

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 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 012016807

**D** Employer identification number  
04-2104841

**E** Telephone number  
(413) 442-6948

**G** Gross receipts \$ 6,979,845

**F** Name and address of principal officer:  
CANDACE WINKLER  
200 SOUTH STREET  
PITTSFIELD, MA 01201

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.BERKSHIREUNITEDWAY.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1952 **M** State of legal domicile: MA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO IGNITE THE COLLECTIVE POWER OF INDIVIDUALS & ORGANIZATIONS TO BUILD A STRONGER COMMUNITY TOGETHER.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	22
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	22
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	19
<b>6</b> Total number of volunteers (estimate if necessary)	405
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,282,892	4,245,141
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,562	481,878
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,178	32,606
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,468,632	4,759,625
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,354,025	2,952,046
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	871,698	704,810
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 340,935		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	515,732	461,746
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,741,455	4,118,602
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-272,823	641,023
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,542,069	5,141,982
<b>21</b> Total liabilities (Part X, line 26)	1,551,070	1,395,481
<b>22</b> 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  
Date 2020-11-12  
CANDACE WINKLER PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date 2020-11-10 Check  if self-employed PTIN P00962620  
Firm's name ▶ MEYERS BROTHERS KALICKA PC Firm's EIN ▶ 04-2713795  
Firm's address ▶ 330 WHITNEY AVE SUITE 800 Phone no. (413) 536-8510  
HOLYOKE, MA 01040

**Part III Statement of Program Service Accomplishments**

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

**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 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 3,586,201

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: VALERIE SCHUECKLER BERKSHIRE UNITED WAY INC 200 SOUTH STREET PITTSFIELD, MA 01201 (413) 442-6948

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

Check if Schedule O contains a response 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, or 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 dotted 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) ALCIA 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 dotted 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
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,952,046	2,952,046		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	217,874	93,690	65,319	58,865
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	391,010	200,685	40,215	150,110
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	7,147	1,726	991	4,430
<b>9</b> Other employee benefits . . . . .	35,853	23,141	595	12,117
<b>10</b> Payroll taxes . . . . .	52,926	24,561	9,420	18,945
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,187		1,187	
<b>c</b> Accounting . . . . .	18,800		18,800	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	26,000		26,000	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,042	27,049	2,727	37,266
<b>12</b> Advertising and promotion . . . . .	16,664	7,857	1,800	7,007
<b>13</b> Office expenses . . . . .	13,479	10,338	639	2,502
<b>14</b> Information technology . . . . .	64,418	40,742	7,429	16,247
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	58,212	43,657	5,241	9,314
<b>17</b> Travel . . . . .	2,466	1,326	371	769
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,615	2,624	1,336	3,655
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	29,449	22,087	2,650	4,712
<b>22</b> Depreciation, depletion, and amortization . . . . .	11,187	8,390	1,007	1,790
<b>23</b> Insurance . . . . .	6,551	4,913	590	1,048
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DESIGNATED FUNDS	72,079	72,079		
<b>b</b> INKIND FOOD & SUPPLIES	28,755	28,755	0	
<b>c</b> GRANT DATA COLLECTION/A	11,810	11,810		
<b>d</b> BANK CHARGES	7,003		1,783	5,220
<b>e</b> All other expenses	19,029	8,725	3,366	6,938
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,118,602	3,586,201	191,466	340,935
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	327,605	<b>1</b>	1,247,581
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	652,902	<b>3</b>	581,014
	<b>4</b> Accounts receivable, net . . . . .	2,500	<b>4</b>	82,687
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	21,755	<b>9</b>	8,662
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	340,001		
	<b>b</b> Less: accumulated depreciation	307,473		
	<b>11</b> Investments—publicly traded securities . . . . .	3,262,311	<b>11</b>	3,189,510
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,542,069	<b>16</b>	5,141,982	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	81,692	<b>17</b>	51,072
	<b>18</b> Grants payable . . . . .	1,362,389	<b>18</b>	1,136,351
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	10,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	106,989	<b>21</b>	79,058
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	119,000
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,551,070	<b>26</b>	1,395,481
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,427,973	<b>27</b>	2,020,378
	<b>28</b> Net assets with donor restrictions . . . . .	1,563,026	<b>28</b>	1,726,123
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	2,990,999	<b>32</b>	3,746,501	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,542,069	<b>33</b>	5,141,982	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,759,625
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,118,602
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	641,023
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,990,999
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	60,214
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	54,265
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,746,501

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104841

**Name:** BERKSHIRE UNITED WAY INC

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

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 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.

