

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		D Employer identification number 06-1254469
	Doing Business As		E Telephone number (413) 229-0370
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City, town, or post office, state, and ZIP code SHEFFIELD, MA 01257		G Gross receipts \$ 45,142,108.
F Name and address of principal officer: JENNIFER DOWLEY 800 NORTH MAIN STREET, PO BOX 400, SHEFFIELD		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ BERKSHIRETACONIC.ORG		L Year of formation: 1987 M State of legal domicile: CT	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BERKSHIRE TACONIC COMMUNITY FOUNDATION BUILDS STRONGER, MORE VIBRANT COMMUNITIES AND IMPROVES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<23,613.>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<23,613.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,961,511.	9,136,199.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,718,814.	4,269,055.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	235,030.	213,652.
		15,915,355.	13,618,906.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,398,944.	7,397,590.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	837,478.	867,868.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	144,981.	
		797,288.	826,523.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,033,710.	9,091,981.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,881,645.	4,526,925.	
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		91,545,093.	102,956,605.
	21 Total liabilities (Part X, line 26)	415,504.	434,643.
22 Net assets or fund balances. Subtract line 21 from line 20	91,129,589.	102,521,962.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JENNIFER DOWLEY, PRESIDENT Type or print name and title	12 Dec 2013			
Paid Preparer Use Only	Print/Type preparer's name MARY KAY CURTISS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA'S		11/4/13		P01551484
	Firm's address 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	Firm's EIN	06-1009205		
		Phone no.	860 561-4000		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BERKSHIRE TACONIC COMMUNITY FOUNDATION CONNECTS DONORS WITH CAUSES,
BUILDS PERMANENT COMMUNITY RESOURCES AND STRENGTHENS NONPROFIT
ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,691,148. including grants of \$ 5,116,652.) (Revenue \$ 0.)
PROVIDE SUPPLEMENTAL FINANCIAL SUPPORT FOR THE COMMUNITY THROUGH
RECOGNIZED CHARITABLE AGENCIES

4b (Code:) (Expenses \$ 1,485,424. including grants of \$ 1,353,548.) (Revenue \$)
FIELD OF INTERESTS INCLUDING ENVIRONMENTAL PROTECTION, SOCIAL SERVICES,
EDUCATION AND YOUTH DEVELOPMENT

4c (Code:) (Expenses \$ 425,169. including grants of \$ 399,281.) (Revenue \$)
CHARITABLE SUPPORT FOR SPECIFIC GEOGRAPHIC AREAS WITHIN THE REGION WE
SERVE

4d Other program services (Describe in Schedule O.)
(Expenses \$ 562,905. including grants of \$ 528,109.) (Revenue \$)

4e Total program service expenses 8,164,646.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 134		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <u>SEE SCHEDULE O</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JILL GELLERT, VP FINANCE & ADMINISTRATION - (413) 229-0370**
800 NORTH MAIN STREET, PO BOX 400, SHEFFIELD, MA 01257

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER KENNAN CHAIR	1.00	X		X				0.	0.	0.
(2) J.WILLIAR DUNLAEVY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) GLORIA CALLEN TREASURER	1.00	X		X				0.	0.	0.
(4) DAVID B. RICH SECRETARY	1.00	X		X				0.	0.	0.
(5) EDWARD HOE SECRETARY	1.00	X		X				0.	0.	0.
(6) SIA ARNASON BOARD MEMBER	1.00	X						0.	0.	0.
(7) SALLY BERG BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANN M. GOODBODY BOARD MEMBER	1.00	X						0.	0.	0.
(9) EILEEN HALLORAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) ELLEN KENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(11) DAVID MCCARTHY BOARD MEMBER	1.00	X						0.	0.	0.
(12) DIANE MONTI - CATANIA BOARD MEMBER	1.00	X						0.	0.	0.
(13) HOLLY NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) HENRY PUTZELL III BOARD MEMBER	1.00	X						0.	0.	0.
(15) THOMAS QUINN BOARD MEMBER	1.00	X						0.	0.	0.
(16) SARAH STACK BOARD MEMBER	1.00	X						0.	0.	0.
(17) VIRGINA STANTON SMITH BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY STAHL BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOHN H. STOOKEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) ANDREW C. VICKERY BOARD MEMBER	1.00	X						0.	0.	0.
(21) VERA V.J. WEINTRAUB BOARD MEMBER	1.00	X						0.	0.	0.
(22) M. SCOTT WOOD BOARD MEMBER	1.00	X						0.	0.	0.
(23) JENNIFER DOWLEY PRESIDENT	50.00	X		X				144,698.	0.	36,032.
(24) JILL GELLERT VICE PRESIDENT OF FINANCE & ADMINIST	50.00			X				85,918.	0.	20,819.
1b Sub-total								230,616.	0.	56,851.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								230,616.	0.	56,851.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ ASSOCIATES, INC. 25 CHESTNUT STREET, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	108,505.

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	135,210.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,000,989.			
	g Noncash contributions included in lines 1a-1f: \$		2,237,780.			
	h Total. Add lines 1a-1f		9,136,199.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,738,162.	<23,613.>	1,761,775.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		31,475,494.		
		c Gain or (loss)		2,530,893.		
	d Net gain or (loss)		2,530,893.		2,530,893.	
	8 a Gross income from fundraising events (not including \$ 135,210. of contributions reported on line 1c). See Part IV, line 18	a		105,733.		
		b Less: direct expenses	b	47,708.		
c Net income or (loss) from fundraising events			58,025.		58,025.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a FUND ADMINISTRATION		900099	155,627.		155,627.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			155,627.			
12 Total revenue. See instructions.			13,618,906.	0.	<23,613.> 4,506,320.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,547,336.	6,547,336.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	850,254.	850,254.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,467.	68,184.	186,446.	32,837.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	442,360.	104,938.	287,341.	50,081.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	89,835.	21,320.	58,346.	10,169.
10 Payroll taxes	48,206.	12,003.	29,984.	6,219.
11 Fees for services (non-employees):				
a Management				
b Legal	7,620.	1,897.	4,740.	983.
c Accounting	29,850.	7,433.	18,567.	3,850.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	472,445.	472,445.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	50,866.	12,666.	31,639.	6,561.
12 Advertising and promotion	47,679.	11,872.	29,657.	6,150.
13 Office expenses	53,642.	13,357.	33,364.	6,921.
14 Information technology	25,517.	6,354.	15,872.	3,291.
15 Royalties				
16 Occupancy	31,045.	7,730.	19,310.	4,005.
17 Travel	10,711.	2,667.	6,662.	1,382.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,433.	2,349.	5,867.	1,217.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,851.	4,445.	11,103.	2,303.
23 Insurance	23,807.	5,928.	14,808.	3,071.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUE & SUBSCRIPTIONS	19,240.	4,791.	11,967.	2,482.
b UNEMPLOYEMENT	10,644.	2,650.	6,621.	1,373.
c LEADERSHIP INIT PROG	7,390.	1,840.	4,597.	953.
d OTHER	5,309.	1,322.	3,302.	685.
e All other expenses	3,474.	865.	2,161.	448.
25 Total functional expenses. Add lines 1 through 24e	9,091,981.	8,164,646.	782,354.	144,981.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	592,502.	1	498,659.
	2 Savings and temporary cash investments	8,662,888.	2	10,318,713.
	3 Pledges and grants receivable, net	928,834.	3	691,799.
	4 Accounts receivable, net	37,135.	4	42,519.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,968.	9	54,411.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 159,168.		
	b Less: accumulated depreciation	10b 131,208.	40,136.	10c 27,960.
	11 Investments - publicly traded securities	43,801,347.	11	90,017,764.
	12 Investments - other securities. See Part IV, line 11	37,392,188.	12	1,278,025.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	47,095.	15	26,755.
16 Total assets. Add lines 1 through 15 (must equal line 34)	91,545,093.	16	102,956,605.	
Liabilities	17 Accounts payable and accrued expenses	283,430.	17	251,659.
	18 Grants payable	123,706.	18	174,192.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,368.	25	8,792.
	26 Total liabilities. Add lines 17 through 25	415,504.	26	434,643.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	50,091,039.	27	56,072,501.
	28 Temporarily restricted net assets	6,777,877.	28	8,743,813.
	29 Permanently restricted net assets	34,260,673.	29	37,705,648.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	91,129,589.	33	102,521,962.
34 Total liabilities and net assets/fund balances	91,545,093.	34	102,956,605.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,618,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,091,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,526,925.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,129,589.
5	Net unrealized gains (losses) on investments	5	6,749,699.
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	115,749.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	102,521,962.

Part XII Financial Statements and Reporting

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

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

Form 990 (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,966,500.	6,942,268.	10,511,437.	8,749,056.	9,000,989.	46,170,250.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,966,500.	6,942,268.	10,511,437.	8,749,056.	9,000,989.	46,170,250.
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)						1,379,968.
6 Public support. Subtract line 5 from line 4.						44,790,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	10,966,500.	6,942,268.	10,511,437.	8,749,056.	9,000,989.	46,170,250.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	840,458.	861,768.	739,856.	1,214,535.	1,738,162.	5,394,779.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						51,565,029.
12 Gross receipts from related activities, etc. (see instructions)					12	4,498,470.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86.86	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	88.99	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.

Employer identification number
06-1254469

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	141	
2 Aggregate contributions to (during year)	3,372,763.	
3 Aggregate grants from (during year)	2,621,875.	
4 Aggregate value at end of year	19,318,011.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	36,123,638.	35,685,761.	32,053,755.	23,673,980.	30,917,369.
b Contributions	3,703,480.	3,729,118.	1,191,186.	3,538,825.	3,078,237.
c Net investment earnings, gains, and losses	4,433,227.	<1,049,856.>	4,183,648.	6,242,941.	<7,925,694.>
d Grants or scholarships	1,626,197.	1,470,614.	1,067,693.	939,445.	1,848,611.
e Other expenditures for facilities and programs	195,290.	220,002.	185,127.	34,685.	97,566.
f Administrative expenses	592,379.	550,769.	490,008.	427,861.	449,755.
g End of year balance	41,846,479.	36,123,638.	35,685,761.	32,053,755.	23,673,980.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 87.65 %
- c Temporarily restricted endowment 12.35 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		159,168.	131,208.	27,960.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,960.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows 1-10.

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

Table with 2 columns: (a) Description, (b) Book value. Rows 1-10.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and LIABILITIES UNDER SPLIT INTEREST AGREEMENTS with a value of 8,792.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue is reported on line 5.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses are reported on line 5.

Part XIII Supplemental Information

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

PART V, LINE 4: TO SUPPORT CHARITABLE CAUSES IN THE REGION IN

PERPETUITY.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPARKLE / BERKCHIQUE (event type)	HAMMERTOWN (event type)	5 (total number)	
Revenue	1 Gross receipts	76,857.	48,932.	115,154.	240,943.
	2 Less: Contributions	41,535.	16,698.	76,977.	135,210.
	3 Gross income (line 1 minus line 2)	35,322.	32,234.	38,177.	105,733.
Direct Expenses	4 Cash prizes			2,870.	2,870.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	99.	1,960.	42,779.	44,838.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(47,708)
	11 Net income summary. Combine line 3, column (d), and line 10				58,025.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1254469

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT			0.	0.			SEE ATTACHMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 206.

3 Enter total number of other organizations listed in the line 1 table ▶ 9.

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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
ARTS	38	157,950.	0.		
EDUCATIONAL	337	623,404.	0.		
HEALTH	45	37,468.	0.		
HOUSING, SHELTER	62	31,432.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: BERKSHIRE TACONIC COMMUNITY FOUNDATION REQUIRES

UTILIZATION REPORTS OR RECEIPTS TO SUBSTANTIATE THE CHARITABLE USE OF GRANT

DOLLARS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.**

Employer identification number
06-1254469

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER DOWLEY PRESIDENT	(i)	138,500.	0.	6,198.	16,500.	19,532.	180,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.**

Name of the organization **BERKSHIRE TACONIC COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1254469

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	83	2,237,780.	AVERAGE OF HIGH AND LOW
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number	06-1254469
--------------------------	---	--------------------------------	------------

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

THE QUALITY OF LIFE FOR ALL RESIDENTS IN BERKSHIRE COUNTY, MA;

NORTHWEST LITCHFIELD COUNTY, CT; NORTHEAST DUTCHESS COUNTY AND COLUMBIA

COUNTY, NY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOLARSHIPS

EXPENSES \$ 562,905. INCLUDING GRANTS OF \$ 528,109. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, BERMUDA, OTHER COUNTRY

FORM 990, PART VI, SECTION B, LINE 11: THE VICE PRESIDENT OF FINANCE AND

ADMINISTRATION DISTRIBUTES THE FORM 990 TO THE BOARD OF DIRECTORS PRIOR TO

FILING AND REVIEWS THE FORM WITH THE BOARD ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 12C: NEW CONFLICT OF INTEREST

STATEMENTS ARE DISTRIBUTED TO ALL BOARD MEMBERS AT THE MEETING FOLLOWING

THE ANNUAL CHANGE OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: MANAGEMENT UTILIZES COMPARATIVE

DATA ANNUALLY WHEN REVIEWING COMPENSATION. THE FOUNDATION GENERALLY HIRES

A THIRD PARTY CONSULTANT WITHIN 5 YEARS OF THE DATE OF THE LAST REVIEW TO

EVALUATE COMPENSATION USING LOCAL AND NATIONAL COMPARATIVES FOR EMPLOYEES.

THIS INFORMATION IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

Name of the organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number 06-1254469
---	--

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
 AVAILABLE TO THE PUBLIC ON THEIR WEBSITE, WWW.BERKSHIRETACONIC.ORG. IN
 ADDITION TO THIS, THE PUBLIC IS NOTIFIED THROUGH A QUARTERLY UPDATE THAT
 THE INFORMATION IS AVAILABLE ON THEIR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 115,749.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.** Employer identification number **06-1254469**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BTCF RESOURCES - 04-3585223 800 NORTH MAIN STREET PO BOX 400 SHEFFIELD, MA 01257	HOLD REAL ESTATE FOR FUNDS AT BERKSHIRE TACONIC COMMUNITY FOUNDATION	MASSACHUSETTS	TYPE 1	501(C)(3)	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		X
FOUNDATION FOR COMMUNITY HEALTH - 20-0057897 155 SHARON VALLEY ROAD SHARON, CT 06069	IMPROVE PHYSICAL AND MENTAL HEALTH OF RESIDENTS SERVED BY SHARON HOSPITAL	CONNECTICUT	TYPE 3	501(C)(3)	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		X

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

2012

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

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

J The books are in care of JILL GELLERT, VP FINANCE & ADMINIS Telephone number (413) 229-0370

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 detailing gross receipts, cost of goods sold, capital gain, and total income.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing various deductions like compensation, salaries, repairs, interest, taxes, and total deductions.

Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation).
36 Trusts taxable at trust rates (see instructions for tax computation).
37 Proxy tax (see instructions)
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
43 Total tax. Add lines 41 and 42
44a Payments: A 2011 overpayment credited to 2012
44b 2012 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax Refunded

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

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here BERMUDA, CAYMAN ISLAND, GUERNSEY
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (att. statement)
4b Other costs (attach statement)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Sign Here
Signature of officer: MARY KAY CURTISS
Date:
Title: PRESIDENT
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: MARY KAY CURTISS
Preparer's signature:
Date:
Check if self-employed:
PTIN: P01551484
Firm's name: BLUM, SHAPIRO & COMPANY, P.C., CPA'S
Firm's EIN: 06-1009205
Firm's address: WEST HARTFORD, CT 06127-2000
Phone no.: 860 561-4000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 1 column: Description of property. Rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions. Rows (1) through (4) and Total row.

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

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

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals ... Total dividends-received deductions included in column 8 ...

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
------------	---------------------------------	-----------	---

DESCRIPTION	AMOUNT
COMMONFUND CAPITAL PARTNERS 2000, LP	1,866.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP	<25,479.>
TOTAL TO FORM 990-T, PAGE 1, LINE 5	<23,613.>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 06-1254469
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 NORTH MAIN STREET, PO BOX 400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHEFFIELD, MA 01257	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JILL GELLERT, VP FINANCE & ADMINISTRATION

• The books are in the care of 800 NORTH MAIN STREET, PO BOX 400 - SHEFFIELD, MA 01257
Telephone No. (413) 229-0370 FAX No. (413) 229-0329

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOVEMBER 15, 2013.
- For calendar year 2012, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title PRESIDENT Date

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/12 to 12/31/12

Attorney General's Account #: 031273

Federal ID #: 06-1254469

When did the organization first engage in charitable work in Massachusetts? 05/03/1990

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 05/03/1990

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [] Yes [X] No

Check all items attached (if applicable)
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[] Probate Account
[] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Filing Fee
[] Amended Articles/By-Laws

Organization Data

Name: BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.

Mailing Address: 800 NORTH MAIN STREET, PO BOX 400

City: SHEFFIELD State: MA ZIP: 01257

Phone Number: (413) 229-0370 Fax Number: 413-229-0329

Email: Website: BERKSHIRETACONIC.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 2, and Type of Organization (Table 2) with code 20. Organization Purpose Code 1 (6) and Organization Purpose Code 2 (60) are also listed.

Please check box if final return prior to dissolution: []

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 05/03/1990

2. Where was the organization created? MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	8,942,044.
B.	Gross support and revenue	13,424,749.
C.	Program services and similar amounts paid out	8,164,646.
D.	Fundraising expenses	144,981.
E.	Management and general expenses	782,354.
F.	Payments to affiliates	0.
G.	Total expenses	9,091,981.
H.	Net assets or fund balances at the end of the year	102,521,962.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JENNIFER DOWLEY PRESIDENT	50.00	138,500.	36,032.	6,198.
2.	JILL GELLERT VP FINANCE AND ADMINISTRATION	50.00	85,918.	20,819.	0.
3.	MAEVE ODEA PROGRAM DIRECTOR	38.00	59,512.	14,665.	0.
4.	BRUCE BESTON FINANCE DIRECTOR	38.00	56,100.	9,441.	0.
5.	KIMBERLY ROCK COMMUNICATIONS DIRECTOR	38.00	47,513.	4,974.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PRIME BUCHHOLZ	108,505.	INVESTMENT CONSULTANT
2.	NEW LEAF PROPERTY MANAGEMENT	54,121.	LANDSCAPE DESIGN
3.	WELLINGTON	48,888.	INVESTMENT MANAGEMENT
4.	TAMRO	37,205.	INVESTMENT MANAGEMENT
5.	STRALEM & CO	36,441.	INVESTMENT MANAGEMENT

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
SALISBURY BANK & TRUST	LAKEVILLE, CT 06039	860-435-9801

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: 800 NORTH MAIN STREET PO BOX 400

City: SHEFFIELD State: MA ZIP Code: 01257

12. Contact Person Name: JENNIFER DOWLEY

Street Address: 800 NORTH MAIN STREET

City: SHEFFIELD State: MA ZIP Code: 01257

Phone Number: (413) 229-0370

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
SEE STATEMENT 1
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
SEE STATEMENT 2
18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
SEE STATEMENT 3
19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No
SEE STATEMENT 4

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC

PAGE 4 LINE 18

STATEMENT 3

NAME

AREA OF RESPONSIBILITY

SEE ATTACHMENT

ADDRESS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SEE STATEMENT 5

FORM PC

PAGE 6 LINE 24

STATEMENT 5

NAME

BTCF RESOURCES, INC.

ADDRESS

800 NORTH MAIN STREET, PO BOX 40 SHEFFIELD, MA 01257

NATURE OF TRANSACTION

AMOUNT INVOLVED

LEASE

38,450.

PROCEDURE FOLLOWED

LEASE REVIEWED, APPROVED AND SIGNED BY THE EXECUTIVE COMMITTEE OF BTCF RESOURCES, INC. AND BERKSHIRE TACONIC COMMUNITY FOUNDATION

NAME

BTCF RESOURCES, INC.

ADDRESS

800 NORTH MAIN STREET, PO BOX 40 SHEFFIELD, MA 01257

NATURE OF TRANSACTION

AMOUNT INVOLVED

TRANSFER

280,405.

PROCEDURE FOLLOWED

ASSET DONATED TO BTCF RESOURCES INC. BY DONOR. ASSET SOLD BY BTCF RESOURCES INC. AND UPON BOARD APPROVAL, PROCEEDS FROM SALE TRANSFERRED TO BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC. PER DONOR REQUEST.

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: JENNIFER DOWLEY

Title: PRESIDENT

Name of Preparer: BLUM, SHAPIRO & COMPANY, P.C., CPA'S

Address 29 S. MAIN STREET, P.O. BOX 272000

City WEST HARTFORD State CT ZIP Code 06127-2000

Phone Number 860 561-4000

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JENNIFER DOWLEY

Name and Title: PRESIDENT

Address 800 NORTH MAIN STREET PO BOX 400

City SHEFFIELD State MA ZIP Code 01257

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JILL GELLERT

Name and Title: VP OF FINANCE AND ADMINSTRATION

Address 800 NORTH MAIN STREET PO BOX 400

City SHEFFIELD State MA ZIP Code 01257

BOARD MEMBERS - SEE ATTACHED LISTING

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JENNIFER DOWLEY

Name and Title: PRESIDENT

Address 800 NORTH MAIN STREET PO BOX 400

City SHEFFIELD State MA ZIP Code 01257

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

JILL GELLERT

Name and Title: VP OF FINANCE AND ADMINISTRATION

Address 800 NORTH MAIN STREET

City SHEFFIELD State MA ZIP Code 01257

BOARD MEMBERS-SEE ATTACHED FORM 990

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Print Name: JENNIFER DOWLEY

Title: PRESIDENT

Signature: _____ Date: _____

Print Name: JILL GELLERT

Title: VP OF FINANCE

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list)

Name: BTCF RESOURCES, INC.		Primary purpose or activity: HOLD REAL ESTATE		
FYE 12/31/12	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C) 425,499.

Name: FOUND. FOR COMM. HEALTH		Primary purpose or activity: IMPROVE RESIDENT HEALTH		
FYE 12/31/12	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C) 23,988,579.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: JENNIFER DOWLEY		Title: PRESIDENT	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
BERKSHIRE TACONIC CO	138,500.	36,032.	6,198.

Name: JILL GELLERT		Title: VICE PRESIDENT	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
BERKSHIRE TACONIC CO	85,918.	20,819.	

Name: MAEVE O'DEA		Title: PROG. DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
BERKSHIRE TACONIC CO	59,512.	14,665.	

Name: BRUCE BESTON		Title: FINANCE DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
BERKSHIRE TACONIC CO	56,100.	9,441.	

Name: KIMBERLY ROCK		Title: COMMUNICATIONS DIRECTOR	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
BERKSHIRE TACONIC CO	47,513.	4,974.	

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No

Form M-990T-7004 Unrelated Business Income Tax Extension Worksheet

Massachusetts
Department of
Revenue

Tentative Return

1 Estimated amount of tax for the taxable year	1	0.
2 Advance and/or estimated payments made (if any)	2	0.
3 Tax due with this application. Subtract line 2 from line 1	3	0.

Payment in full of the tax due must be made with the extension request for it to be considered valid. If at least 50% of the tax due for the taxable year is not paid, the extension is null and void. Penalties for a late return will be assessed from the original due date of the return.

278041 11-20-12

DETACH HERE

87-12-00014

Form M-990T-7004

Application for UBIT Extension - 2012

**Massachusetts
Department of Revenue**

Federal Identification number	Is the corporation incorporated in Massachusetts?	Period end date	Amount enclosed
06-1254469	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12/31/12	0.
Business name			
BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		Type of extension being applied for	
		<input checked="" type="checkbox"/> a. Automatic eight-month <input type="checkbox"/> b. Extension until:	
Mailing address		City/Town	State ZIP
800 NORTH MAIN STREET, PO BOX 400		SHEFFIELD	MA 01257
Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.			
Signature of officer or agent		Signature of paid preparer	Date
Employer Identification number of paid preparer		Social Security number or PTIN of paid preparer	
06-1009205		P01551484	

Form M-990T Unrelated Business Income Tax Return

2012
Massachusetts
Department of
Revenue

278031 11-26-12

For calendar year 2012 or taxable year beginning		2012 and ending	
Name of company BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		Federal Identification number 06-1254469	
Mailing address 800 NORTH MAIN STREET, PO BOX 400	City/Town SHEFFIELD	State MA	ZIP 01257
Name of treasurer	Is a Taxpayer Disclosure Statement enclosed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Excise Calculation

		<i>Use whole dollar method</i>
1	Unrelated business taxable income (from U.S. Form 990T, line 34)	<23,613.>
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	
3	Section 168(k) "bonus" depreciation adjustment	
4	Section 311 and 31K intangible expense add back adjustment	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	
6	Loss carryover deduction (from Schedule E-2)	
7	Section 31J and 31K interest expense add back adjustment	
8	Federal production activity add back adjustment	
9	Abandoned building renovation deduction Total cost \$ _____ X .10	
10	Other adjustments, including research and development expenses (enclose explanation)	
11	Income subject to apportionment. See instructions	<23,613.>
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	1.000000
13	Multiply line 11 by line 12	<23,613.>
14	Income not subject to apportionment	
15	Add lines 13 and 14	<23,613.>
16	Certified Massachusetts solar or wind power deduction	
17	Taxable income. Subtract line 16 from line 15	<23,613.>
18	Multiply line 17 by .08	
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	
20	Excise due before credits. Add lines 18 and 19	

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Economic Opportunity Area Credit (from Schedule EOAC)	21
22	Economic Development Incentive Program Credit. Certificate number	22
23	Investment Tax Credit (from Schedule H)	23
24	Vanpool Credit (from Schedule VP)	24
25	Research Credit (from Schedule RC)	25
26	Harbor Maintenance Tax Credit (from Schedule HM, line 21)	26
27	Brownfields Credit. Certificate number	27
28	Low-Income Housing Credit. Building identification number	28
29	Historic Rehabilitation Credit. Certificate number	29
30	Film Incentive Credit. Certificate number	30
31	Medical Device Credit. Certificate number	31
32	Life Science Company Investment Tax Credit under section 38U	32
33	Life Science Company FDA User Fee Credit under section 31M	33
34	Life Science Company Research and Development Credit under section 38W	34
35	Total credits. Add lines 21 through 34	35

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer	Social Security number	Telephone number 413-528-8039	Date
Signature of paid preparer	Employer Identification number	Address 29 S. MAIN STREET, P.O. BOX 2 WEST HARTFORD, CT 06127-2000	Date
MARY KAY CURTISS	06-1009205		

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**

Excise After Credits

36	Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0"	36	0.
37	Voluntary contribution for endangered wildlife conservation	37	
38	Total excise plus voluntary contribution. Add lines 36 and 37	38	0.

Payments

39	2011 overpayment applied to 2012 estimated tax	39	
40	2012 Massachusetts estimated tax payments (do not include amount in line 39)	40	
41	Payment made with extension	41	
42	Pass-through entity withholding. Payer identification number ▶ _____	42	
43	Refundable film credit	43	
44	Refundable dairy credit. Certificate number ▶ _____	44	
45	Refundable life science credit	45	
46	Refundable life science jobs credit	46	
47	Refundable economic development incentive program credit	47	
48	Refundable conservation land credit. Certificate number ▶ _____	48	
49	Total payments. Add lines 39 through 48	49	

Refund or Balance Due

50	Amount overpaid. Subtract line 38 from line 49	50	
51	Amount overpaid to be credited to 2013 estimated tax	51	
52	Amount overpaid to be refunded. Subtract line 50 from line 49	52	
53	Balance due. Subtract line 49 from line 38	53	
54	M-2220 penalty ▶ \$ _____ ; Other penalties ▶ \$ _____ Total penalty	54	
55	Interest on unpaid balance	55	
56	Total payment due at time of filing	56	

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) 01/01/2012 and ending (mm/dd/yyyy) 12/31/2012			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 800 NORTH MAIN STREET, PO BOX 400 City or town, state or country and ZIP + 4 SHEFFIELD, MA 01257	d. Fed. employer ID no. (EIN) 06-1254469	
		e. NY State registration no. 16-27-67	
		f. Telephone number 413 229-0370	
		g. Email INFO@BERSHIRETACONIC.ORG	

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	JENNIFER DOWLEY Printed Name	PRESIDENT Title
			Date
b. Chief Financial Officer or Treas.	Signature	JILL GELLERT Printed Name	VP FINANCE Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</i>	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ 25.	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$	
c. Total fee \$ 25.	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments
--

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

Tax Law - Articles 9-A, 13, 32, and 33

All filers must enter tax period:

beginning ending

Employer identification number 06-1254469	File number MM2	Business telephone number 413-229-0370		
Legal name of corporation BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.		Trade name / DBA		
Mailing name (if different from legal name) and address c/o		State or country of incorporation CT	Date received (for Tax Department use only)	
Number and street or PO box 800 NORTH MAIN STREET, PO BOX 400		Date of incorporation 01-01-87		
City SHEFFIELD	State MA	ZIP code 01257	Foreign corporations: date began business in NYS	Audit use

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file **both** returns.

NOTE: Do not use this form if you are a combined filer; use Form CT-5.3 instead.

Article 9-A		Article 13	Article 32		Article 33	
CT-3 <input type="checkbox"/>	CT-3M/4M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-32 <input type="checkbox"/>	CT-32-M <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-M <input type="checkbox"/>
or					CT-33-C <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>
CT-4 <input type="checkbox"/>						

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax	Payment enclosed
<input type="checkbox"/> Attach your payment here. Detach all check stubs. (See instructions for details.)	A. 250.

Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1.	250.
2 First installment of estimated tax for the next tax year (see instructions)	2.	
3 Total franchise tax and first installment (add lines 1 and 2)	3.	250.
4 Prepayments of franchise tax (from line 16, column A)	4.	0.
5 Balance due - franchise tax (subtract line 4 from line 3)	5.	250.

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6.	
7 First installment of estimated MTA surcharge for the next tax year (see instructions)	7.	
8 Total MTA surcharge and first installment (add lines 6 and 7)	8.	
9 Prepayments of MTA surcharge (from line 16, column B)	9.	
10 Balance due - MTA surcharge (subtract line 9 from line 8)	10.	
11 Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above)	11.	250.

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the

MTA surcharge on line 9. See instructions.		Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment	12.			
13a Second installment from Form CT-400	13a.			
13b Third installment from Form CT-400	13b.			
13c Fourth installment from Form CT-400	13c.			
14 Overpayment credited from prior years	14.			
15 Overpayment credited from Form CT- _____	15.	Period		
16 Total prepayments (total all entries in column A and column B)	16.			

Paid preparer use only	Firm's name (or yours if self-employed) BLUM, SHAPIRO & COMPANY, P.C., CPA'S	Firm's EIN 06-1009205	Preparer's PTIN or SSN P01551484
	Signature of individual preparing this document	Address 29 S MAIN STREET PO	City WEST HARTFORD
	E-mail address of individual preparing this document	State CT	ZIP code 06127
		Preparer's NYTPRIN	Date

See instructions for where to file

455001121019

268511
09-13-12



Corporation Tax Return Summary

2c Legal name of corporation

2c.	BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC.
-----	---

Payment enclosed

8.	
----	--

- 1 Return type
- 2a Employer ID number (EIN)
- 2b File number (FCC)
- 3 Period beginning date (mmddyy)
- 4 Period ending date (mmddyy)
- 5 Amended (Y=1; N=0)
- 6 Address change (Y=1; N=0)
- 7 Final (Y=1; N=0)

- 9 NAICS code
- 10 MTA indicator (None = 0, Y=1, N = 2, Both = 3)
- 11a Type of bank - Clearinghouse (Y = 1, N = 0)
- 11b Type of bank - Savings (Y = 1, N = 0)
- 11c Type of bank - Other commercial (Y = 1, N = 0)
- 12 Federal 1120-H filed (Y = 1, N = 0)
- 13 REIT/RIC indicator (Y = 1, N = 0)
- 14 QSSS indicator (Y = 1, N = 0)
- 15 Form ID number
- 16 Tax sub type
- 17 Tax due/MTA surcharge
- 18 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000
- 19 Return a Gift to Wildlife
- 20 Breast Cancer Research and Education Fund
- 21 Prostate Cancer Research, Detection, and Education Fund
- 22 9/11 Memorial
- 23 Volunteer Firefighting & EMS Recruitment Fund
- 24 Balance due
- 25 Amount of overpayment credited to next period - NYS
- 26 Refund of overpayment
- 27 Refund of unused tax credits
- 28 Tax credits to be credited as an overpayment to next year's return
- 29 Amount of overpayment credited to next period - MTA
- 30 Amount of MTA surcharge retaliatory tax credit to be refunded
- 31 Total license fee
- 32 Maintenance fee due
- 33 Fixed dollar minimum
- 34 (Combined) parent's EIN
- 35 New York receipts
- 36 Alternative entire net income (ENI) percentage
- 37 Computation of issuer's allocation percentage
- 38 Issuer's allocation percentage
- 39 Paid preparer's EIN

1.	CT13			
2a.	06	- 1254469		
	2b.		MM2	
3.	01	-	01	- 12
4.	12	-	31	- 12
	5.			0
	6.			0
	7.			
9.	523000			
	10.			
	11a.			
	11b.			
	11c.			
	12.			
	13.			
	14.			
15.	400001121019			
	16.		26	
17.				250.00
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
	34.		-	
35.				
	36.			
	37.			
	38.			
39.	06	-	1009205	

%
%
%

For office use only

541001121019



Form CT-186-E filers only

40	Excise tax on telecommunication services - NYS	40.	<input type="text"/>	<input type="checkbox"/>
41	Tax on gross income - NYS	41.	<input type="text"/>	<input type="checkbox"/>
42	MTA surcharge related to telecommunication services	42.	<input type="text"/>	<input type="checkbox"/>
43	MTA surcharge on gross income	43.	<input type="text"/>	<input type="checkbox"/>
44	No CT-5.9-E filed and line 1 is over \$1,000 - NYS	44.	<input type="text"/>	<input type="checkbox"/>
45	No CT-5.9-E filed and line 1 is over \$1,000 - MTA	45.	<input type="text"/>	<input type="checkbox"/>
46	No CT-5.9-E filed and line 2 is over \$1,000 - NYS	46.	<input type="text"/>	<input type="checkbox"/>
47	No CT-5.9-E filed and line 2 is over \$1,000 - MTA	47.	<input type="text"/>	<input type="checkbox"/>
48	Add lines 8 and 9 - NYS	48.	<input type="text"/>	<input type="checkbox"/>
49	Add lines 8 and 9 - MTA	49.	<input type="text"/>	<input type="checkbox"/>
50	Balance due - NYS	50.	<input type="text"/>	<input type="checkbox"/>
51	Balance due - MTA	51.	<input type="text"/>	<input type="checkbox"/>
52	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)			52. <input type="text"/>
53	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)			53. <input type="text"/>
54	Overpayment credited to next year's tax - NYS	54.	<input type="text"/>	<input type="checkbox"/>
55	Overpayment credited to next year's tax - MTA	55.	<input type="text"/>	<input type="checkbox"/>
56	Refund of overpayment - NYS	56.	<input type="text"/>	<input type="checkbox"/>
57	Refund of overpayment - MTA	57.	<input type="text"/>	<input type="checkbox"/>
58	Refund of unused tax credits - NYS	58.	<input type="text"/>	<input type="checkbox"/>
59	Refund of unused tax credits - MTA	59.	<input type="text"/>	<input type="checkbox"/>
60	Refundable tax credits to be credited to next year's tax - NYS	60.	<input type="text"/>	<input type="checkbox"/>
61	Refundable tax credits to be credited to next year's tax - MTA	61.	<input type="text"/>	<input type="checkbox"/>



New York State E-File Signature Authorization for Tax Year 2012 For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400

Electronic return originator (ERO)/paid preparer: **do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: BERKSHIRE TACONIC COMMUNITY

Return type (mark all that apply): CT-3 CT-3-A CT-3M/4M CT-3-S CT-4 CT-13 CT-240
 CT-245 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our Web site at www.tax.ny.gov to find this document.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3M/4M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; or CT-4, *General Business Corporation Franchise Tax Return Short Form*; CT-13, *Unrelated Business Income Tax Return*; CT-240, *Foreign Corporation License Fee Return*; CT-245, *Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability*; or CT-400, *Estimated Tax for Corporations*.

Do not mail Form TR-579-CT to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*, Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both)*, Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*, or Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E*. Instead use Form CT-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal for Tax Year 2012*, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.

Financial institution information (required if electronic payment is authorized)	
1 Amount of authorized debit	1. _____
2 Financial institution routing number	2. _____
3 Financial institution account number	3. _____

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245 or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2012 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2012 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2012 electronic return, and I authorize the financial institution to withdraw the amount from the account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: _____ Date: _____

Print your name and title: JENNIFER DOWLEY, PRESIDENT

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic corporate return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2012 New York State corporate return signed by a paid preparer, I declare that the information contained in the corporation's 2012 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2012 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____
Print name: _____

Paid preparer's signature: _____ Date: _____
Print name: _____

TR-579-CT (9/12)

288021
11-02-12 1019

2012

CT-13

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning 01-01-12

ending 12-31-12

Employer identification number 06-1254469, File number MM2, Business telephone number 413-229-0370, Legal name of corporation BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC., Mailing name BERKSHIRE TACONIC COMMUNITY FOUNDATION, INC., State or country of incorporation CT, Date received 01-01-87, City SHEFFIELD, MA 01257, NAICS business code number 523000, Principal unrelated business activity ALTERNATIVE INVESTMENTS

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Payment enclosed

Computation of income and tax

Table with 25 rows for computation of income and tax. Line 1: Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction. Line 2: New York State Article 13 and Article 23 tax deducted on federal return. Line 3: Additions required for shareholders of federal S corporations. Line 4: Grossed-up taxes for shareholders of New York S corporations. Line 5: Other additions. Line 6: Add lines 1 through 5. Line 7: Other income. Line 8: Federal S corporation shareholder subtractions. Line 9: Other subtractions. Line 10: Total subtractions. Line 11: Taxable income before net operating loss deduction. Line 12: New York net operating loss deduction. Line 13: Taxable income. