TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	
	BERKSHIRE UNITED WAY, INC. 200 SOUTH STREET
	PITTSFIELD, MA 01201-6807
Prepared by	MEYERS BROTHERS KALICKA, P.C. 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

			** PUBLIC DISCLOSURE COPY	<u> </u> **			
	Ω	00	Return of Organization Exempt Fro	om I	ncome Tax	H	OMB No. 1545-0047
Forr	n H	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			ons)	2015
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	t may k	pe made public.		Open to Public
Interr	al Rev	enue Service	Information about Form 990 and its instructions is at v				Inspection
AF	or th			ng J	UN 30, 2016		
B C a	heck if	ole: C Name of	forganization		D Employer identifi	catio	n number
	Addr Chan	ge DEKN	SHIRE UNITED WAY, INC.				
	Nam chan Initia	ge Doing b	usiness as		04-2		1841
	returi _Final _returi	Number	and street (or P.O. box if mail is not delivered to street address) Roor SOUTH STREET	n/suite	E Telephone numbe		2-6948
	termi ated	n_	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,519,965.
	Amer	PITT	SFIELD, MA 01201-6807		H(a) Is this a group re	eturn	
	Appli dition		nd address of principal officer: KRISTINE HAZZARD		for subordinates		
	pend	^{mg} 200 S	OUTH STREET, PITTSFIELD, MA 01201		H(b) Are all subordinates in	ncludeo	d? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. ((see instructions)
			BERKSHIREUNITEDWAY.ORG		H(c) Group exemption		
			X Corporation Trust Association Other ►	L Year	of formation: 1952	v Stat	e of legal domicile: MA
Pa	irt I	Summary					
e	1	Briefly describ	e the organization's mission or most significant activities: IMPROVI	LNG	THE QUALITY	10	<u>' LIFE IN</u>
ano			RE COUNTY BY MOBILIZING RESOURCES TO				
ern	2		x 🕨 🛄 if the organization discontinued its operations or disposed of		1	ssets. I	
200	3		ting members of the governing body (Part VI, line 1a)				23
જ	4		lependent voting members of the governing body (Part VI, line 1b)				23 22
ties	5		of individuals employed in calendar year 2015 (Part V, line 2a)				989
Activities & Governance	6		of volunteers (estimate if necessary)				17,962.
Ac			d business revenue from Part VIII, column (C), line 12				2,858.
	d d	Net unrelated	business taxable income from Form 990-T, line 34	 T			-
		Caratuihuutiana	and events (David) (III line 1h)		Prior Year 2,812,074.		Current Year 2,778,317.
Revenue	8 9		and grants (Part VIII, line 1h)		2,012,074.		0.
ver		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		236,939.		29,412.
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,707.		65,576.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,105,720.		2,873,305.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,355,970.		1,159,980.
	14		to or for members (Part IX, column (A), line 4)		0.		0.
s		=			781,647.		985,012.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		10,910.		7,100.
Expenses	Ь	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ 421,381.				
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		777,120.		773,801.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,925,647.		2,925,893.
	19	Revenue less	expenses. Subtract line 18 from line 12		180,073.		-52,588.
Net Assets or Fund Balances					ginning of Current Year		End of Year
sets alan	20	Total assets (I	Part X, line 16)	厂	4,105,306.		3,941,434.
t As	21		(Part X, line 26)		1,769,861.		1,764,842.
	22		fund balances. Subtract line 21 from line 20		2,335,445.		2,176,592.
	nrt II	•					
			I declare that I have examined this return, including accompanying schedules and			y knov	wledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.		
		I N					

Sign Here	Signature of officer KRISTINE HAZZARD, PRESIDENT Type or print name and title	Date					
	Print/Type preparer's name Preparer's signature						
Paid	RUDY M. D'AGOSTINO RUDY M. D'AGOSTINO	06/01/17 ^{if} self-employed P00962620					
Preparer	Firm's name MEYERS BROTHERS KALICKA , P.C.	Firm's EIN ► 04-2713795					
Use Only	Firm's address 330 WHITNEY AVE, SUITE 800						
	HOLYOKE, MA 01040	Phone no. 413-536-8510					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
532001 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2015)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUBSTAINABLE CHANGE. Image: Data of the organization undertake any significant program services during the year which were not listed on the profram 580 0527 Image: Data of the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Data of the organization cases conducting, or make significant changes in how it conducts, any program services an masked by expenses. Boscheb the organization are completiments for each of its three largest program services, as measured by expenses. Sector S01(5) and 501(5) diverses is 2,183,104. Image: Data of the organization service reported. Image: Data of	orm	990 (2015) BERKSHIRE UNITED WAY, INC.	04-2104841	Page
Brefey describe the organization's mission: IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUBSTAINABLE CHANGE. ID dthe organization undertske any significant program services during the year which were not listed on the proor Form 900 or 900 E27 If 'Yea; 'describe these new services on Schedule O.	Par	t III Statement of Program Service Accomplishments		
IMPROVING THE QUALITY OF LIFE IN BERKSHIRE COUNTY BY MOBILIZING RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUBSTAINABLE CHANGE. Image: the organization underlake any significant program services during the year which were not listed on the proor form 900 or 990/E27 Image: the organization codes conducting, or make significant changes in how it conducts, any program services (Two IX 10%), deaches these engress on Schedule 0. Do the organization codes conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Social Science 100(3) and 501(40) equivalent on Schedule 0. Deaches the enganization are engonizations are required to root the anomat of grants and lacotors to others, the total expenses, and reverse, if any, for each program service accompletiments for each of its three largest program service monted in the standard program service monted in the program service in Schedule 0. Cost [Inservets 2, 183, 104. reduring set of 1, 159, 980.;] (newnets 2, 2, 81 THESE GRANIXATION RAISES FUNDS THROUGH WORKPLACE CAMPAIGNS (EMPLOYEE PAYROLI DEDUCTION, CORPORATE GIFTS AND SPONSORSHIPS); GOVERNMENT AND FOUNDATION GRANTS AND INDIVIDUAL DONATIONS. THE ORGANIZATION INVESTS THESE RESOURCES IN SUPPORT OF THREE PRIORITY COMMUNITY ISSUES: EARLY CHILDING BLOCKS FOR A GOOD QUALITY OF LIFE. WITH HEADERSHIP FROM STAFF AND YOLUNTEERS WITH EXPERTISE IN EACH OF THESE AREAS, STRATEGIE ARE DEVERDED TO IMPACT POSTITY COMMUNITY OF UNESS THE THREE PRIORITY COMMUNITY ISSUES. THE ORGANIZATION FUNDS Evaluation for theadres of theadres of the order of the oreganization engr		Check if Schedule O contains a response or note to any line in this Part III		🖸
RESOURCES TO ADDRESS COMMUNITY PRIORITIES AND CREATE SUBSTAINABLE CHANGE. 2 Dd the organization undertake any significant program services during the year which were not listed on the prior Fom 980 or 980 E27	1			
CHANGE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 of 900 CZ7				
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-627			SUBSTAINABLE	
the prior Form 990 or 990 cs 90 c22		CHANGE.		
the prior Form 990 or 990 cs 90 c22	2	Did the organization undertake any significant program services during the year which were not listed on		
If 'Yes, 'describe these new services on Schedule 0. □ bit origination case conducting, or make significant changes in how it conducts, any program services?			Yes	X
If 'Ves, 'describe the action'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 reverue, if any, for each program service reported. If Coste 2,183,104. mcdating grant as's 1,159,980.) [merrues 25,81 THE ORGANIZATION RAISES FUNDS THROUGH WORKPLACE CAMPAICONS (EMPLOYEE PATNOLI DEDUCTION, CORPORATE GITS AND SPONSORSHIPS), GOVERNMENT AND FOUNDATION GRANTS AND INDIVIDUAL DONATIONS. THE ORGANIZATION INVESTS FHESE RESOURCES IN SUPPORT OF THREE PRIORITY COMMUNITY ISSUES: EARLY CHILDHOOD LITERACY, POSITIVE YOUTH DEVELOPMENT AND FINANCIAL STABILIT THE BULLDING BLOCKS FOR A GOOD QUALITY OF LIFLE. WITH LEADERSHIP FROM STAFF AND VOLUNEERS WITH EXPERTISE IN EACH OF THREE PRIOR (TO FONDROF ORGANIZATIONS IN BERKSHIRE COUNTY THAT ADDRESS THE THREE PRIORITY COMMUNITY ISSUES. THE ORGANIZATION LEADS SEVERAL INITITATIVES, USING CROSS SECTOR ENGAGAMS AND SERVICES PROVIDED BY A VARIETY OF NONROF ORGANIZATIONS IN BERKSHIRE COUNTY THAT ADDRESS THE THREE PRIORITY COMMUNITY ISSUES. THE ORGANIZATION LEADS SEVERAL INITITATIVES, USING CROSS SECTOR ENGAGEMENT AND THE COLLECTIVE IMPACT FRAMEWORK TO IDENTI [cdccme](Expenses 1				
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(Expenses \$ including grants of \$) (Revenue \$) le Total program service expenses ▶ 2,183,104. Form 990 (2002 -16-15 SEE SCHEDULE O FOR CONTINUATION(S) Form 990 (
Le Total program service expenses 2,183,104. 2002 -16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2 Form 990 (Continuation)	4d	Other program services (Describe in Schedule O.)		
Form 990 (2002 -16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2)	
²⁰⁰² -16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2	4e	Total program service expenses ► 2,183,104.		
-16-15 SEE SCHEDULE O FOR CONTINUATION(S) 2	32002			90 (2
—		15 SEE SCHEDULE O FOR CONTINUATIO	(G) M	
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BERKSHIRE UNITED WAY, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
a	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			
		1/1		x
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G. Part III	19		x

