

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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	C Name of organization BERKSHIRE UNITED WAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 SOUTH STREET City or town, state or province, country, and ZIP or foreign postal code PITTSFIELD, MA 01201-6807 F Name and address of principal officer: CANDACE WINKLER 200 SOUTH STREET, PITTSFIELD, MA 01201	D Employer identification number 04-2104841 E Telephone number 413-442-6948 G Gross receipts \$ 6,979,845. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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 J Website: ▶ WWW.BERKSHIREUNITEDWAY.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1952 M State of legal domicile: MA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IGNITE THE COLLECTIVE POWER OF INDIVIDUALS & ORGANIZATIONS TO BUILD A STRONGER COMMUNITY 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 19 6 Total number of volunteers (estimate if necessary) 6 405 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 2,282,892. Current Year 4,245,141. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84,562. 481,878. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 101,178. 32,606. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,468,632. 4,759,625.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,354,025. 2,952,046. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 871,698. 704,810. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 340,935. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 515,732. 461,746. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,741,455. 4,118,602. 19 Revenue less expenses. Subtract line 18 from line 12 -272,823. 641,023.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 4,542,069. End of Year 5,141,982. 21 Total liabilities (Part X, line 26) 1,551,070. 1,395,481. 22 Net assets or fund balances. Subtract line 21 from line 20 2,990,999. 3,746,501.	

Part II Signature Block

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

Sign Here	Signature of officer CANDACE WINKLER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RUDY M. D'AGOSTINO Preparer's signature RUDY M. D'AGOSTINO Date 11/10/20 Check if self-employed <input type="checkbox"/> PTIN P00962620 Firm's name ▶ MEYERS BROTHERS KALICKA, P.C. Firm's EIN ▶ 04-2713795 Firm's address ▶ 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040 Phone no. 413-536-8510	

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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,586,201. including grants of \$ 2,952,046.) (Revenue \$ 7,047.)

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 INCLUDING PITTSFIELD PROMISE, CHAPTER ONE AND THE ECONOMIC PROSPERITY IMPACT COUNCIL. IN FYE 6/30/20, 42 PROGRAMS WERE FUNDED ACROSS 28 LOCAL ORGANIZATIONS.

IN RESPONSE TO THE COVID-19 PANDEMIC, THE BERKSHIRE UNITED WAY

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 3,586,201.

Form 990 (2019)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Form 990 (2019)

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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 22		
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 Enter the number of voting members included on line 1a, above, who are independent 1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MA**

18 Section 6104 requires an organization to make its 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 ContractorsCheck 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				84,148.	0.	911.
(2) KRISTINE HAZZARD CEO (THRU 6/30/19)	40.00			X				68,579.	0.	5,462.
(3) VALERIE SCHUECKLER DIRECTOR OF FINANCE & ADMIN	40.00			X				63,573.	0.	14,478.
(4) CHRISTINA WYNN BOARD CHAIR	1.00	X		X				0.	0.	0.
(5) MICHAEL STODDARD BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(6) PETER MARCHETTI TREASURER	1.00	X		X				0.	0.	0.
(7) SAM SMITH BOARD CLERK	1.00	X		X				0.	0.	0.
(8) RICHARD ROWE DIRECTOR	1.00	X						0.	0.	0.
(9) URSULA MALOY DIRECTOR	1.00	X						0.	0.	0.
(10) JENNIFER GLOCKNER DIRECTOR	1.00	X						0.	0.	0.
(11) CHARLES LEACH III DIRECTOR	1.00	X						0.	0.	0.
(12) VERONICA TORRES MARTIN DIRECTOR	1.00	X						0.	0.	0.
(13) DOUGLAS MCNALLY DIRECTOR	1.00	X						0.	0.	0.
(14) ALYCIA SACCO-DUQUETTE DIRECTOR	1.00	X						0.	0.	0.
(15) JASON CUYLER DIRECTOR	1.00	X						0.	0.	0.
(16) WARREN DEWS DIRECTOR	1.00	X						0.	0.	0.
(17) JASON OSTRANDER 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) CHRISTOPHER SMITH DIRECTOR	1.00	X						0.	0.	0.
(19) PATRICIA CALLAHAN DIRECTOR	1.00	X						0.	0.	0.
(20) JAIME CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(21) LAURIE GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(22) MATTHEW KIRCHNER DIRECTOR	1.00	X						0.	0.	0.
(23) CHRISTOPHER MONTFERRET DIRECTOR	1.00	X						0.	0.	0.
(24) BARBARA GUIDO DIRECTOR	1.00	X						0.	0.	0.
(25) DAVID REINHART DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								216,300.	0.	20,851.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								216,300.	0.	20,851.