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
BERKSHIRE UNITED WAY INC

**Employer identification number**  
04-2104841

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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		
<b>Total</b>						

**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 failed 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,696,210	3,571,804	2,458,736	2,225,978	4,231,619	15,184,347
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	2,696,210	3,571,804	2,458,736	2,225,978	4,231,619	15,184,347
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						2,284,015
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4. . .	2,696,210	3,571,804	2,458,736	2,225,978	4,231,619	15,184,347
<b>8</b> 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
<b>9</b> 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
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						15,904,732
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	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** . . . . .

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	81.110 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	78.360 %

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

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

(Complete only if you checked the box on line 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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104841

**Name:** BERKSHIRE UNITED WAY INC

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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? . . . . .  Yes  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? . . . . .  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

**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? . . . . .  Yes  No

**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)? . . . . .  Yes  No

**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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in 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
<b>1a</b> Beginning of year balance . . . . .	1,563,026	1,636,736	1,660,917	590,623	605,346
<b>b</b> Contributions . . . . .				1,000,000	
<b>c</b> Net investment earnings, gains, and losses	63,688	91,606	62,437	89,330	2,798
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	86,453	165,316	86,618	19,036	17,521
<b>f</b> Administrative expenses . . . . .	12,172				
<b>g</b> 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 ▶ 31.820 %
  - c** Temporarily restricted endowment ▶ 68.180 %
- 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:

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

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		64,887	60,706	4,181
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		275,114	246,767	28,347
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				32,528

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,787,480
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	60,214
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	27,845
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	50,294
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	138,353
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,649,127
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	26,000
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	84,498
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	110,498
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,031,978
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	27,845
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	50,294
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	78,139
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,953,839
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	26,000
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	138,763
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	164,763
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2104841

**Name:** BERKSHIRE UNITED WAY INC

## Supplemental Information

Return Reference	Explanation
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.

## Supplemental Information

Return Reference	Explanation
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.

## Supplemental Information

Return Reference	Explanation
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.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATED CONTRIBUTIONS 72,079. CHANGE IN UNCOLLECTIBLE PLEDGES 13,522. K-1 PASSTHROUGH INCOME LOSS -1,103.

