

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BERKSHIRE UNITED WAY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>200 SOUTH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>PITTSFIELD, MA 01201-6807</b>	<b>D</b> Employer identification number <b>04-2104841</b>  <b>E</b> Telephone number <b>413-442-6948</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>3,516,533.</b>
<b>J</b> Website: ▶ <b>WWW.BERKSHIREUNITEDWAY.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1952</b> <b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IGNITE THE COLLECTIVE POWER OF INDIVIDUALS &amp; ORGANIZATIONS TO BUILD A STRONGER COMMUNITY</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>22</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>22</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>11</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>520</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>4,245,141.</b> <b>Prior Year</b> <b>2,584,637.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>481,878.</b> <b>118,059.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>32,606.</b> <b>12,159.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>4,759,625.</b> <b>2,714,855.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,952,046.</b> <b>1,472,098.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>704,810.</b> <b>741,098.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>439,164.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>461,746.</b> <b>402,335.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>4,118,602.</b> <b>2,615,531.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>641,023.</b> <b>99,324.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>5,141,982.</b> <b>Beginning of Current Year</b> <b>5,732,714.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>1,395,481.</b> <b>1,359,496.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,746,501.</b> <b>4,373,218.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>LAURIE GALLAGHER, INTERIM PRESIDENT/ CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RUDY M. D'AGOSTINO</b>	Preparer's signature <b>RUDY M. D'AGOSTINO</b>	Date <b>11/17/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00962620</b>
	Firm's name ▶ <b>MEYERS BROTHERS KALICKA, P.C.</b>	Firm's EIN ▶ <b>04-2713795</b>			
	Firm's address ▶ <b>330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040</b>	Phone no. <b>413-536-8510</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BERKSHIRE UNITED WAY IGNITES THE COLLECTIVE POWER OF INDIVIDUALS AND ORGANIZATIONS TO BUILD A STRONGER COMMUNITY TOGETHER.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,010,516. including grants of \$ 1,472,098. ) (Revenue \$ 12,159. ) THE ORGANIZATION RAISES FUNDS THROUGH WORKPLACE CAMPAIGNS, CORPORATE GIFTS, SPONSORSHIPS, GOVERNMENT AND FOUNDATION GRANTS AND INDIVIDUAL DONATIONS. THE ORGANIZATION INVESTS THESE RESOURCES IN SUPPORT OF THREE PRIORITY COMMUNITY ISSUES: EARLY CHILDHOOD LITERACY, POSITIVE YOUTH DEVELOPMENT AND ECONOMIC PROSPERITY. THE ORGANIZATION PARTNERS WITH A VARIETY OF NONPROFIT ORGANIZATIONS IN BERKSHIRE COUNTY. THE ORGANIZATION LEADS SEVERAL INITIATIVES TO ADDRESS COMMUNITY NEEDS. IN FYE 6/30/21, 46 PROGRAMS WERE FUNDED ACROSS 28 LOCAL ORGANIZATIONS.

IN RESPONSE TO THE COVID-19 PANDEMIC, THE BERKSHIRE UNITED WAY LAUNCHED, ALONG WITH A COALITION OF BUSINESS PARTNERS AND PHILANTHROPISTS, THE COVID-19 EMERGENCY RESPONSE FUND FOR BERKSHIRE

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,010,516.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> 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
<b>24a</b> 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 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, 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		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	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	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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     Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **▶**  
**VALERIE SCHUECKLER / BERKSHIRE UNITED WAY INC. - 413-442-6948**  
**200 SOUTH STREET, PITTSFIELD, MA 01201**