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BERKSHIRE UNITED WAY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	47	x
35a		SSA		- 11
b	, 5 , , , , , , , , , , , , , , , , , ,	256		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 11
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	note him out out are required to complete outedule o	00		

Form **990** (2015)

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Form	990 (2015) BERKSHIRE UNITED WAY, INC.	04-2104	841	Р	age 5
Pa	t 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				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 25			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			37
	to file Form 8282?	I I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		v
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ا مبا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44 -			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			X
14a	Did the experimetion we also any manufactor independent of a second se		44-		
	Did the organization receive any payments for indoor tanning services during the tax year?	~ 0	14a 14b		

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Form 990	(2015)
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BERKSHIRE UNITED WAY, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent		23	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached at	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			
					Yes	
l0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to confli	cts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," des	scribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	Γ
14	Did the organization have a written document retention and destruction policy?			14	Х	Γ
15	Did the process for determining compensation of the following persons include a review and appro					T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	Ĩ			
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b	X	\top
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1010		t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement wi	th a			
	taxable entity during the year?			16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			Tou		
Ň	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	-			
				16b		L
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sectio	501(c)(3)s only();	availat		
	for public inspection. Indicate how you made these available. Check all that apply			avanac	Je	
	X Own website Another's website J Upon request Other (expla		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	onflict of	interest policy, and	d finan	ncial	
	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 to REPERTURE UNITED MAY THE	ooks and	d records:			
	KRISTINE HAZZARD / BERKSHIRE UNITED WAY INC 41	5-442	5-0948			
	200 SOUTH STREET, PITTSFIELD, MA 01201				000	15
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Em	nployees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors				

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	1	u ga				npe	11541	· · · · · · · · · · · · · · · · · · ·		
(A)	(B)			(_		(D)	(E)	(F)
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per			ess pe nd a d				compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	d ual 1	utiona	_	mplo	est co	ла Га			organizations
	line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0
(1) ROBERT VAUGHAN	1.00	-	_		-		-			
DIRECTOR - THRU 6/23		x						0.	0.	0.
(2) TANYA EDWARDS	1.00									
DIRECTOR		x						0.	0.	0.
(3) RENEE NICOLE DAVIES	1.00									
DIRECTOR		x						0.	0.	0.
(4) PETER MARCHETTI	1.00									
DIR. THRU 6/23-TREASURER AS OF 6/24		x						0.	0.	0.
(5) SILVANA KIRBY	1.00									
DIRECTOR - THRU 12/2/15		x						0.	0.	0.
(6) CHRISTINA BARRETT	1.00									
DIRECTOR		X						0.	0.	0.
(7) KEVIN KULIGA	1.00									
DIRECTOR - THRU 6/23		X						0.	0.	0.
(8) LAWRENCE HARNETT	1.00									
DIRECTOR		X						0.	0.	0.
(9) MICHAEL FERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) COLLEEN LUSSIER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ARTHUR MILANO	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GERALD MURRAY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RICHARD ROWE	1.00									_
DIR. THRU 6/23-VICE-CHAIR AS OF 6/24		Х						0.	0.	0.
(15) URSULA ALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAMES BOEHM	1.00								_	-
DIRECTOR		х						0.	0.	0.
(17) JENNIFER GLOCKNER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(18) CHUCK LEACH III	1.00								_	^
DIRECTOR		Х						0.	0.	0.
532007 12-16-15										Form 990 (2015)

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2015.05080 BERKSHIRE UNITED WAY, INC.

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Form **990** (2015)

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Form 990 (2015
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	1					
(A)	(B)			-	C)	_		(D)	(E)			(F)	
Name and title	Average		not c	heck		than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation			nount o	of
	(list any	<u> </u>			1	1	É	from the	from related organizations			other	tion
	hours for	direct				_		organization	(W-2/1099-MIS			pensat om the	
	related	e or	stee			nsate		(W-2/1099-MISC)		0,		anizati	
	organizations	trust	ial tru		yee	ompe		, ,			•	d relate	
	below	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	Indi	Insti	Officer	Key	High	Forr						
(19) DARRIN HARRIS	1.00												•
DIRECTOR	1 00	X						0.		0.			0.
(19) ALICE MAGGIO	1.00	x						0.		ο.			Ο.
DIRECTOR (20) DOUGLAS MCNALLY	1.00				-	-		0.					0.
DIRECTOR	1.00	x						0.		0.			Ο.
(21) ELLEN RUDLEY	1.00	^			-			0.		0.			0.
DIRECTOR	1.00	x						0.		ο.			0.
(22) ALYCIA SACCO-DUQUETTE	1.00			-	-	-				<u> </u>			0.
DIRECTOR	1.00	x						0.		0.			0.
(23) CHRISTOPHER SMITH	1.00									<u> </u>			<u> </u>
DIRECTOR	100	x						0.		0.			0.
(24) CHRISTOPHER MATHEWS	1.00												
BOARD CHAIR		x		x				0.		0.			Ο.
(25) CAROL LEIBINGER-HEALEY	1.00												
TREASURER THRU 6/23-DIR. AS OF 6/24		X		X				0.		0.			0.
(26) BRENDA BURDICK	1.00												
V.CHAIR THRU 6/23-CLERK AS OF 6/24		Х		Х				0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	I, Section A							171,718.		0.		9,39	
d Total (add lines 1b and 1c)								171,718.		0.		9,39	95.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable	Э			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tri	iste	e ke	ev er	mpla	ovee	or	highest compensated er	mplovee on	E I			
line 1a? If "Yes," complete Schedule J for s	,						·	U 1		- 1	3		Х
4 For any individual listed on line 1a, is the su											_		
and related organizations greater than \$15			•					•	0		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	n any	/ unr	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	for si	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								pensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	rithir	n the organization's tax y	/ear.				
(A) Name and business	address	N	ONE	7				(B) Description of s	ervices	C	C) omper	;) nsatior	ı
		111	5111	-									
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organi		not li	mite	d to	tho	se li: 0	stec	d above) who received m	ore than				
SEE PART VII, SECTIO		FII	NUZ	AT:	IOI	N	SH	EETS			Form	990 (2	2015)
532008 12-16-15												.	,
						8							

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Form 990 BERKSHIR	E UNITE	ΣV	٧A	ζ,	II	NC .	•		04-210	4841
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c)	(C) Position (check all that apply)				hy)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JUNE ROY-MARTIN	1.00	x		x				0.	0.	0.
CLERK - THRU 6/23 (28) KRISTINE HAZZARD	40.00			^		-		0.	0.	0.
PRESIDENT & CEO				x				106,148.	0.	8,150,
(29) JENNIFER COSCIA	40.00									0,200
DIRECTOR OF FINANCE & ADMI				x				65,570.	0.	1,245.
		-								
		$\left \right $								
		 								
