4)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	60,000		FMV		VIOLENCE PREVENTION
(5)	ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD MA 01201	04-2584551	3	100,000		FMV		SHELTER
(6)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	20,000		FMV		YOUTH EMPOWERMENT
(7)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	36,700		FMV		YOUTH LEADERSHIP
(8)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	39,787		FMV		CHILDHOOD EDUCATION
(9)	GLADYS ALLEN BRIGHAM COMMUNITY CENT 165 EAST STREET PITTSFIELD MA 01201	04-2178889	3	77,856		FMV		SCHOOL AGE ENRICHMEN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** _____
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

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(1)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	9,064		FMV		BEFORE/AFTER SCHOOL
(2)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	19,000		FMV		TEEN PROGRAM
(3)	LEE YOUTH ASSOCIATION ACADEMY STREET LEE MA 01238	04-2700427	3	24,000		FMV		PRESCHOOL
(4)	LITERACY VOLUNTEERS OF BERKSHIRE CO 1 WENDELL AVENUE PITTSFIELD MA 01201	04-3244191	3	8,500		FMV		LITERACY VOLUNTEERS
(5)	MASS211, INC. 46 PARK STREET FRAMINGHAM MA 01702	04-3514643	3	5,318		FMV		INFORMATION SERVICES
(6)	MASSACHUSETTS IMMIGRANT AND REFUGEE 105 CHAUNCY STREET BOSTON MA 02111	22-3115048	3	30,000		FMV		BERK IMMIGRANT CTR
(7)	PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVENUE EXTENSION PITTSFIELD MA 01201	04-2776797	3	26,800		FMV		PLAY & LEARN PROGRAM
(8)	PITTSFIELD FAMILY YMCA 292 NORTH STREET PITTSFIELD MA 01201	04-2104837	3	15,000		FMV		INFANT/TODDLER PROG
(9)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230		3	20,000		FMV		APPRENTICESHIPS

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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(1)	RAILROAD STREET YOUTH PROJECT 60 BRIDGE STREET GREAT BARRINGTON MA 01230		3	30,000		FMV		YOUTH DEVELOPMENT
(2)	REACH OUT AND READ, INC. 56 ROLAND STREET, SUITE 100D BOSTON MA 02129-1243	04-3481253	3	10,000		FMV		LITERACY PROGRAM
(3)	SALVATION ARMY OF PITTSFIELD 30 WEST STREET PITTSFIELD MA 01201	13-5562351	3	20,000		FMV		YOUTH & COMMUNITY
(4)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	5,400		FMV		EDUCATION ADVOCACY
(5)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	12,000		FMV		SELF SUFFICIENCY
(6)	UNITED CEREBRAL PALSY OF BC 742 NORTH STREET PITTSFIELD MA 01201	04-2173060	3	20,000		FMV		YOUTH SKILL BUILDING
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** _____

3 Enter total number of other organizations listed in the line 1 table **u** _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

04-2104841

BERKSHIRE UNITED WAY, INC.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

- 98% OF STAFF IN THESE PROGRAMS RECEIVED PROFESSIONAL DEVELOPMENT OR CONTINUING EDUCATION CREDITS.

- 87% OF PARENTS THAT TOOK PART IN FAMILY STRENGTHENING PROGRAMS SHOWED IMPROVEMENT IN THEIR ABILITY TO SUPPORT THEIR CHILDREN'S DEVELOPMENT AND LEARNING.

- 94% OF CHILDREN WHO RECEIVED EARLY INTERVENTION TREATMENT SHOWED IMPROVEMENT.

- PARTNERED WITH BERKSHIRE PRIORITIES, A VOLUNTEER INITIATIVE MADE UP OF COMMUNITY LEADERS, TO LAUNCH PITTSFIELD PROMISE, A PILOT PROGRAM SPECIFICALLY TARGETED TO IMPROVE READING PROFICIENCY TO 90% BY 2020 WITH A COMMITMENT TO EXTEND COUNTY-WIDE WITHIN TWO YEARS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

TO YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES; YOUTH ENGAGEMENT; COMPREHENSIVE SEXUALITY EDUCATION ACROSS GRADE LEVELS; AND PARENT/ADULT EDUCATION TO SHARE VALUES AND EXPECTATIONS.