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 **0**

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	10,000.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,235,141.			
	g	Noncash contributions included in lines 1a-1f	1g \$	45,582.			
	h	Total. Add lines 1a-1f		4,245,141.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		65,399.			65,399.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	74,957.			
			(ii) Personal				
			6a	74,957.			
	b	Less: rental expenses	6b	37,628.			
	c	Rental income or (loss)	6c	37,329.			
	d	Net rental income or (loss)		37,329.			37,329.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,905,951.	680,454.		
			(ii) Other				
			7a	1,905,951.	680,454.		
	b	Less: cost or other basis and sales expenses	7b	1,917,411.	252,515.		
	c	Gain or (loss)	7c	-11,460.	427,939.		
	d	Net gain or (loss)		416,479.			416,479.
	8 a	Gross income from fundraising events (not including \$ 10,000. of contributions reported on line 1c). See Part IV, line 18					
			8a	2,000.			
			8b	12,666.			
	c	Net income or (loss) from fundraising events		-10,666.			-10,666.
	9 a	Gross income from gaming activities. See Part IV, line 19					
9a							
9b							
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a	ADMIN FEE ON DESIGNATIONS	561000	5,054.	5,054.		
	b	MISCELLANEOUS INCOME	900099	1,993.	1,993.		
	c	K-1: 200 SOUTH ST CONDO TRUST	900001	-1,104.			-1,104.
	d	All other revenue					
	e	Total. Add lines 11a-11d		5,943.			
12	Total revenue. See instructions		4,759,625.	7,047.	0.	507,437.	

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	2,952,046.	2,952,046.		
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	217,874.	93,690.	65,319.	58,865.
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	391,010.	200,685.	40,215.	150,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,147.	1,726.	991.	4,430.
9 Other employee benefits	35,853.	23,141.	595.	12,117.
10 Payroll taxes	52,926.	24,561.	9,420.	18,945.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,187.		1,187.	
c Accounting	18,800.		18,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,000.		26,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	67,042.	27,049.	2,727.	37,266.
12 Advertising and promotion	16,664.	7,857.	1,800.	7,007.
13 Office expenses	13,479.	10,338.	639.	2,502.
14 Information technology	64,418.	40,742.	7,429.	16,247.
15 Royalties				
16 Occupancy	58,212.	43,657.	5,241.	9,314.
17 Travel	2,466.	1,326.	371.	769.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,615.	2,624.	1,336.	3,655.
20 Interest				
21 Payments to affiliates	29,449.	22,087.	2,650.	4,712.
22 Depreciation, depletion, and amortization	11,187.	8,390.	1,007.	1,790.
23 Insurance	6,551.	4,913.	590.	1,048.
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 DESIGNATED FUNDS	72,079.	72,079.		
b INKIND FOOD & SUPPLIES	28,755.	28,755.	0.	
c GRANT DATA COLLECTION/A	11,810.	11,810.		
d BANK CHARGES	7,003.		1,783.	5,220.
e All other expenses	19,029.	8,725.	3,366.	6,938.
25 Total functional expenses. Add lines 1 through 24e	4,118,602.	3,586,201.	191,466.	340,935.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	327,605.	1	1,247,581.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	652,902.	3	581,014.
	4 Accounts receivable, net	2,500.	4	82,687.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,755.	9	8,662.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 340,001.		
	b Less: accumulated depreciation	10b 307,473.		
		274,996.	10c	32,528.
	11 Investments - publicly traded securities	3,262,311.	11	3,189,510.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,542,069.	16	5,141,982.	
Liabilities	17 Accounts payable and accrued expenses	81,692.	17	51,072.
	18 Grants payable	1,362,389.	18	1,136,351.
	19 Deferred revenue		19	10,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	106,989.	21	79,058.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	119,000.
	26 Total liabilities. Add lines 17 through 25	1,551,070.	26	1,395,481.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,427,973.	27	2,020,378.
	28 Net assets with donor restrictions	1,563,026.	28	1,726,123.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,990,999.	32	3,746,501.
	33 Total liabilities and net assets/fund balances	4,542,069.	33	5,141,982.

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck 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	4,759,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,118,602.
3	Revenue less expenses. Subtract line 2 from line 1	3	641,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,990,999.
5	Net unrealized gains (losses) on investments	5	60,214.
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	54,265.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,746,501.