					ļ					
Total to Part VII, Section A, line 1c	I	<u> </u>						171,718.		9,395

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	rτ		Check if Schedule O conta		esponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		1a					
Gra			Membership dues		1b					
ts, (Am		с	Fundraising events		1c					
Gifl		d	Related organizations		1d					
ini,		е	Government grants (contributi	ons)	1e	279,773.				
rior S		f	All other contributions, gifts, grant	s, and						
ibu			similar amounts not included abov	/e	1f	2,498,544.				
d O		g	Noncash contributions included in lines			36,745.				
a C		h	Total. Add lines 1a-1f			►	2,778,317.			
						Business Code				
e	2	а								
e vi		b								
enu Se		с								
am eve		d								
Program Service Revenue		е								
P		f	All other program service reve	nue						
			Total. Add lines 2a-2f							
	3		Investment income (including	dividen	ds, intere	est, and				
			other similar amounts)			►	51,270.			51,270
	4		Income from investment of tax							
	5		Royalties			🕨 🚺				
				(i)	Real	(ii) Personal				
	6	а	Gross rents	8	34,930.					
		b	Less: rental expenses	e	57,898.					
		с	Rental income or (loss)	1	L7,032.					
			Net rental income or (loss)			►	17,032.		17,032.	
	7		Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	1,54	40,175.					
		b	Less: cost or other basis							
			and sales expenses	1,50	52,033.					
		с	Gain or (loss)		21,858.					
			Net gain or (loss)				-21,858.			-21,858
Other Revenue	8		Gross income from fundraising including \$	g events	s (not					
svel			contributions reported on line							
Re			Part IV, line 18	-		38,528.				
her		h	Less: direct expenses		a b	<u> </u>				
Ð			Net income or (loss) from fund				21,799.			21,799
	٥		Gross income from gaming ac			····· ►	,,,,,,			==,,,,,,,
	3	d								
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from gam							
	10		Gross sales of inventory, less		vities					
	10	a	and allowances		а					
		h	Less: cost of goods sold							
			Net income or (loss) from sales							
			Miscellaneous Revenue			Business Code				
	11	2	ADMIN FEE ON DESIGNATIO			561000	24,160.	24,160.		
	•••	a b	MISCELLANEOUS INCOME			900099	1,655.	1,655.		
		2	K-1: 200 SOUTH ST CONDO)		900001	930.	±,000.	930.	
		d	A.H							
			Total. Add lines 11a-11d				26,745.			
	12		Total revenue. See instructions.				2,873,305.	25,815.	17,962.	51,211.
	12					····· 🔽	2,0,0,000.	23,013.	1,502.	Eorm QQ (2015)

BERKSHIRE UNITED WAY, INC.

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Form 990 (2015)

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Form **990** (2015)

2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01 Part IX Statement of Functional Expenses

BERKSHIRE UNITED WAY, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schedule O contains a response			, ()	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1,159,980.	1,159,980.		
2	Grants and other assistance to domestic	1,100,000	1,100,000		
2					
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170,155.	44,046.	72,590.	53,519.
•	trustees, and key employees	1/0,105.	44,040.	12,390.	JJ, JI9.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		242 065	100 000	100 576
7	Other salaries and wages	632,677.	343,865.	100,236.	188,576.
8	Pension plan accruals and contributions (include	24 110	16 022	0 000	0 0 0 0
	section 401(k) and 403(b) employer contributions)	34,119.	16,033.	9,226.	8,860.
9	Other employee benefits	80,291.	30,199.	23,102.	26,990.
10	Payroll taxes	67,770.	29,085.	14,849.	23,836.
11	Fees for services (non-employees):				
а	Management				
b	Legal	1.6.000			
С	Accounting	16,800.		16,800.	
d	Lobbying	1,000.			1,000. 7,100.
е	Professional fundraising services. See Part IV, line 17	7,100.			7,100.
f	Investment management fees	19,530.		19,530.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	128,765.	113,006.	2,442.	13,317.
12	Advertising and promotion	47,405.	19,235.		28,098.
13	Office expenses	5,344.	183.	840.	4,321.
14	Information technology	66,880.	30,194.	19,748.	16,938.
15	Royalties				
16	Occupancy	19,827.	9,309.	4,882.	5,636.
17	Travel	10,745.	5,864.	3,107.	1,774.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,152.	21,559.	8,014.	3,579.
20	Interest				
21	Payments to affiliates	28,023.	12,330.	7,286.	8,407.
22	Depreciation, depletion, and amortization	25,874.	11,385.	6,728.	7,761.
23	Insurance	6,012.	2,535.	1,748.	1,729.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	DESIGNATED FUNDS	252,542.	252,542.		
b	SUPPLIES	59,717.	42,940.	5,108.	11,669.
с	MISCELLANEOUS	33,373.	31,228.	2,032.	113.
d	EQUIPMENT MAINTENANCE	11,922.	6,113.	3,068.	2,741.
е	All other expenses	6,890.	1,473.		5,417.
25	Total functional expenses. Add lines 1 through 24e	2,925,893.	2,183,104.	321,408.	421,381.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (*** * *

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Form 990 (2015)	
Part X	Balance	Sheet

Fc

BERKSHIRE UNITED WAY, INC.

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		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			249,184.	1	404,639.
	2	Savings and temporary cash investments			9,758.	2	27,396.
	3	Pledges and grants receivable, net		1,091,699.		988,807.	
	4	Accounts receivable, net		25,017.	4	24,210.	
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	•				
		section 4958(f)(1)), persons described in section	•				
		employers and sponsoring organizations of sect		-			
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			01 100	8	
	9	Prepaid expenses and deferred charges			21,199.	9	25,478.
	10a	Land, buildings, and equipment: cost or other		020 467			
		basis. Complete Part VI of Schedule D	10a	938,467.	222 711		205 406
		Less: accumulated depreciation		643,061.	333,711.		295,406.
	11	Investments - publicly traded securities			2,374,738.	11	2,175,498.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,105,306.	15	2 0/1 /2/
	16	Total assets. Add lines 1 through 15 (must equa			<u>4,105,308.</u> 54,971.	16	<u>3,941,434</u> 69,639.
	17	Accounts payable and accrued expenses			1,507,107.		1,272,853.
	18	Grants payable			1,307,107.	18	1,2/2,033.
	19					19	
	20	Tax-exempt bond liabilities		(151,194.	20	232,563.
	21	Escrow or custodial account liability. Complete I			131,194.	21	232,303.
Liabilities	22	Loans and other payables to current and former					
bili		key employees, highest compensated employee				22	
Lia	22	Complete Part II of Schedule L			56,589.	22	189,787.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated			50,505.	23	105,707.
	24 25	Other liabilities (including federal income tax, pa		F		24	
	25	parties, and other liabilities not included on lines					
			-			25	
	26	Total liabilities. Add lines 17 through 25			1,769,861.	26	1,764,842.
	20	Organizations that follow SFAS 117 (ASC 958				20	
ŝ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			1,690,099.	27	1,534,725.
alaı	28	Temporarily restricted net assets			159,058.		155,579.
dВ	29				486,288.	29	486,288.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A					
<u>م</u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
et⊿	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			2,335,445.	33	2,176,592.
	34	Total liabilities and net assets/fund balances			4,105,306.	34	3,941,434.
							Form 990 (2015)

Form	BERKSHIRE UNITED WAY, INC.	04-21	04841	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,873		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,925		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,335		
5	Net unrealized gains (losses) on investments	5	-45	5,6	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-60),5	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,176	5,5	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			37
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

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(Form	990	or	990-	EZ)
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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.

OMB No. 1545-0047
2015
Open to Public

De Int

	ent of the Treasury Revenue Service	Informati		Attach to Form 990 or F (Form 990 or 990-EZ) and			ww.irs.aov/form9	990	Inspection
Name	of the organizati		ion about Schedule A	(Form 990 or 990-EZ) and	ns instruct				identification number
	-		SHIRE UNIT	ED WAY, INC.					4-2104841
Part	I Reason			All organizations must co	omplete th	is part.) S	ee instructions.		
The or				(For lines 1 through 11, o					
1				on of churches describe					
2				Attach Schedule E (Forr			·//·/·		
<u>з</u> [anization described in s			ii).		
4 L		•		njunction with a hospita			•). Enter t	the hospital's name
• -	city, and stat	-							ine neopital e name,
5		-	or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental unit	describ	ed in
•	-	-	Complete Part II.)			lou by u g		0000110	
6				nental unit described in	section 17	70(h)(1)(A)	(v)		
		-	-	intial part of its support				aeneral	nublic described in
	0		omplete Part II.)		ionia gov	ommonia		general	
8				(1)(A)(vi). (Complete Par	+ 11)				
9 [e than 33 1/3% of its sup	-	contributi	ons membershin	fees a	nd aross receipts from
• _				ct to certain exceptions,					
				(less section 511 tax) fr					
			mplete Part III.)			0000 0090	and by the organ	nzation	
10				ively to test for public sa	afety. See	section 5)9(a)(4).		
11 L		-	-	ively for the benefit of, to	•			out the	purposes of one or
	•	0	•	ed in section 509(a)(1) c	•				• •
			-	of supporting organization					
а		-		supervised, or controlled		-		-	aivina
			-	gularly appoint or elect	•	-			
		-	complete Part IV, Se		amajoney				apporting
b			-	d or controlled in connec	tion with it	s support	ed organization(s)	by hay	vina
			-	anization vested in the s			•		-
		-	t complete Part IV,				shiror or manage		portod
с				g organization operated	in connec	tion with	and functionally in	ntearate	h with
Ŭ		-		s). You must complete			-	nograto	ia with,
d		-		porting organization oper				1 organiz	zation(s)
u		-		zation generally must sa				-	
		-		nplete Part IV, Sections	•		-	Tattenti	Veness
е			-	written determination fro				Type III	
Ŭ				nally integrated support			, iype i, iype ii, i	rype in	
f	Enter the number								
			n about the supporte	ed organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of mo	netary	(vi) Amount of
	organizatior	ı		(described on lines 1-9		n your document?	support (see	ə	other support (see
				above (see instructions))	Yes	No	instructions)	.)	instructions)

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Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2015

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2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01

Schedule A (Form 990 or 990-EZ) 2015 BERKSHIRE UNITED WAY, INC. Part II Support Schedule for Organizations Described in Sections 1

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,330,869.	2,185,775.	2,870,890.	2,740,755.	2,696,210.	12,824,499.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2,330,869.	2,185,775.	2,870,890.	2,740,755.	2,696,210.	12,824,499.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,378,421.
	Public support. Subtract line 5 from line 4.						11,446,078.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2,330,869.	2,185,775.	2,870,890.	2,740,755.	2,696,210.	12,824,499.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	E1 744	47 100	45 420	E1 001	65 275	261 720
_	and income from similar sources	51,744.	47,199.	45,439.	51,981.	65,375.	261,738.
9	Net income from unrelated business						
	activities, whether or not the	1 206	2 961	17 200	12 102		02 614
	business is regularly carried on	4,206.	3,861.	17,398.	42,493.	25,656.	93,614.
10	Other income. Do not include gain						
	or loss from the sale of capital	11,341.	15,051.				26,392.
	assets (Explain in Part VI.)	11,341.	15,051.				13,206,243.
	Total support. Add lines 7 through 10					10	61,700.
	Gross receipts from related activities, First five years. If the Form 990 is for	,	,	d fourth or fifth to		12	01,700.
13	organization, check this box and stop	-	a first, second, triff	a, iourtri, or intri ta	ix year as a sectio	11 50 1 (0)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I			olumn (f))		14	86.67 %
	Public support percentage from 2014					15	86.52 %
	33 1/3% support test - 2015. If the c						,
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	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 organiza	tion qualifies as a	publicly supported	l organization		
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►
					Sche	edule A (Form 990	or 990-EZ) 2015

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15 2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01

Schedule A (Form 990 or 990-EZ) 2015 BERKSHIRE UNITED WAY, INC.

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								-
e	ction B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total	-
	Amounts from line 6	(-) =	(-)	(-,	(-,	(-/		(1)	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								-
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	organiza	tion,	
	check this box and stop here							►	
jeo	ction C. Computation of Publ	ic Support Pe	ercentage						
	Public support percentage for 2015 (I			column (f))		15			%
	Public support percentage from 2014					16			%
	ction D. Computation of Invest								_
	Investment income percentage for 20					17			%
8	Investment income percentage from 2					18			%
	33 1/3% support tests - 2015. If the						nd line 17		/0
150	more than 33 1/3%, check this box a	-							٦
b	33 1/3% support tests - 2014. If the	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33	8 1/3%, ar	nd	
~	line 18 is not more than 33 1/3%, che								L T
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check t					<u>_</u>
3202	23 09-23-15			1.0	Sch	edule A (Fo	orm 990 o	or 990-EZ) 20	15
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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2015.05080 BERKSHIRE UNITED WAY, INC.

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			Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 9	90-EZ	2015
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Schedule A (Form 990 or 990 EZ) 2015 BERKSHIRE UNITED WAY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

A) Prior Year	(B) Current Year (optional)
A) Prior Year	(B) Current Year (optional)
	Current Year
•	e III supporting c

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Section D - Distributions Current Year 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. Current Year 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. Current Year 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. Current Year 4 Amounts paid to accomplish exempt purposes of supported organizations. Current Year 4 Amounts paid to accomplish exempt purposes of supported organizations. Current Year 5 Coladied estacles amounts from ISS approval required). Current Year 6 Other distributions. Current Year 7 Total amount distributions. Current Year 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Current Year 1 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Current Year 1 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Current Year 1 Distributions tor 2015 from	Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
2 Anounts paid to perform activity that directly furthere exempt purposes of supported organizations. 4 Anounts paid to accomplish exempt purposes of supported organizations. 4 Anounts paid to account plot accoun	Secti				Current Year
a Administrative expenses paid to accomplish exempt purposes of supported organizations Image: Complish exempt purposes of supported organizations 4 Amounts paid to acquire exempt/use assets Image: Complish exempt purposes of supported organizations 5 Outilied set aside amounts (prior IRS approval required) Image: Complish exempt purposes of supported organizations 7 Total annual distributions (accord in Part VI). See instructions. Image: Complish exempt purposes of supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions of atentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Image: Complish exempt purposes of supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 Image: Complish exempt purposes of supported organizations to which the organization is responsive (provide details in Part VI). See instructions) Image: Complish exempt purposes of supported organizations to which the organization is responsive (provide details in Part VI). See instructions (provide details instructions) Image: Complish exempt purposes of supported organization. 1 Distributions (provide details instructions) Image: Complish exempt purposes of supposes of	1	Amounts paid to supported organizations to accomplish exe			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5 Cualified set aside amounts (pror IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total amound distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributions (asserption section C, line 6 10 Line 8 amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 1 Distributions carryover, if any, to 2015: a Default ounderdistributions of prior years a Default ounderdistributions of prior years b C 0 Applied to 2015 from Section D, line 7: a Applied to 2015 from Section D, line 7: a Applied to 2015 distributable amount	2	Amounts paid to perform activity that directly furthers exempt			
4 Annuants paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required) 6 Otter distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions) 10 Line 8 amount for 2015 from Section C, line 6 11 Distributions (reg eas prior to 2015 (regional provide details in provide detain provide details in provide details in provide detail		organizations, in excess of income from activity			
6 Outlined set aside amounts (prior IRB approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 8 amount (ii) Underdistributions 11 Distributable amount for 2015 from Section C, line 6 2 Underdistributions 11 Distributable amount for 2015 from Section C, line 6 2 Line form 2015 12 Distributable cause required see instructions) 3 Excess distributions carryover, if any, to 2015: a Excess distributions arryover, if any, to 2015: a E c C d From 2013 e From 2014 f Ford of lines 3a through e g Applied to underdistributions of prior years Applied to 2015 distributable amount i Carryoer from 2010 an other years j Remaining underdistributions of prior years	3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 0. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributions to attentive supported organization is responsive (f) 10 Line 8 amount for 2015 from Section C, line 6 10 Line 8 amount for 2015 from Section C, line 6 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, fany, for years prior to 2015 (reasonable cause required see instructions) 3 Excess distributions carryover, if any, to 2015: a	4	Amounts paid to acquire exempt-use assets			
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions. 9 Distribution Allocations (see instructions) (i) (ii) (iii) 9 Distribution Allocations (see instructions) Inderdistributions (iii) Distributions Pre-2015 1 Distributable amount for 2015 from Section C, line 6 Inderdistributions, if any, for years pror to 2015 Inderdistributions, if any, for years pror to 2015 Inderdistributions carryover, if any, to 2015: 1 C	5	Qualified set-aside amounts (prior IRS approval required)			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. (i) 9 Distributable amount for 2015 from Section C, line 6 (ii) 10 Line 8 amount of 2015 from Section C, line 6 (i) 1 Distributable amount for 2015 from Section C, line 6 (i) (iii) 2 Underdistributions Image: Constructions Image: Constructions Image: Constructions 3 Excess Distributions Image: Constructions Image: Constructions Image: Constructions 4 Underdistributions, if any, for years prior to 2015. Image: Constructions Image: Constructions Image: Constructions 5 Excess distributions carryover, if any, to 2015: Image: Constructions Image: Constructions Image: Constructions 6 C Image: Constructions Image: Constructions Image: Constructions Image: Constructions 7 Total of lines 3a through e Image: Constructions	6	Other distributions (describe in Part VI). See instructions.			
(provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2015 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b b b c	7	Total annual distributions. Add lines 1 through 6.			
9 Distributable amount for 2015 from Section C, line 6 (i) 10 Line 8 amount divided by Line 9 amount (ii) Section E - Distribution Allocations (see instructions) Excess Distributions (iii) 1 Distributable amount for 2015 from Section C, line 6 (i) (iii) 2 Underdistributions arryover, if any, tor years prior to 2015 (reasonable cause required-see instructions) (iii) (iii) 3 Excess distributions carryover, if any, to 2015: (iii) (iiii) a (iii) (iiii) (iiii) b (iiii) (iiii) (iiii) c (iiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) (iii) (iii) (iii) (iii) Distributable 2 Underdistributions Inderdistributions		(provide details in Part VI). See instructions.			
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) Distributable 1 Distributable amount for 2015 from Section C, line 6	9	Distributable amount for 2015 from Section C, line 6			
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2015 Distributable Amount for 2015 1 Distributions, if any, for years prior to 2015 (reasonable cause required see instructions)	10	Line 8 amount divided by Line 9 amount	i	i	
Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2015 Amount for 2015 1 Distributable amount for 2015 from Section C, line 6 Image: Comparison of Compar					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions) 3 Excess distributions carryover, if any, to 2015: a	Secti	on E - Distribution Allocations (see instructions)	Excess Distributions		
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions) 3 Excess distributions carryover, if any, to 2015: a	1	Distributable amount for 2015 from Section C. line 6			
(reasonable cause required see instructions) Image: Construction (Construction (Construt (Construt (Construt (Construction (Construction (Construction (
3 Excess distributions carryover, if any, to 2015: a	-				
a a b a c a d From 2013 a e From 2014 a f Total of lines 3a through e a g Applied to underdistributions of prior years a h Applied to 2015 distributable amount a i Carryover from 2010 not applied (see instructions) a j Remainder. Subtract lines 3g, 3h, and 3i from 3f. a d Distributions for 2015 from Section D, a line 7: \$ a Applied to underdistributions of prior years a b Applied to 2015 distributable amount a c Remainder. Subtract lines 4a and 4b from 4. a c Remaining underdistributions for years prior to 2015, if anount greater than zero, see instructions). any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). a 7 Excess distributions carryover to 2016. Add lines 3j and 4c. a 8 Breakdown of line 7: a a a a b c a c Excess from 2013 a a	3	· · · ·			
b c c c d From 2013 c e From 2014 c f Total of lines 3a through e c g Applied to underdistributions of prior years c h Applied to 2015 distributable amount c i Carryover from 2010 not applied (see instructions) c j Remainder. Subtract lines 3g, 3h, and 3i from 3f. c 4 Distributions for 2015 from Section D, c line 7: \$ a Applied to underdistributions of prior years c b Applied to 2015 distributable amount c c Remainder. Subtract lines 4a and 4b from 4. c f Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). c c 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see c instructions). c c c 7 Excess distributions carryover to 2016. Add lines 3j a c a c c c c b c c c c <td>-</td> <td></td> <td></td> <td></td> <td></td>	-				
c					
d From 2013 e e From 2014 e f Total of lines 3a through e e g Applied to underdistributions of prior years e h Applied to 2015 distributable amount e i Carryover from 2010 not applied (see instructions) e j Remainder. Subtract lines 3g, 3h, and 3i from 3f. e 4 Distributions for 2015 from Section D, line 7: \$ a Applied to underdistributions of prior years e b Applied to 2015 distributable amount e c Remainder. Subtract lines 4a and 4b from 4. e 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). e 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). e 7 Excess distributions carryover to 2016. Add lines 3j and 4c. a 8 Breakdown of line 7: a a b a b a a c Excess from 2013 a a	-				
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f Total of lines 3a through e					
g Applied to underdistributions of prior years Image: Construction of the second structure in the second					
h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: s a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013	-				
i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. a 8 Breakdown of line 7: a a b c c Excess from 2013					
4 Distributions for 2015 from Section D, line 7: \$ a Applied to underdistributions of prior years > b Applied to 2015 distributable amount > c Remainder. Subtract lines 4a and 4b from 4. > 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). > 7 Excess distributions carryover to 2016. Add lines 3j and 4c. a 8 Breakdown of line 7: a a	i	Carryover from 2010 not applied (see instructions)			
line 7: \$ a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years a b Applied to 2015 distributable amount a c Remainder. Subtract lines 4a and 4b from 4. a 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). and 4b from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). a 7 Excess distributions carryover to 2016. Add lines 3j and 4c. a 8 Breakdown of line 7: a a a b c c Excess from 2013 a	4	Distributions for 2015 from Section D,			
b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013		line 7: \$			
c Remainder. Subtract lines 4a and 4b from 4. Image: Construct of the second seco	а	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 8 Breakdown of line 7: 9 a 0 0 b 0 0 c Excess from 2013 0	b	Applied to 2015 distributable amount			
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Image: see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a Image: see instructions in the second	с	Remainder. Subtract lines 4a and 4b from 4.			
greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 6 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 6 8 Breakdown of line 7: 6 a 6 6 b 6 6 c Excess from 2013 6	5	Remaining underdistributions for years prior to 2015, if			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a		any. Subtract lines 3g and 4a from line 2 (if amount			
and 4b from line 1 (if amount greater than zero, see instructions). instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a		greater than zero, see instructions).			
instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013 b c Excess from 2013	6	Remaining underdistributions for 2015. Subtract lines 3h			
7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a		and 4b from line 1 (if amount greater than zero, see			
and 4c. and 4c. 8 Breakdown of line 7: a a a b a c Excess from 2013 a		instructions).			
8 Breakdown of line 7: Image: Constraint of line 7:	7				
a c Excess from 2013 c <thc< th=""> <thc< th=""> <thc< th=""> <</thc<></thc<></thc<>	8				
b					
c Excess from 2013					
		Excess from 2013			
e Excess from 2015	-				

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	Supplemental Inf	15 BERKSHIF	o tho ovolor at a s	roquire d la	Dort IL line 10. D	ort II line 17 17	4-2104841 F
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	s 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Pai	, 5a, 6, 9a, 9b, 9c t IV, Section E, lin	, 11a, 11b, a es 1c, 2a, 2l	nd 11c; Part IV, S o, 3a and 3b; Part	ection B, lines 1 an V, line 1; Part V, Se	d 2; Part IV, Section 0 ction B, line 1e; Part \
	Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V, Se	ction E, lines 2, 5,	and 6. Also	complete this par	t for any additional	information.
32028 09-23-1	5					Schedule A	(Form 990 or 990-E2
	-					Joneule A	

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury Internal Revenue Service	
	-

I

Name of the organization

Organization type (check one):

BERKSHIRE U	UNITED	WAY,	INC.
-------------	--------	------	------

04-2104841	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

L For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

04-2104841

BERKSHIRE UNITED WAY, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person X Payroll 130,641. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll X 124,071. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 146,309. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Person X Pavroll 111,126. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15

16123_01

13080601 789740 16123.001

23 2015.05080 BERKSHIRE UNITED WAY, INC.

Employer identification number

04 - 2104841

BERKSHIRE UNITED WAY, INC.

13080601 789740 16123.001

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$109,314.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$182,614.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$60,987.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>83,790.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$62,036.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 523452 10-22		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)

Page 2

2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01

Page 3 Employer identification number

04 - 2104841

BERKSHIRE UNITED WAY, INC.

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

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

13080601 789740 16123.001

2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01

Name of orga	nization			Employer identification number
BERKSH	IRE UNITED WAY, INC.			04-2104841
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Comple completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if additi	te columns (a) through (e) and the follo ious, charitable, etc., contributions of \$1,000	owing line entry. For organizati	or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		-		
		(e) Transfer of gi		
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
.				
		(e) Transfer of gi	ift	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
·				
-		(e) Transfer of gi	ift	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
. 				
		(e) Transfer of g	ift	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
523454 10-26-1	15	26	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2015

SCHEDULE C Political Campaign and Lobbying Activities									
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527								
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 		Open to Public Inspection						
If the organization ans	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activ	vities), then						
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.								
 Section 501(c) (othe 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Pa	art I-B.							
 Section 527 organization 	ations: Complete Part I-A only.								
If the organization ans	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	tivities), the	en						
 Section 501(c)(3) org 	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not comple	ete Part II-B.						
 Section 501(c)(3) org 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not co	omplete Part II-A.						
If the organization ans	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form	n 990-EZ, F	Part V, line 35c (Proxy						
Tax) (see separate inst	ructions), then								
 Section 501(c)(4), (5) 	, or (6) organizations: Complete Part III.								
lame of organization Employer identification number									
BERKSHIRE UNITED WAY, INC. 04-2104841									
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 5	527 organ	nization.						
 Provide a description Political expenditure 	on of the organization's direct and indirect political campaign activities in Part IV.	▶ \$							

Pa	art I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes		No
4a	a Was a correction made?		Yes		No
k	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the organization is exempt under section 501(c), except section 50	1(c)(3).			
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527				
	exempt function activities	\$			
3					
	line 17b	\$			
4	Did the filing organization file Form 1120-POL for this year?		Yes		No
	Enter the names addresses and employer identification number (EIN) of all section 527 political organizations to w		n organiza	ation	

nter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015

13080601 789740 16123.001

3 Volunteer hours

Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the org					04-2	104841 Page 2
section 501(h)).	Janizali		inpl under sectio			ection under
A Check if the filing organiza expenses, and share	re of exce	ss lobbying		Part IV each affiliated	group member's nan	ne, address, EIN,
Limi	ts on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li	ines 1a an	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add line	es 1c and 1c	d)			
f Lobbying nontaxable amount. Ente	er the amo	ount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000		. ,	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	,		00 plus 10% of the exc	, ,		
Over \$1,500,000 but not over \$17,	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
a Grassroots pontavable amount (or	tor 25%	f line 1f				
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer 						
i Subtract line 1f from line 1c. If zero	-					
i If there is an amount other than ze						
reporting section 4911 tax for this			, 0]	Yes No
	,		eraging Period Under			
(Some organizations t			01(h) election do not ate instructions for li	•	of the five columns b	elow.
	Lob	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

532042 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 BERKSHIRE UNITED WAY, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(I	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?	Х		-	1,000.
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			-	1,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lii	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	_ · · ·				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part I	I-A. lines 1 a	and 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.		,		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	· · · · ·				
EFI	FORTS TO SUPPORT POSITIVE YOUTH DEVELOPMENT AND EAR	LY CHI	LDHOO	D	
BAI	LOT INITIATIVES IN SUPPORT OF THE COMMUNITY.				