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) CANDACE WINKLER PRESIDENT & CEO	40.00			X				126,086.	0.	6,598.
(2) VALERIE SCHUECKLER DIRECTOR OF FINANCE & ADMI	40.00			X				65,341.	0.	14,742.
(3) CHRISTINA WYNN BOARD CHAIR	1.00	X		X				0.	0.	0.
(4) MICHAEL STODDARD BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(5) URSULA MALOY TREASURER	1.00	X		X				0.	0.	0.
(6) SAM SMITH BOARD CLERK	1.00	X		X				0.	0.	0.
(7) RICHARD ROWE DIRECTOR	1.00	X						0.	0.	0.
(8) JENNIFER GLOCKNER DIRECTOR	1.00	X						0.	0.	0.
(9) CHARLES LEACH III DIRECTOR	1.00	X						0.	0.	0.
(10) VERONICA TORRES MARTIN DIRECTOR	1.00	X						0.	0.	0.
(11) DOUGLAS MCNALLY DIRECTOR	1.00	X						0.	0.	0.
(12) ALYCIA SACCO-DUQUETTE DIRECTOR	1.00	X						0.	0.	0.
(13) JASON CUYLER DIRECTOR	1.00	X						0.	0.	0.
(14) WARREN DEWS DIRECTOR	1.00	X						0.	0.	0.
(15) JASON OSTRANDER DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTOPHER SMITH DIRECTOR	1.00	X						0.	0.	0.
(17) PATRICIA CALLAHAN 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAIME CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(19) LAURIE GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(20) MATTHEW KIRCHNER DIRECTOR	1.00	X						0.	0.	0.
(21) CHRISTOPHER MONTFERRET DIRECTOR	1.00	X						0.	0.	0.
(22) BARBARA GUIDO DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID REINHART DIRECTOR	1.00	X						0.	0.	0.
(24) RACHEL MELENDEZ-MABEE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								191,427.	0.	21,340.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								191,427.	0.	21,340.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
NONE		

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 **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	119,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,465,637.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 17,913.				
	<b>h Total.</b> Add lines 1a-1f .....		2,584,637.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		55,190.			55,190.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	864,547.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	801,678.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	62,869.				
	<b>d</b> Net gain or (loss) .....		62,869.			62,869.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	8,492.	8,492.		
	<b>b</b> ADMIN FEE-DESIGNAT.		561000	3,667.	3,667.		
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			12,159.			
<b>12 Total revenue.</b> See instructions .....			2,714,855.	12,159.	0.	118,059.	

**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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	1,472,098.	1,472,098.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,641.	83,186.	56,269.	83,186.
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	417,650.	207,043.	18,154.	192,453.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,858.	10,872.		6,986.
9 Other employee benefits	24,657.	12,199.		12,458.
10 Payroll taxes	58,292.	25,423.	7,018.	25,851.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,645.		2,645.	
c Accounting	21,100.		21,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,144.		28,144.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	32,689.	11,977.	2,485.	18,227.
12 Advertising and promotion	15,837.	5,648.	1,243.	8,946.
13 Office expenses	4,937.	1,527.	277.	3,133.
14 Information technology	49,420.	21,949.	5,552.	21,919.
15 Royalties				
16 Occupancy	75,667.	34,809.	11,347.	29,511.
17 Travel	103.			103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	707.	56.	291.	360.
20 Interest				
21 Payments to affiliates	37,800.	17,388.	5,670.	14,742.
22 Depreciation, depletion, and amortization	12,246.	5,633.	1,837.	4,776.
23 Insurance	6,709.	3,086.	1,006.	2,617.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DESIGNATED FUNDS</b>	51,012.	51,012.		
b <b>DAY OF CARING/VOLUNTEER</b>	28,188.	28,188.		
c <b>GRANTS DATA COLLECTION</b>	9,973.	9,973.		
d <b>SUPPLIES</b>	6,759.		537.	6,222.
e All other expenses	18,399.	8,449.	2,276.	7,674.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,615,531.	2,010,516.	165,851.	439,164.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,247,581.	<b>1</b>	1,105,558.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	581,014.	<b>3</b>	745,859.
	<b>4</b> Accounts receivable, net .....	82,687.	<b>4</b>	5,702.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,662.	<b>9</b>	15,306.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 345,699.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 319,719.		
	<b>11</b> Investments - publicly traded securities .....	32,528.	<b>10c</b>	25,980.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,189,510.	<b>11</b>	3,834,309.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,141,982.	<b>15</b>		
		<b>16</b>	5,732,714.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	51,072.	<b>17</b>	70,269.
	<b>18</b> Grants payable .....	1,136,351.	<b>18</b>	1,205,379.
	<b>19</b> Deferred revenue .....	10,000.	<b>19</b>	15,000.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	79,058.	<b>21</b>	68,848.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	119,000.	<b>25</b>	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,395,481.	<b>26</b>	1,359,496.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,020,378.	<b>27</b>	2,701,109.
	<b>28</b> Net assets with donor restrictions .....	1,726,123.	<b>28</b>	1,672,109.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	3,746,501.	<b>32</b>	4,373,218.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	5,141,982.	<b>33</b>	5,732,714.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,714,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,615,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	99,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,746,501.
5	Net unrealized gains (losses) on investments	5	593,905.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-66,512.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,373,218.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,571,804.	2,458,736.	2,225,978.	4,231,619.	2,559,468.	15,047,605.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	3,571,804.	2,458,736.	2,225,978.	4,231,619.	2,559,468.	15,047,605.
<b>5</b> 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) .....						2,390,490.
<b>6 Public support.</b> Subtract line 5 from line 4.						12,657,115.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	3,571,804.	2,458,736.	2,225,978.	4,231,619.	2,559,468.	15,047,605.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	80,916.	82,639.	161,237.	140,355.	55,191.	520,338.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	37,753.	45,778.	80,676.		21,312.	185,519.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						15,753,462.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	60,571.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	80.34 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	81.11 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**BERKSHIRE UNITED WAY, INC.**