- PROVIDING MENTORING, CIVIC ENGAGEMENT AND COLLEGE AND WORK-READY SKILL-BUILDING OPPORTUNITIES THAT PROMOTE POSITIVE BEHAVIORS ACROSS BERKSHIRE COUNTY'S YOUNG ADULT POPULATION.

RESULTS TO DATE

- CONDUCTED HOST OF ACTIVITIES IN SUPPORT OF PITTSFIELD PREVENTION PARTNERSHIP STRATEGIES: STICKER SHOCK, SHOULDER TAP SURVEYS, ALCOHOL PURCHASE SURVEYS, TRAINING FOR ALCOHOL SERVERS, SAY IT PROUD AWARDS, 411 IN

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

THE 413 YOUTH CONFERENCE, ACTIVE PARENTING WORKSHOPS, PROM NIGHT POLICE SATURATION PATROLS, RX DRUG ROUND-UPS.

- MOVED TO EXECUTE TEEN PREGNANCY REDUCTION STRATEGIES BY: PARTNERING WITH THE MA ALLIANCE FOR TEEN PREGNANCY; CONDUCTING FOCUS GROUPS WITH BERKSHIRE COUNTY TEENS AND ADULTS; AWARDING FUNDING TO A LOCAL TEEN OUTREACH PROGRAM PROVIDER; AND BEGAN INITIAL WORK ON BRANDED PUBLIC AWARENESS CAMPAIGN

- NUMBER OF YOUTH ENGAGED IN MENTORING RELATIONSHIPS: GOAL: 195;

ACHIEVED: 234; 120% -- AND OF THOSE 75% FELT SUPPORTED BY THEIR MENTOR.

- NUMBER OF YOUTH CIVICALLY ENGAGED AND DEMONSTRATING LEADERSHIP: GOAL:

549; ACHIEVED 935: 170% -- AND 77% FEEL MORE CONNECTED TO THEIR COMMUNITY AS A RESULT.

- NUMBER OF YOUTH RECEIVING ACADEMIC SUPPORT FOR COLLEGE READINESS: GOAL:

1,521; ACHIEVED: 1,354; 89%.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

GOAL 1,182; ACHIEVED 975; 82%.

- NUMBER OF INDIVIDUALS WHO GAINED OR RETAINED EMPLOYMENT: GOAL 336;

ACHIEVED 493; 146%.

- NUMBER OF INDIVIDUALS WHO COMPLETED FINANCIAL EDUCATION: GOAL 354;

ACHIEVED 379; 107%.

- ORGANIZED A GROUP OF LOCAL BUSINESS AND COMMUNITY LEADERS AND MET WITH

THE MASSACHUSETTS REGIONAL OFFICE OF THE INTERNAL REVENUE SERVICE TO

DEVELOP PLANS FOR REINVIGORATING THE LOCAL VOLUNTEER INCOME TAX ASSISTANCE

(VITA) PROGRAM.

- BROUGHT TOGETHER THE WESTERN MASSACHUSETTS NETWORK TO END HOMELESSNESS

AND THE REGIONAL PLANNING COMMISSIONS FOR THE WESTERN REGION OF THE STATE

TO CREATE A DIRECTORY OF SERVICES FOR LOW INCOME RESIDENTS.

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

- INVESTED \$5,318 TO SUPPORT MASS 2-1-1, THE EASY-TO-REMEMBER TOLL-FREE NUMBER AVAILABLE TO CALL 24/7 FOR FREE STATEWIDE ACCESS TO HEALTH AND HUMAN SERVICES INFORMATION AND REFERRALS.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF FORM 990 IS DISTRIBUTED TO STAFF, THE FINANCE AND AUDIT COMMITTEES, AND THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

THE ORGANIZATION USES SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS THE LOCAL MARKET. THESE SALARIES ARE REVIEWED BY THE HUMAN RESOURCE COMMITTEE AND APPROVED BY THE BOARD. ALL PROSPECTIVE EMPLOYEES ARE INTERVIEWED BY THE DIRECT SUPERVISOR OF THE POSITION BEING HIRED AND APPROPRIATE OTHER STAFF, THE CEO AND/OR BOARD MEMBERS DEPENDING ON THE POSITION. THE BOARD APPROVED A NEW SALARY STRUCTURE AND COMPENSATION POLICY IN OCTOBER, 2009 AND A NEW SALARY STRUCTURE BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA ON JANUARY 25, 2012.