Schedule C (Form 990 or 990-EZ) 2015

532043 10-05-15

						OMB No. 1545-0047		
	SCHEDULE D Supplemental Financial Statements							
(Form 990) ► 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.								
	tment of the Treasury al Revenue Service	Open to Public Inspection						
Nam	e of the organizati	ion			1	ployer identification number		
Da	rt I Organiz	BERKSHIRE UNITED W. ations Maintaining Donor Advise		Funde or A		04-2104841		
Pa		on answered "Yes" on Form 990, Part IV, lin		-unus or A	CCOL	Units. Complete if the		
	organizatio	iranswered fes on form 990, Faitiv, in	(a) Donor advised funds		b) Fun	nds and other accounts		
1	Total number at e	nd of year	(`				
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in dono	or advised fun	lds			
		on's property, subject to the organization's				Ves 📖 No		
6	Ũ	on inform all grantees, donors, and donor a	0 0		,			
		poses and not for the benefit of the donor o		•	•			
Pa	impermissible priv	ration Easements. Complete if the org	nanization answered "Yes" on Form					
1		servation easements held by the organizati	-	1990,1 attiv	, 1110 /			
•		n of land for public use (e.g., recreation or e	· · · · · ·	f a historically	impoi	rtant land area		
		of natural habitat	Preservation o		•			
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribution in th	e form of a co	nserv	ation easement on the last		
	day of the tax yea					Held at the End of the Tax Year		
а		onservation easements			2a			
b		tricted by conservation easements			2b			
c		vation easements on a certified historic str			2c			
d		rvation easements included in (c) acquired			2d			
3		nal Register vation easements modified, transferred, re				l n during the tax		
Ū	year ►			a by the organ	Latio			
4		where property subject to conservation ea	sement is located					
5	Does the organiza	ation have a written policy regarding the pe	riodic monitoring, inspection, hand	ling of				
	violations, and en	forcement of the conservation easements i	t holds?			Yes 🔛 No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing	ng conservati	on eas	sements during the year		
_	►							
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing co	onservation ea	aseme	nts during the year		
8	►\$	rvation easement reported on line 2(d) above	a satisfy the requirements of secti	on $170(h)(4)(F$	2)/i)			
0			•			Yes No		
9								
	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 ease				-			
Pa		ations Maintaining Collections o	-	, or Other	Simil	lar Assets.		
		f the organization answered "Yes" on Form						
1a	-	elected, as permitted under SFAS 116 (AS						
		s, or other similar assets held for public exit		urtherance of	public	service, provide, in Part XIII,		
h		tnote to its financial statements that descri elected, as permitted under SFAS 116 (AS		tement and h	alano	a sheet works of art historical		
b	-	r similar assets held for public exhibition, e						
	relating to these it					provide the following amounts		
	-	uded on Form 990, Part VIII, line 1				\$		
						\$		
2	.,	received or held works of art, historical tre			provic	le		
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these item	ns:				
а		l on Form 990, Part VIII, line 1				\$		
b	b Assets included in Form 990, Part X					\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15						Schedule D (Form 990) 20				
11-02-15				30						
8080601	789740	16123.001	2015.05080	BERKSHIRE	UNITED	WAY,	INC.	16123_01		

Schedule D (Form 990) 2015

	chedule D (Form 990) 2015 BERKSHIRE UNITED WAY, INC. 04-2104841 Page 2								
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant ι	use of its o	collectior	n items	S
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's ex	empt purpo	se in Part	t XIII.		
5	During the year, did the organization solicit o						-		1
	to be sold to raise funds rather than to be ma						Yes		No
Pa	reported an amount on Form 990, Pai		ete if the organizatio	on answered "Yes" o	on Form 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		lion for contribution	a ar athar agasta p	at included				
Ia							Yes	X	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					······ L	lites	_ 23_	INO
a	in res, explain the arrangement in Part All	and complete the fol	nowing table.				Amount		
•	Poginning balance				1c		Amount	1,19	94.
	Additions during the year							1,30	
	Additions during the year							_ / 5 \	
f	Distributions during the year						233	2,50	53.
	Ending balance Did the organization include an amount on Fe					X	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • •			X	
	t V Endowment Funds. Complete i								1
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	hack
1a	Beginning of year balance	605,346.	625,845.	., ,		25,240.	(0) ! 0	333,	
b									
	Contributions 73,003. Net investment earnings, gains, and losses 2,798. 18,275. 218,971. 20,359. -3,787.								
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs	17,521.	38,774.	13,958		-3,772.		-4	923.
f	Administrative expenses		,			,		,	
	End of year balance	590,623.	605,346.	625,845	. 3	41,827.		325,	240.
2	Provide the estimated percentage of the curr					, -		,	-
	Board designated or quasi-endowment	.00	%						
	Permanent endowment ► 82.34	%							
	Temporarily restricted endowment								
-	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	-	ation that are held a	and administered for	the organiz	ation			
	by:						Γ	Yes	No
	(i) unrelated organizations						3a(i)		Х
							3a(ii)		Х
b	(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b								
4									
Pa	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	d	(d) Bool	k value	;
		basis (investr			epreciation				
1a	Land			8,939.				3,93	
	Buildings		58	0,867.	439,01	13.	14:	1,85	54.
	Leasehold improvements								
	Equipment		22	8,661.	204,04	48.	24	4,61	13.
	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)			29!	5,40	06.
						Schedule	D (Form	n 990)	2015

|--|

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

(8) (9)

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Calcadula D	(F	0045
Schedule D	(FOUL 990)	2013

532053 09-21-15

Sche	dule D (Form 990) 2015 BERKSHIRE UNITED WAY, INC.				ZIU4841 F	Page 4	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	2,557,6	533.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	-45,699.				
b	Donated services and use of facilities	2b	17,239.				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	66,967.				
е	Add lines 2a through 2d			2e	38,5		
3	Subtract line 2e from line 1			3	2,519,1	.26.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	19,530.				
b	Other (Describe in Part XIII.)	4b	334,649.				
С	Add lines 4a and 4b			4c	354,1		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					2,873,3	305.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	irn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	2,716,4	186.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	. 2a	17,239.				
b	Prior year adjustments	_ 2b					
С	Other losses						
d	Other (Describe in Part XIII.)	. 2d	67,898.			~ -	
е	Add lines 2a through 2d			2e	85,1	_37.	
3	Subtract line 2e from line 1			3	2,631,3	349.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b		19,530.				
b	Other (Describe in Part XIII.)	4b	275,014.				
С	Add lines 4a and 4b			4c	294,5		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,925,8	393.	
Pa	Part XIII Supplemental Information.						

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

PART IV, LINE 2B:

CONTRIBUTIONS THAT ARE DESIGNATED TO A SPECIFIC THIRD-PARTY BENEFICIARY

ARE RECORDED AS A LIABILITY AT THE TIME THAT THE CONTRIBUTION IS RECEIVED.

THESE PLEDGES ARE PAID TO DESIGNATED AGENCIES, AS RECEIVED, WITH PAYMENTS

ISSUED AT LEAST TWICE PER YEAR.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA

ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX

POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE ORGANIZATION'S TAX

RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS

ENDING ON OR AFTER JUNE 30, 2013.