## Supplemental Information

Return Reference	Explanation
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.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS FROM DONOR DESIGNATED FUNDS 72,079. GRANT ADJUSTMENT RELATED TO PRIOR YEAR ACCRUAL 66,684.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104841  
**Name:** BERKSHIRE UNITED WAY INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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				GIFT BASKETS FOR HOUSE-BOND SENIORS
AIRY-ARTS IN RECOVERY FOR YOUTH 311 NORTH STREET 12 PITTSFIELD, MA 01201	09-4701785		7,000				MATERIALS FOR ART PROGRAMMING FOR AT-RISK YOUTH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
18 DEGREES (FORMERLY BERKSHIRE CHILDREN AND FAMILIES) 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	501(C)3	25,000				EMERGENCY CHILD CARE
BFAIR 78 BULL HILL ROAD NORTH ADAMS, MA 01247	04-3246975	501(C)3	5,000				PPE SUPPLIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE BRIDGES WORKING CITIES(FIDUCIARY AGENT CB HABITAT FOR HUMANITY) 314 COLUMBUS AVE PITTSFIELD, MA 01201	04-3157085	501(C)3	21,000				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				PROVIDE LEGAL AND SOCIAL SERVICES FOR LOW-INCOME INDIVIDUALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD, MA 01201	04-2422074	501(C)3	14,000				FOOD SECURITY FOR SENIORS
BERKSHIRE COMMUNITY DIAPER PROJECT PO BOX 5 WEST STOCKBRIDGE, MA 01201	47-4529853	501(C)3	17,500				PROVIDE DIAPERS TO FAMILIES IN NEED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE COUNTY ARC 395 SOUTH STREET PITTSFIELD, MA 01201	04-2218928	501(C)3	25,000				PPE SUPPLIES FOR RESIDENTIAL HOUSING
BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	25,000				PPE SUPPLIES FOR CHILD CARE RE-OPENING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE DREAM CENTER 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)3	5,000				FOOD SECURITY FOR PITTSFIELD AND NORTH ADAMS RESIDENTS
BERKSHIRE FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837	501(C)3	25,000				EMERGENCY CHILD CARE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE FOOD PROJECT 134 MAIN STREET NORTH ADAMS, MA 01247	02-2946660	501(C)3	50,000				FOOD SECURITY FOR NORTH COUNTY FOOD PANTRY
BERKSHIRE GROWN 314 MAIN STREET GREAT BARRINGTON, MA 01230	20-0482070	501(C)3	32,500				SUPPORTING LOCAL FARMERS BY PROVIDING FRESH FOOD TO SOUTH COUNTY PANTRIES AND SCHOOLS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE HELPING HANDS (FIDUCIARY-LOUISON HOUSE) 12 BEECHER STREET ADAMS, MA 01220	22-3051367	501(C)3	3,500				FOOD AND HOUSEHOLD SUPPLIES FOR LOW-INCOME FAMILIES
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT 50 MAIN STREET STOCKBRIDGE, MA 01262	04-2754124	501(C)3	21,000				FOOD AND PPE SUPPLIES FOR LOW-INCOME FAMILIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE IMMIGRANT CENTER 67 EAST STREET PITTSFIELD, MA 01201	22-3115048	501(C)3	25,000				FINANCIAL SUPPORT FOR IMMIGRANT FAMILIES
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201	04-2791396	501(C)3	25,000				SUPPORT FOR COIVD PATIENTS LEAVING HOSPITAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	3,000				PPE EQUIPMENT FOR HOME VISITS
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER 15 CRISSEY ROAD GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	50,000				RESTAURANT MEAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BERKSHIRE TOMORROW INCBERKSHIRE REGIONAL PLANNING COMMISSION 1 FENN STREET PITTSFIELD, MA 01201	03-0572303	501(C)3	108,000				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				STAFF SUPPORT AND SUPPLIES FOR SUMMER CAMP OPENING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHEDRAL OF THE BELOVED 67 EAST STREET PITTSFIELD, MA 01201		CHURCH	20,000				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				PPE SUPPLIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL BERKSHIRE HABITAT FOR HUMANITY 314 COLUMBUS AVE PITTSFIELD, MA 01201	04-3157085	501(C)3	25,000				HOUSING SUPPORT SERVICES
CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT WEEKEND BACKPACK PROGRAM 117 ELMORE DRIVE DALTON, MA 01226	84-3875261	GOVERNMENT ENTITY	25,000				WEEKEND FOOD BACKPACK PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHABAD OF BERKSHIRE COUNTY 450 SOUTH STREET PITTSFIELD, MA 01201	04-3580525	501(C)3	24,000				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				FOOD PANTRY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	25,000				STAFF SUPPORT AND PPE SUPPLIES FOR CHILD CARE RE-OPENING
CHRIST TRINITY CHURCH 180 MAIN STREETPOB 127 SHEFFIELD, MA 01257	04-2124324	501(C)3	15,000				WEEKEND RESTAURANT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY BIBLE CHURCH 160 BRIDGES ROAD WILLIAMSTOWN, MA 01267	23-7245836	501(C)3	6,000				FOOD PANTRY
COMMUNITY FOOD PANTRY AT SOUTH CONGREGATIONAL CHURCHUNITED CHURCH OF CHRIS 110 SOUTH STREET PITTSFIELD, MA 01201	04-2104697	501(C)3	10,000				INCREASED DEMAND FOR FRESH PRODUCE/DAIRY PRODUCTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	50,000				PPE AND MEDICAL SUPPORT FOR FAMILIES
COMMUNITY LEGAL AID 405 MAIN STREET4THFLOOR WORCESTER, MA 01608	04-2446242	501(C)3	17,500				ASSISTANCE FOR LOW-INCOME FAMILIES WITH EDUCATIONAL/INCOME CHALLENGES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	25,000				HOUSING SUPPORT
DALTON COUCIL ON AGING 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	6,000				SUPPORT FOR SENIORS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DALTON COMMUNITY RECREATION ASSOCIATION 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	32,000				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				MEDICAL SUPPLIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELDER SERVICES 877 SOUTH ST STE 4 PITTSFIELD, MA 01201	04-2542001	501(C)3	5,000				MEALS ON WHEELS
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	25,000				FOOD AND SUPPORT FOR SHELTER TO MAINTAIN COVID REGULATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FARMINGTON RIVER REGIONAL SCHOOL DISTRICT 555 N MAIN STREET OTIS, MA 01201		GOVERNMENT ENTITY	4,000				SCHOOL FOOD PROGRAM FOR OTIS/BECKET
FENN STREET COMMUNITY DEVELOPMENT CORP 55 FENN STREET PITTSFIELD, MA 01201	46-3906713	501(C)3	6,000				MAKING MASKS FOR SCHOOLS AND NONPROFITS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOODBANK OF WESTERN MASS 97 NORTH HATFIELD RD HATFIELD, MA 01038	04-2751023	501(C)3	50,000				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				EMERGENCY CHILD CARE AND OPENING SUMMER CAMP PROGRAM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMONT, MA 01258	46-1728356	501(C)3	25,000				RAISED GARDEN PROJECT
GOODWILL INDUSTRIES OF THE BERKSHIRES 158 TYLER STREET PITTSFIELD, MA 01201	04-2207791	501(C)3	4,500				TRANSPORTATION FROM FOOD BANK TO NORTH COUNTY PANTRY'S