Part XII Financial Statements and ReportingCheck 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? 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		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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		

Form 990 (2019)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s). _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,696,210.	3,571,804.	2,458,736.	2,225,978.	4,231,619.	15,184,347.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,696,210.	3,571,804.	2,458,736.	2,225,978.	4,231,619.	15,184,347.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,284,015.
6 Public support. Subtract line 5 from line 4.						12,900,332.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,696,210.	3,571,804.	2,458,736.	2,225,978.	4,231,619.	15,184,347.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	65,375.	80,916.	82,639.	161,237.	140,355.	530,522.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	25,656.	37,753.	45,778.	80,676.		189,863.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						15,904,732.
12 Gross receipts from related activities, etc. (see instructions)					12	74,227.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	81.11	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.36	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c 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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? If "Yes," provide detail in Part VI .		
7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a 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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		
10a 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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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?	1	
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), 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 Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI 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.	2a		
b Did the activities described in (a) 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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? Provide details in Part VI.	3a		
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 Part VI the role played by the organization in this regard.	3b		

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	Distributable Amount. 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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule A **Identification of Excess Contributions** **2019**
Included on Part II, Line 5

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOSEPHINE & LOUISE CRANE FOUNDATION	1,475,000.	1,156,905.
GUARDIAN LIFE INSUR CO	385,538.	67,443.
SABIC INNOVATIVE PLASTICS	1,304,952.	986,857.
BERKSHIRE BANK FOUNDATION LEGACY REGION	375,000.	56,905.
TRIMIX FOUNDATION	334,000.	15,905.
Total Excess Contributions to Schedule A, Part II, Line 5		2,284,015.

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 for the latest information.

OMB No. 1545-0047

2019

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, 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

Employer identification number

BERKSHIRE UNITED WAY, INC.

04-2104841

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	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BERKSHIRE BANK FOUNDATION 99 NORTH STREET PITTSFIELD, MA 01201	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TRIMIX FOUNDATION 50 PARK ROW PROVIDENCE, RI 02903	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ESTATE OF FAY HENRY 390 ELM STREET PITTSFIELD, MA 01201	\$ 147,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE BARR FOUNDATION 2 ATLANTIC AVE BOSTON, MA 02110	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE MADRONO FOUNDATION 250 STEELE ST, STE 375 DENVER, CO 80206	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	THE FEIGENBAUM FOUNDATION 2 SOUTH STREET STE 235 PITTSFIELD, MA 01201	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ADAMS COMMUNITY BANK 2 CENTER STREET ADAMS, MA 01220	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE FUQUA FAMILY FUND 1611 COLD SPRING ROAD WILLIAMSTOWN, MA 01267	\$ 100,000.	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.)

Name of organization

Employer identification number

BERKSHIRE UNITED WAY, INC.

04-2104841

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

Employer identification number

BERKSHIRE UNITED WAY, INC.

04-2104841

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	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 for instructions and the latest information.

OMB No. 1545-0047

2019Open 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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) 2019

932051 10-02-19

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	1,563,026.	1,636,736.	1,660,917.	590,623.	605,346.
b Contributions				1,000,000.	
c Net investment earnings, gains, and losses	63,688.	91,606.	62,437.	89,330.	2,798.
d Grants or scholarships					
e Other expenditures for facilities and programs	86,453.	165,316.	86,618.	19,036.	17,521.
f Administrative expenses	12,172.				
g End of year balance	1,528,089.	1,563,026.	1,636,736.	1,660,917.	590,623.

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 ☒ 31.82 %
 c Term endowment ☒ 68.18 %

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

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.	60,706.	4,181.
c Leasehold improvements				
d Equipment		275,114.	246,767.	28,347.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,528.

Schedule D (Form 990) 2019

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)		
Total. (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)		
Total. (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)	
Total. (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) PAYROLL PROTECTION PROGRAM NOTE	
(3) PAY	119,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
119,000.	

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... ☒

Schedule D (Form 990) 2019

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	4,787,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	60,214.
b	Donated services and use of facilities	2b	27,845.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	50,294.
e	Add lines 2a through 2d	2e	138,353.
3	Subtract line 2e from line 1	3	4,649,127.
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	26,000.
b	Other (Describe in Part XIII.)	4b	84,498.
c	Add lines 4a and 4b	4c	110,498.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,759,625.

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	4,031,978.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	27,845.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	50,294.
e	Add lines 2a through 2d	2e	78,139.
3	Subtract line 2e from line 1	3	3,953,839.
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	26,000.
b	Other (Describe in Part XIII.)	4b	138,763.
c	Add lines 4a and 4b	4c	164,763.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,118,602.