532054 09-21-15

Schedule D (Form 990) 2015

2104041

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
K-1 PASSTHROUGH INCOME/LOSS	-931.
RENTAL PROPERTY EXPENSES NETTED AGAINST RENTAL INCOME ON	
FORM 990	67,898.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	66,967.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED CONTRIBUTIONS	252,542.
CHANGE IN UNCOLLECTIBLE PLEDGES	82,107.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	334,649.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL PROPERTY EXPENSES TO BE NETTED AGAINST RENTAL INCOME	67,898.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS FROM DONOR DESIGNATED FUNDS	252,542.
ADJUSTMENT TO PRIOR YEAR GRANTS REPORTED ON THE FINANCIAL	
STATEMENTS	22,472.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	275,014.
	Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

16123_01

532055 09-21-15

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding organization answered "Yes" on P organization entered more than \$15 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	orm 9 5,000 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the orm990.	OMB No. 1545-0047
Name of the organization		RE UNITED WAY, INC	•				Employer i 04-210	dentification number 4841
		Complete if the organization answe		es" o	n Form 990, Part IV,	line 1	7. Form 990	EZ filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P n highest paid indi	sed funds through any of the followir e Solicitat f Solicitat g Special pr oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of ion of fundra (inclue rofess	non-g gover iising ding o ional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees	Y	es No to be
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or reta fundr	Amount paic or retained by fundraiser ted in col. (i)	
			Yes	No				
		on is registered or licensed to solicit o	contrib	b outions	s or has been notified	d it is	exempt fron	n registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-	EZ. S	Sche	dule G (Forn	n 990 or 990-EZ) 2015

09-14-15

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

ceipts Intributions come (line 1 minus line 2) zes n prizes	(event type) 7,185. 7,185.		(total number)	- col. (c)) 37,678
ntributions come (line 1 minus line 2) zes n prizes	7,185.			
come (line 1 minus line 2) zes n prizes	7,185.	30,493.		
zes		30,493.		
ı prizes				37,678
		l		
ility costs	500.	3,069.		3,569
d beverages	4,142.	6,055.		10,197
iment				1,000
rect expenses spense summary. Add lines 4 th		· · · · · ·	`	1,963 16,729
me summary. Subtract line 10 f			`	20,949
ning. Complete if the organization				
000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
venue	<u></u>			
zes				
n prizes				
ility costs				
miy 00515				
		Yes %	└── Yes % └── No	
i D		ty costs	ct expenses	<u>ct expenses</u>

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? _____ Ves L No b If "No," explain: _____

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

___ No

<u>Schedu</u> le	G (Form 990 or 990-EZ) 2015 BERKSHIRE UNITED WAY, INC.	04-2104841 Pag
11 Does	the organization conduct gaming activities with nonmembers?	Yes
	e organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to ac	Iminister charitable gaming?	Yes
3 Indic	ate the percentage of gaming activity conducted in:	
a The	organization's facility	13a
	utside facility	
4 Ente	r the name and address of the person who prepares the organization's gaming/special events books and reco	rds:
Nam	e 🕨	
A -1 -1	N	
Addi	ress 🕨	
5a Does	, the organization have a contract with a third party from whom the organization receives gaming revenue? $_{\dots}$	Yes
b If "Ye	es," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	punt
	aming revenue retained by the third party ▶\$	
	es," enter name and address of the third party:	
Nam	e 🕨	
Addı	ress ►	
6 Gam	ing manager information:	
Nam	e 🕨	
Gam	ing manager compensation 🕨 \$	
Gail		
	Director/officer Employee Independent contractor	
7 Man	datory distributions:	
	e organization required under state law to make charitable distributions from the gaming proceeds to	
	- the state number linear of	Yes
	n the state gaming license? r the amount of distributions required under state law to be distributed to other exempt organizations or spent	
	nization's own exempt activities during the tax year > \$	
Part IV		Part III, lines 9, 9b, 10b, 15
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
		0 (Fauna 200 - 200 FF)
32083 09-	¹⁴⁻¹⁵ Schedule 37	G (Form 990 or 990-EZ)
8060	1 789740 16123.001 2015.05080 BERKSHIRE UNITED WAY,	INC. 16123_
	······,	· · · · · ·

	G (Form 990 or 990-EZ)	BERKSHIRE		WAY,	INC		
Part IV Supplemental Information (continued)							

32084 4-01-15						Sche		orm 990	or 990-EZ
						Cabo	dula C (E		or 000 E7

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Grants and Oth vernments, ar lete if the organizatio ion about Schedule I	nd Individual on answered "Yes" Attach to Form	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	0.	OMB No. 1545-0047
Name of the organization			(* ***********************************				Employer identification number
BERKSHIRE		AY, INC.					04-2104841
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answered "N	es" on Form 990 Par	IV line 21 for any
recipient that received more than \$					anization answered	es off off 350, 1 af	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRINGTON STAGE CO., INC. 30 UNION STREET PITTSFIELD, MA 01201	04-3263298	501(C)3	30,000.	0.			POSITIVE YOUTH DEVELOPMENT
BERKSHIRE CHILDREN AND FAMILIES, INC 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	150,000.	0.			EARLY CHILDHOOD LITERACY
BERKSHIRE COMMUNITY ACTION COUNCIL 1531 EAST STREET PITTSFIELD, MA 01201	04-2422074	501(C)3	285,000.	0.			FINANCIAL STABILITY
BERKSHIRE COUNTY KIDS' PLACE 63 WENDELL AVENUE PITTSFIELD, MA 01201	04-3193833	501(C)3	40,000.	0.			EARLY CHILDHOOD LITERACY
BERKSHIRE COUNTY REGIONAL EMP BOARD, INC 66 ALLEN STREET - PITTSFIELD, MA 01201	04-3291395	501(C)3	20,000.	0.			POSITIVE YOUTH DEVELOPMENT
BERKSHIRE FAMILY YMCA 292 NORTH STREET PITTSFIELD, MA 01201	04-2104837		15,000.	0.			POSITIVE YOUTH DEVELOPMENT
2 Enter total number of section 501(c)(3) a			ne line 1 table				20.
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) (2015)

BERKSHIRE UNITED WAY, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Т

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT - 50 MAIN STREET - STOCKBRIDGE, MA 01262	04-2754124	501(C)3	40,000.	0.			EARLY CHILDHOOD LITERACY
CHILD CARE OF THE BERKSHIRES, INC. 210 STATE STREET NORTH ADAMS, MA 01247	04-2457299	501(C)3	147,000.	0.			EARLY CHILDHOOD LITERACY
CITY OF PITTSFIELD/PITTSFIELD POLICE DEPARTMENT - 70 ALLEN STREET - PITTSFIELD, MA 01201		GOVERNMENT ENTITY	50,000.	0.			POSITIVE YOUTH DEVELOPMENT
COMMUNITY HEALTH PROGRAMS, INC. 444 STOCKBRIDGE ROAD GREAT BARRINGTON, MA 01230	04-2582119	501(C)3	25,000.	0.			EARLY CHILDHOOD LITERACY
DALTON COMMUNITY RECREATION ASSOCIATION - 400 MAIN STREET - DALTON, MA 01226	04-2103761	501(C)3	25,000.	0.			POSITIVE YOUTH DEVELOPMENT
ELIZABETH FREEMAN CENTER 43 FRANCIS AVENUE PITTSFIELD, MA 01201	04-2584551	501(C)3	35,000.	0.			POSITIVE YOUTH DEVELOPMENT
FLYING CLOUD INSTITUTE 731 S. SANDISFIELD ROAD NEW MARLBOROUGH, MA 01230	04-2730172	501(C)3	18,000.	0.			POSITIVE YOUTH DEVELOPMENT
GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC 165 EAST STREET - PITTSFIELD, MA 01201	04-2178889	501(C)3	97,680.	0.			EARLY CHILDHOOD LITERACY, POSITIVE YOUTH DEVELOPMENT
GREENAGERS 33 ROSSETTER STREET GREAT BARRINGTON, MA 01230	46-1728356	501(C)3	20,000.	0.			POSITIVE YOUTH DEVELOPMENT

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Schedule I (Form 990)

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04 - 2104841

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Page 1

Schedule I (Form 990) BERKSHIRE UNITED WAY, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

04 - 2	104841	Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE YOUTH ASSOCIATION							
13 ACADEMY STREET							POSITIVE YOUTH
LEE, MA 01238	04-2700429	501(C)3	20,000.	0.			DEVELOPMENT
,				- •			
MCLA FOUNDATION/BERKSHIRE COMPACT							
FOR ED - 375 CHURCH STREET - NORTH							POSITIVE YOUTH
ADAMS, MA 01247	04-2613803	501(C)3	11,000.	0.			DEVELOPMENT
			,				
PEDIATRIC DEVELOPMENT CENTER INC.							
388 COLUMBUS AVE. EXT.							
PITTSFIELD, MA 01201	04-2776797	501(C)3	56,800.	0.			EARLY CHILDHOOD LITERACY
RAILROAD STREET YOUTH PROJECT							
PO BOX 698							POSITIVE YOUTH
GREAT BARRINGTON, MA 01230	04-3531328	501(C)3	49,500.	0.			DEVELOPMENT
TAPESTRY HEALTH							
296 NONOTUCK STREET							POSITIVE YOUTH
FLORENCE, MA 01062	23-7303142	501(C)3	25,000.	0.			DEVELOPMENT