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

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GREAT BARRINGTON FARMER'S MARKET 18 CHURCH STREET GREAT BARRINGTON, MA 01230	06-1812530	501(C)3	25,000				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				FOOD SECURITY FOR CENTRAL COUNTY HILLTOWNS

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

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IGLESIA CASTILLO FUERTE 389 CHESHIRE ROAD PITTSFIELD, MA 01201		CHURCH	20,000				FINANCIAL SUPPORT FOR HISPANIC COMMUNITY
IT TAKES A VILLAGEHILLTOWN VILLAGE INC PO BOX 146 CUMMINGTON, MA 01026	47-1394720	501(C)3	6,000				SUPPORT FOR NEW MOTHERS/FAMILIES DURING COVID

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

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JOSH BRESSETTE COMMITMENT TO SAVE A LIFE 2345 SKIPAREE ROAD NORTH POWNAL, VT 05260	47-1129831	501(C)3	25,000				RENTAL SUPPORT FOR PEOPLE LIVING WITH ADDICTION
KRIPALU 57 INTERLAKEN ROAD STOCKBRIDGE, MA 01262	23-1718197	501(C)3	25,000				MENTAL HEALTH TRAINING FOR FRONTLINE WORKERS/PUBLIC SCHOOL PERSONNEL

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

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LEE YOUTH ASSOCIATION 480 PLEASANT STREET LEE, MA 01238	04-2700429	501(C)3	43,500				EMERGENCY CHILD CARE AND RE-OPENING
LOUISON HOUSE 149 CHURCH STREET NORTH ADAMS, MA 01247	22-3051367	501(C)3	37,500				HOMELESS SHELTER

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

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MANOS UNIDAS 300 WILLOW STREET SOUTH LEE, MA 01260		501(C)3	15,000				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				TECH EQUIPMENT FOR VIRTUAL SUMMER YOUTH PROGRAM

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

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MASS 2-1-1 46 PARK STREET FRAMINGHAM, MA 01702	04-3514643	501(C)3	5,000				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				MEDICAL SUPPLIES

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

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MULTICULTURAL BRIDGE 17 MAIN STREET SUITE B3 LEE, MA 01238	26-1211169	501(C)3	45,000				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				WARM-LINE (CALL CENTER)



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

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NORTH ADAMS AMBULANCE 10 HARRIS ST POB 1045 NORTH ADAMS, MA 01247	04-2630567	501(C)3	25,000				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				MARKET MATCH (SNAP BENEFITS)

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH ADAMS FRIENDSHIP CENTER 45 EAGLE STREET PO BOX 625 NORTH ADAMS, MA 01247	46-5770220	501(C)3	15,000				FOOD PANTRY
NORTHERN BERKSHIRE COMMAND CENTER CITY OF NORTH ADAMS 10 MAIN STREET NORTH ADAMS, MA 01247		GOVERNMENT ENTITY	25,000				ADDITIONAL SUPPORT FOR CRISIS MANAGEMENT TEAM