Employer identification number

**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number <b>04-2104841</b>
---	---

**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	JOSEPHINE AND LOUISE CRANE FOUNDATION 220 MAIN ST SUITE 202 FALMOUTH, MA 02540	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE GUARDIAN LIFE INS CO 700 SOUTH ST PITTSFIELD, MA 01201	\$ 71,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BERKSHIRE BANK FOUNDATION 99 NORTH STREET PITTSFIELD, MA 01201	\$ 70,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GREYLOCK FEDERAL CREDIT UNION 150 WEST STREET PITTSFIELD, MA 01201	\$ 61,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TRIMIX FOUNDATION 50 PARK ROW PROVIDENCE, RI 02903	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF FAY HENRY 390 ELM STREET PITTSFIELD, MA 01201	\$ 208,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number  <b>04-2104841</b>
---	---

**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	US SMALL BUSINESS ADMINISTRATION  10 CAUSEWAY STREET, ROOM 265  BOSTON, MA 02222	\$ 119,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number  <b>04-2104841</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>BERKSHIRE UNITED WAY, INC.</b>	Employer identification number  <b>04-2104841</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	1,528,089.	1,563,026.	1,636,736.	1,660,917.	590,623.
b Contributions					1,000,000.
c Net investment earnings, gains, and losses	319,071.	63,688.	91,606.	62,437.	89,330.
d Grants or scholarships					
e Other expenditures for facilities and programs	162,794.	86,453.	165,316.	86,618.	19,036.
f Administrative expenses	12,257.	12,172.			
g End of year balance	1,672,109.	1,528,089.	1,563,026.	1,636,736.	1,660,917.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  18.4700 %
  - c Term endowment  81.5300 %
- The percentages on 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
b Buildings		64,887.	62,149.	2,738.
c Leasehold improvements				
d Equipment		280,812.	257,570.	23,242.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,980.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,214,617.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	593,905.	
b	Donated services and use of facilities	2b	10,182.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		604,087.
3	Subtract line 2e from line 1		3	2,610,530.
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	28,144.	
b	Other (Describe in Part XIII.)	4b	76,181.	
c	Add lines 4a and 4b	4c		104,325.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,714,855.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,587,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,182.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	41,343.	
e	Add lines 2a through 2d	2e		51,525.
3	Subtract line 2e from line 1		3	2,536,375.
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	28,144.	
b	Other (Describe in Part XIII.)	4b	51,012.	
c	Add lines 4a and 4b	4c		79,156.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,615,531.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

CONTRIBUTIONS THAT ARE DESIGNATED TO A SPECIFIC THIRD-PARTY BENEFICIARY ARE RECORDED AS A LIABILITY AT THE TIME THAT THE CONTRIBUTION IS RECEIVED. THESE PLEDGES ARE PAID TO DESIGNATED AGENCIES, AS RECEIVED, WITH PAYMENTS ISSUED AT LEAST TWICE PER YEAR.