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, 2017.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL PROPERTY EXPENSES NETTED AGAINST RENTAL INCOME ON	
FORM 990	37,628.
FUNDRAISING EXPENSE RECLASSIFIED AGAINST FUNDRAISING	
REVENUE	12,666.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	50,294.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS	72,079.
CHANGE IN UNCOLLECTIBLE PLEDGES	13,522.
K-1 PASSTHROUGH INCOME LOSS	-1,103.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	84,498.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL PROPERTY EXPENSES TO BE NETTED AGAINST RENTAL INCOME	37,628.
FUNDRAISING ALLOCATED AGAINST REVENUES	2,666.
RECLASSIFY FUNDRAISING EXPENSE AGAINST FUNDRAISING REVENUES	10,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	50,294.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM DONOR DESIGNATED FUNDS	72,079.
GRANT ADJUSTMENT RELATED TO PRIOR YEAR ACCRUAL	66,684.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	138,763.

**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 for the latest information.

OMB No. 1545-0047

2019

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ADAMS COUNCIL ON AGING - 3 HOOSAC STREET - ADAMS, MA 01220	46-4736121	501(C)3	4,000.	0.			GIFT BASKETS FOR HOUSE-BOND SENIORS
AIRY-ARTS IN RECOVERY FOR YOUTH 311 NORTH STREET #12 PITTSFIELD, MA 01201	094-70-1785		7,000.	0.			MATERIALS FOR ART PROGRAMMING FOR AT-RISK YOUTH
18 DEGREES (FORMERLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	25,000.	0.			EMERGENCY CHILD CARE
BFAIR 78 BULL HILL ROAD NORTH ADAMS, MA 01247	04-32246975	501(C)3	5,000.	0.			PPE SUPPLIES
BERKSHIRE BRIDGES WORKING CITIES(FIDUCIARY AGENT CB HABITAT FOR HUMANITY) - 314 COLUMBUS AVE - PITTSFIELD, MA 01201	04-3157085	501(C)3	21,000.	0.			INCREASE OUTREACH AND SERVICES TO LOW-INCOME FAMILIES
BERKSHIRE CENTER FOR JUSTICE 284 MAIN STREET GREAT BARRINGTON, MA 01201	03-0588928	501(C)3	5,000.	0.			PROVIDE LEGAL AND SOCIAL SERVICES FOR LOW-INCOME INDIVIDUALS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **128.**