Schedule I (Form 990)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV Supplemental Information. Provide the information rec	uired in Part I, lir	ne 2, Part III, column	(b), and any other a	dditional information.		
PART I, LINE 2:						
COMMUNITY IMPACT GRANTS ARE AWARDE	D TO AGE	NCIES FOR	SPECIFIC P	ROGRAMS FOR		

ONE OR TWO YEARS AND ARE CONTINGENT ON SATISFACTORY PROGRAM PERFORMANCE,

CONTRACT COMPLIANCE, AND AVAILABLE DOLLARS. THE GRANTS ARE RECOMMENDED BY

STAFF, COMMUNITY VOLUNTEERS AND APPROVED BY THE BOARD OF DIRECTORS. THESE

EXPENSES ARE RECORDED PRIOR TO FISCAL YEAR END AND MONTHLY DISTRIBUTIONS

WILL BE MADE IN THE SUBSEQUENT FISCAL YEAR. THE ORGANIZATION REQUIRES

GRANT RECIPIENTS TO PROVIDE ALL REQUIRED REPORTING IN ORDER TO RECEIVE

THEIR LAST PAYMENT.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

15

Name	of the	organization

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

the organization				
	BERKSHIRE	UNITED	WAY,	INC.

Employer identification number 04-2104841

ZU

Pa	rt I Types of Property		-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d) Method of de noncash contrib	etermin	•	s
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	1	19	,400.	STICKER PRI	ICE		
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	5	,865.	MARKET QUOT	TATI	ONS	
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								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other \blacktriangleright (50 WOODEN BOO)	X	1	11	,480.	COST TO CON	ISTRI	UCT	
26	Other ► ()								
27	Other ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organi							•	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b								
	must hold for at least three years from the dat			-					37
	exempt purposes for the entire holding period	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								37
31	Does the organization have a gift acceptance						31		Х
32a	Does the organization hire or use third parties		•						37
	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which colun	nn (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2015)

532141 08-21-15

13080601 789740 16123.001

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

04 - 2104841

BERKSHIRE UNITED WAY, INC.

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

PRIORITIES AND CREATE SUSTAINABLE CHANGE.

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

SHARED GOALS, MEASURES AND ALIGN PROGRAMS AND SERVICES TO REACH

SPECIFIED OUTCOMES. INITIATIVES INCLUDE THE PITTSFIELD PROMISE AND

CHAPTER ONE OUR TOWNS, OUR KIDS, OUR FUTURE (EARLY LITERACY

COALITIONS); PITTSFIELD PREVENTION PARTNERSHIP (ADOLESCENT SUBSTANCE

ABUSE PREVENTION); AND FACE THE FACTS: REDUCE TEEN PREGNANCY. THE

ORGANIZATION RECENTLY PARTNERED WITH FIVE WORKPLACES ACROSS THE COUNTY

TO LAUNCH THE WORKPLACE RESOURCE COORDINATOR PROGRAM WHICH IS FOCUSED

ON INCREASING THE FINANCIAL STABILITY OF LOW AND MODERATE INCOME

RESIDENTS OF BERKSHIRE COUNTY.

PART V, LINE 7H

A CAR DEALERSHIP DONATED A NEW VEHICLE TO THE ORGANIZATION FOR A

FUNDRAISING EVENT. AS THE DONATED VEHICLE WAS NEW AND AN INVENTORY ITEM

OF THE DONOR, THE FORM 1098-C WAS NOT REQUIRED.

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

THE ORGANIZATION'S EXECUTIVE COMMITTEE "SHALL EXERCISE SUCH POWERS AS THE

BOARD OF DIRECTORS SHALL DELEGATE AND SHALL, IN GENERAL, EXERCISE THE

POWERS OF THE BOARD OF DIRECTORS BETWEEN MEETINGS THEREOF."

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

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

 532211 09-02-15
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 2015.05080 BERKSHIRE UNITED WAY, INC. 16123_01

Schedule O (Form 990 or 990-EZ) (2015) Pa								
Name of the organizationEmployer identification numbBERKSHIRE UNITED WAY, INC.04-2104841								
A COPY OF FORM 990 IS DISTRIBUTED TO LEADERSHIP STAFF, THE	FINANCE							
COMMITTEE, AND THE FULL BOARD OF DIRECTORS FOR REVIEW PRIC	OR TO FILING.							

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

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

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES SALARY DATA FROM THE UNITED WAY WORLDWIDE AS WELL AS THE LOCAL MARKET. THESE SALARIES ARE REVIEWED BY THE HUMAN RESOURCES COMMITTEE AND APPROVED BY THE BOARD. THE BOARD APPROVED A NEW SALARY STRUCTURE BASED ON UNITED WAY WORLDWIDE AND LOCAL DATA IN APRIL OF 2015.

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.

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532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Jame of the organization	Page Employer identification number
BERKSHIRE UNITED WAY, INC.	04-2104841
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RECORD PARTNERSHIP K-1 ACTIVITY ON 990	-931.
CHANGE IN UNCOLLECTIBLE PLEDGES	-82,107.
ADJUSTMENT TO PRIOR YEAR GRANTS REPORTED ON THE FINANCIA	L
STATEMENTS	22,472.
FOTAL TO FORM 990, PART XI, LINE 9	-60,566.
PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS FROM THE PRIOR YEAR.	
32212 09-02-15 Sche	edule O (Form 990 or 990-EZ) (2015
47 80601 789740 16123.001 2015.05080 BERKSHIRE UNITED W	AN THA 16102 01

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organization plete if the organization answered At ormation about Schedule R (Form	l "Yes" on Form 990, Part IV, tach to Form 990.	line 33, 34, 35b,				201 201	5 ublic
Name of the organiza							loyer identif 4-2104		umber
Part I Identificat	tion of Disregarded Entities Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) ome End-of-year a	assets	ets Direct c er		9
		_							
		_							
		_							
		_							
Part II Identification	tion of Related Tax-Exempt Organizons during the tax year.	zations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	because it had one of	more re	lated tax-exe	mpt	
	(a) me, address, and EIN 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		conti ent	g) 512(b)(13) rolled ity?
		_			501(0)(3))			Yes	No
		+		+	+ +			+	<u> </u>

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

Т

Schedule R (Form 990) 2015

OMB No. 1545-0047

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	manag partne	r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	MANAGE AND										
200 SOUTH STREET CONDOMINIUM	REGULATE THE										
TRUST - 04-3414279, 200 SOUTH	200 SOUTH ST		BERKSHIRE								
STREET, PITTSFIELD, MA 01201	CONDO	MA	UNITED WAY	UNRELATED	930.	3,511.		x	N/A	X	67.50%
	1										
	1										
	1										
	1										
	1										
	1										
	1										

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	Primary activity Legal domicile Direct controlling Type (state or foreign CC co		(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	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)				233013			No

Schedule R (Form 990) 2015 BERKSHIRE UNITED WAY, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	le.					Y	es N
During the tax year, did the organization engage in any of the following	transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont	rolled entity	/			1	a	2
Gift, grant, or capital contribution to related organization(s)						b	2
Gift, grant, or capital contribution from related organization(s)					1	с	2
d Loans or loan guarantees to or for related organization(s)						d	2
Loans or loan guarantees by related organization(s)						e	2
Dividends from related organization(s)					1	f	2
g Sale of assets to related organization(s)					1	g	2
Purchase of assets from related organization(s)						h	2
Exchange of assets with related organization(s)					1	i	
Lease of facilities, equipment, or other assets to related organization(s)						j	2
Lease of facilities, equipment, or other assets from related organization	(s)					k 2	x
Performance of services or membership or fundraising solicitations for	related orga	nization(s)				L	
${f n}$ Performance of services or membership or fundraising solicitations by r	elated orga	nization(s)				n	
h Sharing of facilities, equipment, mailing lists, or other assets with relate						n	
Sharing of paid employees with related organization(s)						0	
Reimbursement paid to related organization(s) for expenses						p	2
Reimbursement paid by related organization(s) for expenses						q	2
Other transfer of cash or property to related organization(s)						r	
Conter transfer of cash or property from related organization(s)						s	
If the answer to any of the above is "Yes," see the instructions for infor							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
_(3)			
<u>(6)</u>	F.0		

Schedule R (Form 990) 2015 BERKSHIRE UNITED WAY, INC.

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs Yes) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior	n) opor- nate tions? No	(j) General o managing partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2015