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

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

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

68,969 NET UNREALIZED GAINS ON INVESTMENTS

5,109 K-1 PASSTHROUGH LOSS

27,500 PRIOR YEAR GRANT RECOVERY

(125,182) RESERVE FOR UNCOLLECTIBLE ACCOUNTS

Name of the organization

BERKSHIRE UNITED WAY, INC.

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(23,604) CHANGES IN NET ASSETS

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning 07/01/11, and
ending 06/30/12. **u See separate instructions.**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>3,565,236</u></p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BERKSHIRE UNITED WAY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 200 SOUTH STREET</p> <p>City or town, state, and ZIP code PITTSFIELD MA 01201-6807</p> <p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 04-2104841</p> <p>E Unrelated business activity codes (See instructions.) 531120 531120</p>
--	---	---

H Describe the organization's primary unrelated business activity.
u RENTAL OF OFFICE FACILITIES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u KRISTINE HAZZARD** Telephone number **u 413-442-6948**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	u	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement) SEE STMT 1		5	-5,109	-5,109
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7	35,384	25,069
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	30,275	25,069

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules.)		20		
21 Depreciation (attach Form 4562)		21	12,974	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	12,974	22b 0
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		5,206
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		5,206
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		4,206

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$		
c Income tax on the amount on line 34	35c	631
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	631

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	631
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	42	
43 Total tax. Add lines 41 and 42	43	631
44a Payments: A 2010 overpayment credited to 2011	44a	410
b 2011 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	44g	
45 Total payments. Add lines 44a through 44g	45	410
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u	47	221
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u	48	
49 Enter the amount of line 48 you want: Credited to 2012 estimated tax u Refunded u	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach sch.)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **u** _____ **u** **PRESIDENT**
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?
 Yes No

Paid Preparer Use Only

Print/Type preparer's name ROBIN A. MARKEY	Date 11/01/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00395617
Preparer's signature ROBIN A. MARKEY			Firm's EIN u 04-2530803
Firm's name u SMITH, WATSON & CO., LLP			Phone no. 413-528-1111
Firm's address u 406 MAIN STREET GREAT BARRINGTON, MA 01230			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total Total (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **u**

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		STMT 2 (a) Straight line depreciation (attach schedule)	STMT 3 (b) Other deductions (attach schedule)
(1) OFFICE FACILITY, PITTSFIE	85,530	12,974	47,623
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 113,345	273,988	41.37%	35,384	25,069
(2)		%		
(3)		%		
(4)		%		

SEE STATEMENT 4 SEE STATEMENT 5

Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). **u** 35,384 25,069

Total dividends-received deductions included in column 8 **u**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals **u**

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals				u

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals						u

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						u

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)						u

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14		u	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2011

Attachment
Sequence No. **179**

u See separate instructions. u Attach to your tax return.

Name(s) shown on return

BERKSHIRE UNITED WAY, INC.

Identifying number

04-2104841

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2011

Attachment
Sequence No. **179**

u See separate instructions. u Attach to your tax return.

Name(s) shown on return

BERKSHIRE UNITED WAY, INC.

Identifying number

04-2104841

Business or activity to which this form relates

OFFICE FACILITY, PITTSFIELD

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Federal Statements**Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
INCOME FROM K-1	\$ <u> </u>	\$ <u> 5,109</u>	\$ <u> -5,109</u>
TOTAL	\$ <u> 0</u>	\$ <u> 5,109</u>	\$ <u> -5,109</u>

Federal Statements**Statement 2 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation**

Description	Deduction
OFFICE FACILITY, PITTSFIELD DEPRECIATION - BUI	12,974
TOTAL	<u>12,974</u>

Statement 3 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
OFFICE FACILITY, PITTSFIELD MANAGEMENT FEES	10,483
INTEREST	4,875
INSURANCE	3,124
CLEANING & MAINTENANCE	11,016
SUPPLIES	1,667
TAXES	5,644
UTILITIES	10,814
TOTAL	<u>47,623</u>

Statement 4 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
OFFICE FACILITY, PITTSFIELD SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	1,360,144
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>113,345</u>

Statement 5 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
OFFICE FACILITY, PITTSFIELD ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	279,899
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	268,077
	547,976
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u>273,988</u>