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

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD, MA 01201	04-2422074	501(C)3	14,000.	0.			FOOD SECURITY FOR SENIORS
BERKSHIRE COMMUNITY DIAPER PROJECT PO BOX 5 WEST STOCKBRIDGE, MA 01201	47-4529853	501(C)3	17,500.	0.			PROVIDE DIAPERS TO FAMILIES IN NEED
BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD, MA 01201	04-2218928	501(C)3	25,000.	0.			PPE SUPPLIES FOR RESIDENTIAL HOUSING
BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	25,000.	0.			PPE SUPPLIES FOR CHILD CARE RE-OPENING
BERKSHIRE DREAM CENTER 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)3	5,000.	0.			FOOD SECURITY FOR PITTSFIELD AND NORTH ADAMS RESIDENTS
BERKSHIRE FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837	501(C)3	25,000.	0.			EMERGENCY CHILD CARE
BERKSHIRE FOOD PROJECT 134 MAIN STREET NORTH ADAMS, MA 01247	02-2946660	501(C)3	50,000.	0.			FOOD SECURITY FOR NORTH COUNTY FOOD PANTRY
BERKSHIRE GROWN 314 MAIN STREET GREAT BARRINGTON, MA 01230	20-0482070	501(C)3	32,500.	0.			SUPPORTING LOCAL FARMERS BY PROVIDING FRESH FOOD TO SOUTH COUNTY PANTRIES AND SCHOOLS
BERKSHIRE HELPING HANDS(FIDUCIARY-LOUISON HOUSE) - 12 BEECHER STREET - ADAMS, MA 01220	22-3051367	501(C)3	3,500.	0.			FOOD AND HOUSEHOLD SUPPLIES FOR LOW-INCOME FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2754124	501(C)3	21,000.	0.			FOOD AND PPE SUPPLIES FOR LOW-INCOME FAMILIES
BERKSHIRE IMMIGRANT CENTER 67 EAST STREET PITTSFIELD, MA 01201	22-3115048	501(C)3	25,000.	0.			FINANCIAL SUPPORT FOR IMMIGRANT FAMILIES
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201	04-2791396	501(C)3	25,000.	0.			SUPPORT FOR COVID PATIENTS LEAVING HOSPITAL
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	3,000.	0.			PPE EQUIPMENT FOR HOME VISITS
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER - 15 CRISSEY ROAD - GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	50,000.	0.			RESTAURANT MEAL PROGRAMS
BERKSHIRE TOMORROW INC./BERKSHIRE REGIONAL PLANNING COMMISSION - 1 FENN STREET - PITTSFIELD, MA 01201	03-0572303	501(C)3	108,000.	0.			WEEKEND RESTAURANT MEAL PROGRAMS AND SNAP AT FARMER'S MARKET
BOYS & GIRLS CLUB OF THE BERKSHIRES - 16 MELVILLE STREET - PITTSFIELD, MA 01201	04-2103925	501(C)3	30,000.	0.			STAFF SUPPORT AND SUPPLIES FOR SUMMER CAMP OPENING
CATHEDRAL OF THE BELOVED 67 EAST STREET PITTSFIELD, MA 01201		CHURCH	20,000.	0.			DAY SHELTER FOR PEOPLE EXPERIENCING HOMELESSNESS
CENTRAL BERKSHIRE COMMAND CENTER (CITY OF PITTSFIELD/PITTSFIELD POLICE DEPA - 66 ALLEN STREET - PITTSFIELD, MA 01201	22-2489896	GOVERNMENT ENTITY	25,000.	0.			PPE SUPPLIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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	25,000.	0.			HOUSING SUPPORT SERVICES
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT WEEKEND BACKPACK PROGRAM - 117 ELMORE DRIVE - DALTON, MA 01226	84-3875261	GOVERNMENT ENTITY	25,000.	0.			WEEKEND FOOD BACKPACK PROGRAM
CHABAD OF BERKSHIRE COUNTY 450 SOUTH STREET PITTSFIELD, MA 01201	04-3580525	501(C)3	24,000.	0.			FOOD DELIVERY FOR HOME-BOUND JEWISH SENIORS
CHESHIRE FOOD PANTRY(FIDUCIARY-CHESHIRE VOL FIRE DEPT) - PO BOX K - CHESHIRE, MA 01225	84-2607415	501(C)3	7,500.	0.			FOOD PANTRY
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	25,000.	0.			STAFF SUPPORT AND PPE SUPPLIES FOR CHILD CARE RE-OPENING
CHRIST TRINITY CHURCH 180 MAIN STREET,POB 127 SHEFFIELD, MA 01257	04-2124324	501(C)3	15,000.	0.			WEEKEND RESTAURANT PROGRAM
COMMUNITY BIBLE CHURCH 160 BRIDGES ROAD WILLIAMSTOWN, MA 01267	23-7245836	501(C)3	6,000.	0.			FOOD PANTRY
COMMUNITY FOOD PANTRY AT SOUTH CONGREGATIONAL CHURCH/UNITED CHURCH OF CHRIS - 110 SOUTH STREET - PITTSFIELD, MA 01201	04-2104697	501(C)3	10,000.	0.			INCREASED DEMAND FOR FRESH PRODUCE/DAIRY PRODUCTS
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	50,000.	0.			PPE AND MEDICAL SUPPORT FOR FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 LEGAL AID 405 MAIN STREET 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)3	17,500.	0.			ASSISTANCE FOR LOW-INCOME FAMILIES WITH EDUCATIONAL/INCOME CHALLENGES
CONSTRUCT 41 MAHALWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	25,000.	0.			HOUSING SUPPORT
DALTON COUCL ON AGING 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	6,000.	0.			SUPPORT FOR SENIORS
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	32,000.	0.			EMERGENCY CHILD CARE AND OPENING SUMMER CAMP PROGRAM