**PART X, LINE 2:**

MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDING ON OR AFTER JUNE 30, 2018.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	51,012.
LOSS ON UNCOLLECTIBLE PLEDGES	25,169.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	76,181.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESERVE FOR GRANTS PAYABLE/REVERSAL OF GRANT EXPENDITURES	41,343.
---	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM DONOR DESIGNATED FUNDS	51,012.
------------------------------------	---------

**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" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AIRY-ARTS IN RECOVERY FOR YOUTH 311 NORTH STREET #12 PITTSFIELD, MA 01201	094-70-1785		5,000.	0.			RESILIENCY GRANT
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	45,000.	0.			EARLY EDUCATION AND CARE
BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD, MA 01201	04-2218928	501(C)3	3,500.	0.			RESILIENCY GRANT
BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	40,000.	0.			CHILD DEVELOPMENT PROGRAM
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2754124	501(C)3	40,000.	0.			PROJECT CONNECTION AT MUDDY BROOK REGIONAL ELEMENTARY SCHOOL
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	20,000.	0.			CENTRAL AND SOUTH BERKSHIRE LACTATION SUPPORT PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 82.

**3** Enter total number of other organizations listed in the line 1 table ▶ 5.

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

Schedule I (Form 990) 2020



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000.	0.			ACTION ADVENTURES DAY CAMP
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000.	0.			ACTION ADVENTURES OUT OF SCHOOL
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000.	0.			SUNSHINE PRESCHOOL
BERKSHIRE TOMORROW INC./BERKSHIRE REGIONAL PLANNING COMMISSION - 1 FENN STREET - PITTSFIELD, MA 01201	03-0572303	501(C)3	15,000.	0.			BCETASK FORCE SUPPORT
BOYS & GIRLS CLUB OF THE BERKSHIRES - 16 MELVILLE STREET - PITTSFIELD, MA 01201	04-2103925	501(C)3	5,000.	0.			RESILIENCY GRANT
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	15,000.	0.			EEC - NORMAN ROCKWELL & FAMILY CHILD CARE
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	50,000.	0.			HEALTHY FAMILIES
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	40,000.	0.			PARENTCHILD+
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	5,000.	0.			RESILIENCY GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	25,000.	0.			PARENTCHILD+
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	25,000.	0.			CARE COORDINATOR
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	15,000.	0.			KIDS CLUB AFTER SCHOOL PROGRAM
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	15,000.	0.			SUMMER CAMP
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	35,000.	0.			CHILD SAFE CHILD STRONG PROGRAM
FOODBANK OF WESTERN MASS 97 NORTH HATFIELD RD. HATFIELD, MA 01038	04-2751023	501(C)3	17,450.	0.			FOOD PANTRIES
GLADYS ALLEN BRIGHAM COMMUNITY CENTER - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)3	41,000.	0.			EARLY CHILDHOOD EDUCATION
GOODWILL INDUSTRIES OF THE BERKSHIRES/S.VT - 158 TYLER STREET - PITTSFIELD, MA 01201	04-2207791	501(C)3	14,100.	0.			FOOD DISTRIBUTION
NAMI 333 EAST STREET #417 PITTSFIELD, MA 01201	04-3428325	501(C)3	12,500.	0.			WARM-LINE (CALL CENTER)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
NORTHERN BERKSHIRE COMMUNITY COALITION - 61 MAIN STREET SUITE 218 - NORTH ADAMS, MA 01247	04-3446578	501(C)3	7,500.	0.			NB GOODWILL/FOOD TRANSPORTATION
NORTHERN BERKSHIRE COMMUNITY COALITION - 61 MAIN STREET SUITE 218 - NORTH ADAMS, MA 01247	04-3446578	501(C)3	7,500.	0.			NA FARMER'S MARKET/MARKET MATCH