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

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NORTHERN BERKSHIRE COMMUNITY COALITION 61 MAIN STREET SUITE 218 NORTH ADAMS, MA 01247	04-3446578	501(C)3	25,000				WEEKEND RESTAURANT MEAL PROGRAM
NUTRITION CENTER FIDUCIARY FOR WMASS LABOR ACTION 42 SUMMER STREET 306 PITTSFIELD, MA 01201	06-1812530	501(C)3	2,000				FOOD/HOUSEHOLD SUPPLIES FOR CLIENTS

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

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OUR LADY OF CHARITY ST VINCENT DEPAUL 70 MARSHALL STREET NORTH ADAMS, MA 01247	11-3819638	501(C)3	10,000				FOOD FOR PANTRY
PEOPLE'S PANTRY 352 MAIN STPOB 1115 GREAT BARRINGTON, MA 01230	04-3491750	501(C)3	1,500				TECH EQUIPMENT FOR PANTRY

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

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PITTSFIELD PUBLIC SCHOOLS FOOD SERVICE 300 EAST ST/POB 1187 PITTSFIELD, MA 01201	12-5020193	GOVERNMENT ENTITY	25,000				MEAL PROGRAM FOR PITTSFIELD STUDENTS
PRICE MEMORIAL ZION CHURCH 163 LINDEN STREET PITTSFIELD, MA 01201		CHURCH	10,000				MEAL PROGRAM FOR WESTSIDE NEIGHBORHOOD IN PITTSFIELD

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

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RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	25,000				TECH EQUIPMENT AND STAFF SUPPORT FOR VIRTUAL YOUTH PROGRAMMING
RICHMOND CONSOLIDATED SCHOOLS 1831 STATE ROAD RICHMOND, MA 01254	02-4900050	GOVERNMENT ENTITY	10,000				MEAL PROGRAM FOR RICHMOND STUDENTS

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

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ROOTS NOBERKSHIRE TEEN CENTER 43 EAGLE STREET NORTH ADAMS, MA 01247	84-4994881	501(C)3	15,000				TECH EQUIPMENT FOR YOUTH PROGRAMMING/FOOD AND SUPPLIES
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	83-2950864	501(C)3	50,000				VIRTUAL FARMER'S MARKET

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

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SERVICENET INC 21 OLANDER DRIVE NORTHHAMPTON, MA 01060	04-2526194	501(C)3	25,000				HOMELESS SHELTER
SOLDIER ON INC 290 MERRILL ROAD PITTSFIELD, MA 01201	04-3240461	501(C)3	25,000				MEALS AND LAUNDRY SERVICE FOR HOMELESS SHELTER



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

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SOUTHERN BERKSHIRE COMMAND CENTER (FIDUCIARY-FAIRVIEW HOSPITAL) 725 NORTH STREET PITTSFIELD, MA 01201	04-2133860	GOVERNMENT ENTITY	25,000				TEMPORARY HOUSING FOR ESSENTIAL HOSPITAL WORKERS
SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT 491 BERKSHIRE SCHOOL RD SHEFFIELD, MA 01257		GOVERNMENT ENTITY	10,000				MEAL PROGRAM FOR SOUTH BERKSHIRE STUDENTS

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

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THE BRIEN CENTER 359 FENN STREET PITTSFIELD, MA 01201	04-2081870	501(C)3	50,000				TECH EQUIPMENT FOR INCREASED TELE-HEALTH MENTAL HEALTH CONSULTATIONS
THE CHRISTIAN CENTER 193 ROBBINS AVE PITTSFIELD, MA 01201	04-2546021	501(C)3	25,000				MEAL PROGRAM AND SUPPLIES PROVIDED FOR HOMELESS SHELTER AT GARDEN INN

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

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THE SALVATION ARMY 298 WEST STREET PITTSFIELD, MA 01201	58-0660607	501(C)3	12,500				PREPARED MEALS FOR CLIENTS
TOWN OF WINDSOR 1890 ROUTE 9 SUITE 6 WINDSOR, MA 01270		GOVERNMENT ENTITY	12,000				DELIVERY MEAL PROGRAM FOR WINDSOR RESIDENTS

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TOWN OF WILLIAMSTOWN WILLIAMSTOWN FARMER'S MARKET 2143 COLD SPRING RD WILLIAMSTOWN, MA 01267	04-2701692	GOVERNMENT ENTITY	7,000				VIRTUAL FARMER'S MARKET
UPC OF WESTERN MASS 208 WEST STREET PITTSFIELD, MA 01201	04-2173060	501(C)3	35,000				FOOD/SANITATION SUPPLIES FOR CLIENTS