ECU-HEALTHCARE 99 HOSPITAL AVE STE 208 NORTH ADAMS, MA 01247	22-3298358	501(C)3	1,000.	0.			MEDICAL SUPPLIES
ELDER SERVICES 877 SOUTH ST. STE 4 PITTSFIELD, MA 01201	04-2542001	501(C)3	5,000.	0.			MEALS ON WHEELS
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	25,000.	0.			FOOD AND SUPPORT FOR SHELTER TO MAINTAIN COVID REGULATIONS
FARMINGTON RIVER REGIONAL SCHOOL DISTRICT - 555 N.MAIN STREET - OTIS, MA 01201		GOVERNMENT ENTITY	4,000.	0.			SCHOOL FOOD PROGRAM FOR OTIS/BECKET
FENN STREET COMMUNITY DEVELOPMENT CORP - 55 FENN STREET - PITTSFIELD, MA 01201	46-3906713	501(C)3	6,000.	0.			MAKING MASKS FOR SCHOOLS AND NONPROFITS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
FOODBANK OF WESTERN MASS 97 NORTH HATFIELD RD. HATFIELD, MA 01038	04-2751023	501(C)3	50,000.	0.			INCREASE FOOD ACCOUNTS FOR BERKSHIRE COUNTY PANTRY'S
GLADYS ALLEN BRIGHAM COMMUNITY CENTER - 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)3	50,000.	0.			EMERGENCY CHILD CARE AND OPENING SUMMER CAMP PROGRAM
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMONT, MA 01258	46-1728356	501(C)3	25,000.	0.			RAISED GARDEN PROJECT
GOODWILL INDUSTRIES OF THE BERKSHIRES/S.VT - 158 TYLER STREET - PITTSFIELD, MA 01201	04-2207791	501(C)3	4,500.	0.			TRANSPORTATION FROM FOOD BANK TO NORTH COUNTY PANTRY'S
GREAT BARRINGTON FARMER'S MARKET 18 CHURCH STREET GREAT BARRINGTON, MA 01230	06-1812530	501(C)3	25,000.	0.			INCREASE SNAP BENEFITS FOR LOW-INCOME FAMILIES (MARKET MATCH)
HINSDALE FOOD PANTRY 371 OLD DALTON ROAD HINSDALE, MA 01235	04-6057268	501(C)3	2,000.	0.			FOOD SECURITY FOR CENTRAL COUNTY HILLTOWNS
IGLESIA CASTILLO FUERTE 389 CHESHIRE ROAD PITTSFIELD, MA 01201		CHURCH	20,000.	0.			FINANCIAL SUPPORT FOR HISPANIC COMMUNITY
IT TAKES A VILLAGE/HILLTOWN VILLAGE INC. - PO BOX 146 - CUMMINGTON, MA 01026	47-1394720	501(C)3	6,000.	0.			SUPPORT FOR NEW MOTHERS/FAMILIES DURING COVID
JOSH BRESSETTE COMMITMENT TO SAVE A LIFE - 2345 SKIPAREE ROAD - NORTH POWNA, VT 05260	47-1129831	501(C)3	25,000.	0.			RENTAL SUPPORT FOR PEOPLE LIVING WITH ADDICTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
KRIPALU 57 INTERLAKEN ROAD STOCKBRIDGE, MA 01262	23-1718197	501(C)3	25,000.	0.			MENTAL HEALTH TRAINING FOR FRONTLINE WORKERS/PUBLIC SCHOOL PERSONNEL
LEE YOUTH ASSOCIATION 480 PLEASANT STREET LEE, MA 01238	04-2700429	501(C)3	43,500.	0.			EMERGENCY CHILD CARE AND RE-OPENING
LOUISON HOUSE 149 CHURCH STREET NORTH ADAMS, MA 01247	22-3051367	501(C)3	37,500.	0.			HOMELESS SHELTER
MANOS UNIDAS 300 WILLOW STREET SOUTH LEE, MA 01260		501(C)3	15,000.	0.			MEAL PROGRAM AND FOOD PANTRY FOR HISPANIC/LATINO COMMUNITY
MASS HIRE BERKSHIRE CAREER CENTER 160 NORTH STREET PITTSFIELD, MA 01201	81-3061669	501(C)3	17,500.	0.			TECH EQUIPMENT FOR VIRTUAL SUMMER YOUTH PROGRAM
MASS 2-1-1 46 PARK STREET FRAMINGHAM, MA 01702	04-3514643	501(C)3	5,000.	0.			SUPPORT 211 STAFF WITH INCREASED CALLS DURING COVID
MT. CARMEL CARE CENTER 320 PITTSFIELD ROAD LENOX, MA 01240	38-3902709	501(C)3	2,000.	0.			MEDICAL SUPPLIES
MULTICULTURAL BRIDGE 17 MAIN STREET SUITE B3 LEE, MA 01238	26-1211169	501(C)3	45,000.	0.			FOOD SUPPORT FOR COMMUNITIES OF COLOR AND VIRTUAL PATHWAYS LAB
NAMI 333 EAST STREET #417 PITTSFIELD, MA 01201	04-3428325	501(C)3	7,000.	0.			WARM-LINE (CALL CENTER)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
NORTH ADAMS AMBULANCE 10 HARRIS ST, POB 1045 NORTH ADAMS, MA 01247	04-2630567	501(C)3	25,000.	0.			SUPPORT STAFF FOR INCREASED VOLUME WITH COVID
NORTH ADAMS FARMERS MARKET 10 MAIN ST. SUITE 7 NORTH ADAMS, MA 01247	04-6001405	501(C)3	10,000.	0.			MARKET MATCH (SNAP BENEFITS)
NORTH ADAMS FRIENDSHIP CENTER 45 EAGLE STREET P.O. BOX 625 NORTH ADAMS, MA 01247	46-5770220	501(C)3	15,000.	0.			FOOD PANTRY
NORTHERN BERKSHIRE COMMAND CENTER/CITY OF NORTH ADAMS - 10 MAIN STREET - NORTH ADAMS, MA 01247		GOVERNMENT ENTITY	25,000.	0.			ADDITIONAL SUPPORT FOR CRISIS MANAGEMENT TEAM
NORTHERN BERKSHIRE COMMUNITY COALITION - 61 MAIN STREET SUITE 218 - NORTH ADAMS, MA 01247	04-3446578	501(C)3	25,000.	0.			WEEKEND RESTAURANT MEAL PROGRAM
NUTRITION CENTER FIDUCIARY FOR W.MASS LABOR ACTION - 42 SUMMER STREET #306 - PITTSFIELD, MA 01201	06-1812530	501(C)3	2,000.	0.			FOOD/HOUSEHOLD SUPPLIES FOR CLIENTS
OUR LADY OF CHARITY ST. VINCENT DEPAUL - 70 MARSHALL STREET - NORTH ADAMS, MA 01247	11-3819638	501(C)3	10,000.	0.			FOOD FOR PANTRY
PEOPLE'S PANTRY 352 MAIN ST./POB 1115 GREAT BARRINGTON, MA 01230	04-3491750	501(C)3	1,500.	0.			TECH EQUIPMENT FOR PANTRY