PRICE MEMORIAL ZION CHURCH 163 LINDEN STREET PITTSFIELD, MA 01201		CHURCH	5,000.	0.			RESILIENCY GRANT
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	5,000.	0.			RESILIENCY GRANT
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	83-2950864	501(C)3	20,000.	0.			VIRTUAL FARMER'S MARKET
THE SALVATION ARMY 298 WEST STREET PITTSFIELD, MA 01201	58-0660607	501(C)3	5,000.	0.			RESILIENCY GRANT
VOLUNTEERS IN MEDICINE (VIM) 777 MAIN STREET, #4 GREAT BARRINGTON, MA 01201	90-0140004	501(C)3	35,000.	0.			SOCIAL DETERMINANTS OF HEALTH
WOMEN'S FUND OF WESTERN MA/ROPE PROGRAM - 1350 MAIN ST, STE. 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)3	10,000.	0.			VIRTUAL YOUTH PROGRAMMING FOR COMMUNITY OF COLOR
ANTI-DEFAMATION LEAGUE 605 3RD AVENUE, FLOOR 9 NEW YORK, NY 10158	13-1818723	501(C)3	15,000.	0.			NO PLACE FOR HATE AND PEER TRAINING PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	40,000.	0.			PARENT WELLNESS / EMPATH
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	25,000.	0.			PITTSFIELD COMMUNITY CONNECTION
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	25,000.	0.			EARLY CHILDHOOD EDUCATION
BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	5,000.	0.			RESILIENCY GRANT
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2754124	501(C)3	12,500.	0.			PROJECT CONNECTION AT W.B. DUBOIS MIDDLE SCHOOL
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	4,000.	0.			RESILIENCY GRANT
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000.	0.			RESTUARANT MEAL PROGRAM & RESILIENCY GRANT
BERKSHIRE THEATRE GROUP 111 SOUTH STREET PITTSFIELD, MA 01201	04-6134497	501(C)3	12,000.	0.			CAREER READINESS PROGRAM
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVE - PITTSFIELD, MA 01201	04-3157085	501(C)3	30,000.	0.			VITA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVE - PITTSFIELD, MA 01201	04-3157085	501(C)3	30,000.	0.			BUILD AND REPAIR CORPS
CENTRAL BERKSHIRE HABITAT FOR HUMANITY - 314 COLUMBUS AVE - PITTSFIELD, MA 01201	04-3157085	501(C)3	20,000.	0.			COMMUNITY NAVIGATOR PROGRAM - WORKING CITIES BERKSHIRE BRIDGES
CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	20,000.	0.			PATHWAYS TO THE TRADES
CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	25,000.	0.			RENTAL LOAN PROGRAM
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	5,000.	0.			RESILIENCY GRANT
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	10,000.	0.			LEADER'S CLUB
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	30,000.	0.			MONEY SCHOOL
FLYING CLOUD INSTITUTE 352 MAIN STREET SUITE 212 GREAT BARRINGTON, MA 01230	04-2730172	501(C)3	25,000.	0.			YOUNG WOMEN IN SCIENCE
GLADYS ALLEN BRIGHAM COMMUNITY CENTER - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)3	5,000.	0.			RESILIENCY GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
GLADYS ALLEN BRIGHAM COMMUNITY CENTER - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)3	35,000.	0.			GIRLS INC.
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMONT, MA 01258	46-1728356	501(C)3	25,000.	0.			COMMUNITY WORK INITIATIVE
LEE PUBLIC SCHOOLS 32 MAIN STREET LEE, MA 01238		GOVERNMENT ENTITY	14,000.	0.			EXPRESSIVE ARTS
LEE YOUTH ASSOCIATION 480 PLEASANT STREET LEE, MA 01238	04-2700429	501(C)3	41,000.	0.			BUSY BEE LEARNING CENTER
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE. EXT. PITTSFIELD, MA 01201	04-2776797	501(C)3	20,000.	0.			PAL PLAY AND LEARN
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE. EXT. PITTSFIELD, MA 01201	04-2776797	501(C)3	20,000.	0.			SOUTH COUNTY EARLY INTERVENTION