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VOLUNTEERS IN MEDICINE (VIM) 777 MAIN STREET 4 GREAT BARRINGTON, MA 01201	90-0140004	501(C)3	50,000				FINANCIAL SUPPORT FOR IMMIGRANT POPULATION
WESTERN MASS RECOVERY LEARNING CENTER 187 HIGH STREET 202 HOLYOKE, MA 01040	23-7450656	501(C)3	16,000				INCREASED SERVICES FOR SUBSTANCE RECOVERY CLIENTS

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WILLIAMSTOWN FOOD PANTRY (FIDUCIARY-ST PATRICK & RAPHAEL PARISH) 54 SOUTHWORTH STREET WILLIAMSTOWN, MA 01267	36-4661460	501(C)3	12,500				ADDITONAL FOOD NEEDED AT PANTRY
WOMEN'S FUND OF WESTERN MAROPE PROGRAM 1350 MAIN ST STE 1006 SPRINGFIELD, MA 01103	04-3342411	501(C)3	15,000				VIRTUAL YOUTH PROGRAMMING FOR COMMUNITY OF COLOR

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

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YOUTH CENTER INC 191 CHURCH STREET CHESHIRE, MA 01225	04-2591290	501(C)3	50,000				EMERGENCY CHILD CARE AND RE-OPENING COSTS
							INDEPENDENT CONTRACTOR FOR FOOD COLLABORATIVE PROJECT

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

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							INDEPENDENT CONTRACTOR FOR FOOD COLLABORATIVE PROJECT
ANTI-DEFAMATION LEAGUE 605 3RD AVENUE FLOOR 9 NEW YORK, NY 10158	13-1818723	501(C)3	25,000				A WORLD OF DIFFERENCE



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

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BERKSHIRE BABY BOX PO BOX 587 SOUTH EGREMONT, MA 01258	81-1531520	501(C)3	10,000				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				EARLY EDUCATION AND CARE

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18 DEGREES (FORMERLY BERKSHIRE CHILDREN AND FAMILIES) 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	501(C)3	40,000				PITTSFIELD COMMUNITY CONNECTION
18 DEGREES (FORMALLY BERKSHIRE CHILDREN AND FAMILIES) 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	501(C)3	40,000				EMPATH HOME VISITING

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

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BERKSHIRE COUNTY HEAD START 1 MEADOW LANE PITTSFIELD, MA 01201	04-2578986	501(C)3	40,000				CHILD DEVELOPMENT PROGRAM
BERKSHIRE COUNTY KIDS PLACE AND VIOLENCE PREVENTION CENTER 63 WENDELL AVE PITTSFIELD, MA 01201	04-3193833	501(C)3	45,000				TRAUMA RECOVERY PROGRAM

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

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BERKSHIRE FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837	501(C)3	25,000				PITTSFIELD PRESCHOOL PROGRAM
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT 50 MAIN STREET STOCKBRIDGE, MA 01262	04-2754124	501(C)3	40,000				PROJECT CONNECTION AT MUDDY BROOK REGIONAL ELEMENTARY SCHOOL

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

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BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT 50 MAIN STREET STOCKBRIDGE, MA 01262	04-2754124	501(C)3	12,500				PROJECT CONNECTION AT MONUMENT VALLEY REGIONAL MIDDLE SCHOOL
BERKSHIRE NURSING FAMILIES PO BOX 341 ADAMS, MA 01220	04-3529643	501(C)3	25,000				CENTRAL AND SOUTH BERKSHIRE COUNTY LACTATION SUPPORT PROJECT

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

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BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER 15 CRISSEY ROAD GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000				ACTION ADVENTURES OUT OF SCHOOL
BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER 15 CRISSEY ROAD GREAT BARRINGTON, MA 01230	04-3348584	501(C)3	15,000				SUNSHINE PRESCHOOL