PITTSFIELD PUBLIC SCHOOLS FOOD SERVICE - 300 EAST ST/POB 1187 - PITTSFIELD, MA 01201	125-020193	GOVERNMENT ENTITY	25,000.	0.			MEAL PROGRAM FOR PITTSFIELD STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
PRICE MEMORIAL ZION CHURCH 163 LINDEN STREET PITTSFIELD, MA 01201		CHURCH	10,000.	0.			MEAL PROGRAM FOR WESTSIDE NEIGHBORHOOD IN PITTSFIELD
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	25,000.	0.			TECH EQUIPMENT AND STAFF SUPPORT FOR VIRTUAL YOUTH PROGRAMMING
RICHMOND CONSOLIDATED SCHOOLS 1831 STATE ROAD RICHMOND, MA 01254	02-4900050	GOVERNMENT ENTITY	10,000.	0.			MEAL PROGRAM FOR RICHMOND STUDENTS
ROOTS NO. BERKSHIRE TEEN CENTER 43 EAGLE STREET NORTH ADAMS, MA 01247	84-4994881	501(C)3	15,000.	0.			TECH EQUIPMENT FOR YOUTH PROGRAMMING/FOOD AND SUPPLIES
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	83-2950864	501(C)3	50,000.	0.			VIRTUAL FARMER'S MARKET
SERVICENET, INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)3	25,000.	0.			HOMELESS SHELTER
SOLDIER ON, INC. 290 MERRILL ROAD PITTSFIELD, MA 01201	04-3240461	501(C)3	25,000.	0.			MEALS AND LAUNDRY SERVICE FOR HOMELESS SHELTER
SOUTHERN BERKSHIRE COMMAND CENTER (FIDUCIARY-FAIRVIEW HOSPITAL) - 725 NORTH STREET - PITTSFIELD, MA 01201	04-2133860	GOVERNMENT ENTITY	25,000.	0.			TEMPORARY HOUSING FOR ESSENTIAL HOSPITAL WORKERS
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT - 491 BERKSHIRE SCHOOL RD. - SHEFFIELD, MA 01257		GOVERNMENT ENTITY	10,000.	0.			MEAL PROGRAM FOR SOUTH BERKSHIRE STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
WOMEN'S FUND OF WESTERN MA/ROPE PROGRAM - 1350 MAIN ST, STE. 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)3	15,000.	0.			VIRTUAL YOUTH PROGRAMMING FOR COMMUNITY OF COLOR
YOUTH CENTER INC. 191 CHURCH STREET CHESHIRE, MA 01225	04-2591290	501(C)3	50,000.	0.			EMERGENCY CHILD CARE AND RE-OPENING COSTS
ANTI-DEFAMATION LEAGUE 605 3RD AVENUE, FLOOR 9 NEW YORK, NY 10158	13-1818723	501(C)3	25,000.	0.			A WORLD OF DIFFERENCE
BERKSHIRE BABY BOX PO BOX 587 SOUTH EGREMONT, MA 01258	81-1531520	501(C)3	10,000.	0.			HELLO IT'S ME PROJECT
18 DEGREES (FORMERLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	50,000.	0.			EARLY EDUCATION AND CARE
18 DEGREES (FORMERLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	40,000.	0.			PITTSFIELD COMMUNITY CONNECTION
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	40,000.	0.			EMPATH HOME VISITING
BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	40,000.	0.			CHILD DEVELOPMENT PROGRAM
BERKSHIRE COUNTY KIDS PLACE AND VIOLENCE PREVENTION CENTER - 63 WENDELL AVE - PITTSFIELD, MA 01201	04-3193833	501(C)3	45,000.	0.			TRAUMA RECOVERY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837	501(C)3	25,000.	0.			PITTSFIELD PRESCHOOL 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 HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2754124	501(C)3	12,500.	0.			PROJECT CONNECTION AT MONUMENT VALLEY REGIONAL MIDDLE SCHOOL
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	25,000.	0.			CENTRAL AND SOUTH BERKSHIRE COUNTY LACTATION SUPPORT PROJECT
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 THEATRE GROUP 111 SOUTH STREET PITTSFIELD, MA 01201	04-6134497	501(C)3	12,000.	0.			MIDDLE SCHOOL AFTER SCHOOL PROGRAM
CENTER FOR PEACE THROUGH CULTURE 151 FRONT STREET HOUSATONIC, MA 01236	54-2081431	501(C)3	32,000.	0.			CPC LIFESCHOOL PILOT AT CROSBY ELEMENTARY SCHOOL
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 Governments and Organizations in the United States (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
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	15,000.	0.			CHILD CARE SERVICES - NORMAN ROCKWELL & FAMILY CHILD CARE
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	75,000.	0.			HEALTHY FAMILIES
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	40,000.	0.			PARENTCHILD+
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 COORDINATION PROGRAM AT BERKSHIRE PEDIATRICS
CONSTRUCT 41 MAHAWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	20,500.	0.			PATHWAYS TO THE TRADES
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	15,000.	0.			KIDS CLUB AFTER SCHOOL PROGRAM/CRA OUT OF SCHOOL PROGRAM
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	7,500.	0.			ADAPTIVE PROGRAM/CRA MENTORING PROGRAM
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	12,000.	0.			LEADER'S CLUB