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	24,000.	0.			MENTORING PROGRAM
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	10,000.	0.			SEXUAL HEALTH INITIATIVE
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	27-0399304	501(C)3	25,000.	0.			YOUTH CREWS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BERKSHIRE COUNTY KIDS PLACE AND VIOLENCE PREVENTION CENTER - 63 WENDELL AVENUE - PITTSFIELD, MA 01202	04-3193833	501(C)3	45,000.	0.			TRAUMA RECOVERY PROGRAM
BARRINGTON STAGE COMPANY 122 NORTH ST. PITTSFIELD, MA 01203	04-3263298	501(C)3	25,000.	0.			PLAYWRIGHT MENTORING PROJECT (PMP)
BERKSHIRE PULSE 420 PARK ST. 3RD FLOOR P.O. BOX 37 HOUSATONIC, MA 01236	43-2052204	501(C)3	15,000.	0.			PERFORMING ARTS PROGRAM
BERKSHIRE PULSE 420 PARK ST. 3RD FLOOR P.O. BOX 37 HOUSATONIC, MA 01236	43-2052204	501(C)3	2,500.	0.			RESILIENCY GRANT
CHILDREN'S DEVELOPMENT & EDUCATION INC - 99 WEST ST. STE 331 - PITTSFIELD, MA 01203		GOVERNMENT ENTITY	59,900.	0.			CHILDCARE PROVIDERS
BERKSHIRE HORSE WORKS 101 PATTON ROAD RICHMOND, MA 01254	46-5419671	501(C)3	15,000.	0.			HEALERS & HORSES
BARRINGTON STAGE COMPANY 122 NORTH ST. PITTSFIELD, MA 01203	04-3263298	501(C)3	10,000.	0.			PLAYWRIGHT MENTORING PROJECT (PMP)
MINDSHIFTING FORWARD 20 VIA MARIA STREET LEE, MA 01238	02-6580745	501(C)3	6,500.	0.			TRAUMA INFORMED ARTS
MASSHIRE BERKSHIRE WORKFORCE BOARD 66 ALLEN STREET PITTSFIELD, MA 01201	22-2489896	501(C)3	10,000.	0.			TEACHER/FAMILY WORKSHOPS RE: MENTAL HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BRIDGE, INC. 17 MAIN STREET STE B3 LEE, MA 01238	26-1211169	501(C)3	12,000.	0.			HOLIDAY GIVING
BERKSHIRE BOUNTY INC. 33 COMMONWEALTH AVENUE GREAT BARRINGTON, MA 01230	82-5114665	501(C)3	15,000.	0.			SOUTH COUNTY FOOD SYSTEM
CYNTHIA C. SEQUI 6 VINE STREET STOCKBRIDGE, MA 01262	069-66-9833		2,800.	0.			BEHAVIORAL HEALTH CONSULTANT TO SBCC
BERKSHIRE FAMILY AND INDIVIDUAL RESOURCES - 771 SOUTH CHURCH STREET - NORTH ADAMS, MA 01247	04-3246975	501(C)3	1,250.	0.			RESILIENCY GRANT
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT - 254 HINSDALE ROAD - DALTON, MA 01227	84-3875261	501(C)3	5,000.	0.			RESILIENCY GRANT
HOOSAC VALLEY REGIONAL SCHOOL DISTRICT - 191 CHURCH STREET - CHESHIRE, MA 01225	04-2422135	501(C)3	5,000.	0.			RESILIENCY GRANT
ROOTS & DREAMS AND MUSTARD SEEDS INC - 147D BRITTANY MANOR - AMHERST, MA 01002	82-3012805	501(C)3	5,000.	0.			RESILIENCY GRANT FOR MANOS UNIDAS
NEW STAGE PERFORMING ARTS, INC. 80 CASTLE HILL AVENUE GREAT BARRINGTON, MA 01230	26-2269658	501(C)3	5,000.	0.			RESILIENCY GRANT
STOCKBRIDGE LIBRARY 46 MAIN STREET P.O. BOX 119 STOCKBRIDGE, MA 01262	04-2125005	501(C)3	2,400.	0.			RESILIENCY GRANT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WAM THEATER 45 WALKER STREET P.O. BOX 712 LENOX, MA 01240	27-1595793	501(C)3	4,500.	0.			RESILIENCY GRANT
JESSICA POLLARD 20 VIA MARIA STREET LEE, MA 01238	026-58-0745		2,500.	0.			RESILIENCY GRANT
IGLESIA FUENTE DE SALVACION MISIONERA, INC - 147 TYLER STREET - PITTSFIELD, MA 01201		CHURCH	10,000.	0.			RESILIENCY GRANT
NEW HOPE UNITED METHODIST CHURCH P.O. BOX 744 NORTH ADAMS, MA 01247	04-2831330	501(C)3	2,000.	0.			RESILIENCY GRANT
HEATHER LUCY 420 GREYLOCK STREET LEE, MA 01238	011-64-1177		2,500.	0.			RESILIENCY GRANT
STEFANI HARVEY 11 DIMOCK STREET ROXBURY, MA 02119	027-64-5677		2,000.	0.			BERKSHIRE ANTI-RACISM NETWORK
NYCON 272 BROADWAY MENANDS, NY 12204	14-1343047	501(C)3	5,000.	0.			BERKSHIRE COUNTY CAPACITY BUILDING FUND
PHILANTHROPY MASSACHUSETTS 133 FEDERAL ST #802 BOSTON, MA 02110	04-2457605	501(C)3	5,000.	0.			BUW COMMITMENT MA ECFC
BRIDGE, INC. 17 MAIN STREET STE B3 LEE, MA 01238	26-1211169	501(C)3	5,000.	0.			DIVERSITY TRAINING