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

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BERKSHIRE THEATRE GROUP 111 SOUTH STREET PITTSFIELD, MA 01201	04-6134497	501(C)3	12,000				MIDDLE SCHOOL AFTER SCHOOL PROGRAM
CENTER FOR PEACE THROUGH CULTURE 151 FRONT STREET HOUSATONIC, MA 01236	54-2081431	501(C)3	32,000				CPC LIFESCHOOL PILOT AT CROSBY ELEMENTARY SCHOOL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL BERKSHIRE HABITAT FOR HUMANITY 314 COLUMBUS AVE PITTSFIELD, MA 01201	04-3157085	501(C)3	30,000				VITA
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	15,000				CHILD CARE SERVICES - NORMAN ROCKWELL & FAMILY CHILD CARE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	75,000				HEALTHY FAMILIES
CHILD CARE OF THE BERKSHIRES 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	40,000				PARENTCHILD+

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	25,000				PARENTCHILD+
COMMUNITY HEALTH PROGRAMS 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	25,000				CARE COORDINATION PROGRAM AT BERKSHIRE PEDIATRICS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSTRUCT 41 MAHAIWE STREET GREAT BARRINGTON, MA 01230	23-7099108	501(C)3	20,500				PATHWAYS TO THE TRADES
DALTON COMMUNITY RECREATION ASSOCIATION 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	15,000				KIDS CLUB AFTER SCHOOL PROGRAM/CRA OUT OF SCHOOL PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DALTON COMMUNITY RECREATION ASSOCIATION 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	7,500				ADAPTIVE PROGRAM/CRA MENTORING PROGRAM
DALTON COMMUNITY RECREATION ASSOCIATION 400 MAIN STREET DALTON, MA 01226	04-2103761	501(C)3	12,000				LEADER'S CLUB

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	35,000				CHILD SAFE CHILD STRONG PROGRAM
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	30,000				MONEY SCHOOL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLYING CLOUD INSTITUTE 352 MAIN STREET SUITE 212 GREAT BARRINGTON, MA 01230	04-2730172	501(C)3	25,000				YOUNG WOMEN IN SCIENCE
GLADYS ALLEN BRIGHAM COMMUNITY CENTER 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	501(C)3	40,680				EARLY CHILDHOOD EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GLADYS ALLEN BRIGHAM COMMUNITY CENTER 165 EAST STREET PITTSFIELD, MA 01201	04-2178889	501(C)3	35,000				GIRLS INC.
GREENAGERS 62 UNDERMOUNTAIN ROAD SOUTH EGREMONT, MA 01258	46-1728356	501(C)3	25,000				COMMUNITY WORK INITIATIVE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEE PUBLIC SCHOOLS 32 MAIN STREET LEE, MA 01238		GOVERNMENT ENTITY	14,184				EXPRESSIVE ARTS
LEE YOUTH ASSOCIATION 480 PLEASANT STREET LEE, MA 01238	04-2700429	501(C)3	40,500				BUSY BEE LEARNING CENTER



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE EXT PITTSFIELD, MA 01201	04-2776797	501(C)3	26,800				PAL PLAY AND LEARN
PEDIATRIC DEVELOPMENT CENTER 388 COLUMBUS AVE EXT PITTSFIELD, MA 01201	04-2776797	501(C)3	30,000				SOUTH COUNTY EARLY INTERVENTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	24,200				MENTORING PROGRAM
RAILROAD STREET YOUTH PROJECT PO BOX 698 GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	13,000				SEXUAL HEALTH INITIATIVE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROOTS RISING 437 NORTH STREET PITTSFIELD, MA 01201	27-0399304	501(C)3	6,250				ROOTS RISING

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 SUPPLIES )	X	4	6,845	RETAIL PRICE
26 Other ▶ ( OFFICE SUPPLIES )	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

	Yes	No
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? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
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.		

**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.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
BERKSHIRE UNITED WAY INC

Employer identification number

04-2104841

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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."

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, 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.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	RECORD PARTNERSHIP K-1 ACTIVITY ON 990 1,104. CHANGE IN UNCOLLECTIBLE PLEDGES -13,523. GRANT ADJUSTMENT- PRIOR YEAR ACCRUAL 66,684.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BERKSHIRE UNITED WAY INC

**Employer identification number**

04-2104841

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> 200 SOUTH STREET CONDOMINIUM TRUST  200 SOUTH STREET PITTSFIELD, MA 01201 04-3414279	MANAGE AND REGULATE THE 200 SOUTH ST CONDO	MA	BERKSHIRE UNITED WAY	EXCLUDED	-1,104	5,108		No		Yes		67.500 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

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

**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

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>