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	35,000.	0.			CHILD SAFE CHILD STRONG PROGRAM
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	40,680.	0.			EARLY CHILDHOOD EDUCATION
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	14,184.	0.			EXPRESSIVE ARTS
LEE YOUTH ASSOCIATION 480 PLEASANT STREET LEE, MA 01238	04-2700429	501(C)3	40,500.	0.			BUSY BEE LEARNING CENTER
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE. EXT. PITTSFIELD, MA 01201	04-2776797	501(C)3	26,800.	0.			PAL PLAY AND LEARN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE. EXT. PITTSFIELD, MA 01201	04-2776797	501(C)3	30,000.	0.			SOUTH COUNTY EARLY INTERVENTION
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	24,200.	0.			MENTORING PROGRAM
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	13,000.	0.			SEXUAL HEALTH INITIATIVE
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	27-0399304	501(C)3	6,250.	0.			ROOTS RISING

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.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	10,000.3	YEAR LEASE VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	5,110.	NYSE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	5	21,910.	RETAIL PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS SUPPL)	X	4	6,845.	RETAIL PRICE
26 Other ▶ (OFFICE SUPPLI)	X	1	1,717.	RETAIL PRICE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional 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 for the latest information.

OMB No. 1545-0047

2019

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:

LAUNCHED, ALONG WITH A COALITION OF BUSINESS PARTNERS AND
PHILANTHROPISTS, THE COVID-19 EMERGENCY RESPONSE FUND FOR BERKSHIRE
COUNTY. THROUGH THESE FUNDRAISING EFFORTS, BERKSHIRE UNITED WAY AWARDED
APPROXIMATELY \$1.9 MILLION IN GRANTS TO 90 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 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
CONFLICT OF INTEREST DISCLOSURE FORM WHICH ASKS ABOUT OTHER COMMITTEES,

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-08-19

Name of the organization

BERKSHIRE UNITED WAY, INC.

Employer identification number

04-2104841

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 2019.

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:

RECORD PARTNERSHIP K-1 ACTIVITY ON 990	1,104.
CHANGE IN UNCOLLECTIBLE PLEDGES	-13,523.
GRANT ADJUSTMENT- PRIOR YEAR ACCRUAL	66,684.
TOTAL TO FORM 990, PART XI, LINE 9	54,265.

PART XII, LINE 2C:

BERKSHIRE UNITED WAY, INC.

Employer identification number
04-2104841

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes No	
a Receipt of (i) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