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

COMMUNITY IMPACT GRANTS ARE AWARDED TO AGENCIES FOR SPECIFIC PROGRAMS FOR ONE OR TWO YEARS AND ARE CONTINGENT ON SATISFACTORY PROGRAM PERFORMANCE, CONTRACT COMPLIANCE, AND AVAILABLE FUNDS. FUNDED COMMUNITY IMPACT PARTNERS ARE REQUIRED TO SUBMIT QUARTERLY REPORTS ON DEMOGRAPHICS AND PERFORMANCE OUTCOMES VIA THE SECURE ONLINE DATA MANAGEMENT SYSTEM, CLEAR IMPACT SCORECARD. BERKSHIRE UNITED WAY CONDUCTS SITE VISITS FOR ALL COMMUNITY PARTNERS AT LEAST ANNUALLY.

GRANTS AWARDED THROUGH THE BERKSHIRE COUNTY COVID-19 EMERGENCY RESPONSE

**Part IV** Supplemental Information

FUND WERE AWARDED TO BERKSHIRE COUNTY NONPROFIT ORGANIZATIONS THAT PROVIDE SERVICES TO RESIDENTS IN NEED OF FOOD, HOUSING, PHYSICAL/MENTAL HEALTHCARE, EMERGENCY CHILDCARE, YOUTH SERVICES & PROGRAMS, SPECIFICALLY TARGETING VULNERABLE POPULATIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TOGETHER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNTY. THROUGH THESE FUNDRAISING EFFORTS IN FY 6/30/21, BERKSHIRE UNITED WAY AWARDED APPROXIMATELY \$365K IN GRANTS TO 40 NONPROFIT ORGANIZATIONS ACROSS BERKSHIRE COUNTY. GRANT RECIPIENTS INCLUDED OTHER PUBLIC CHARITIES THAT PROVIDE SUPPORT SERVICES TO CHILDREN AND YOUTH, LOW-INCOME OR NEWLY VULNERABLE FAMILIES, SENIORS AND IMMIGRANTS.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION'S EXECUTIVE COMMITTEE "SHALL EXERCISE SUCH POWERS AS THE BOARD OF DIRECTORS SHALL DELEGATE AND SHALL, IN GENERAL, EXERCISE THE POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS THEREOF."

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIP: TWO BOARD MEMBERS WORK AT THE SAME CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS DISTRIBUTED TO LEADERSHIP STAFF, THE FINANCE COMMITTEE, AND THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CODE OF ETHICS IS DISTRIBUTED ANNUALLY. WITHIN THIS DOCUMENT IS THE BERKSHIRE UNITED WAY CONFLICT OF INTEREST POLICY. STAFF, VOLUNTEERS, COMMITTEE MEMBERS, AND BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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, SECTION B, LINE 15:

THE ORGANIZATION USES SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS THE LOCAL MARKET. THESE SALARIES ARE REVIEWED BY THE HUMAN RESOURCES COMMITTEE AND APPROVED BY THE BOARD. THE BOARD APPROVED A NEW SALARY STRUCTURE FOR THE CEO BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA IN MAY OF 2021.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE PLEDGES	-25,169.
RESERVE FOR GRANTS PAYABLE/REVERSAL OF GRANT EXPENDITURES	-41,343.
TOTAL TO FORM 990, PART XI, LINE 9	-66,512.

PART XII, LINE 2C:

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION  
PROCESS FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text input.

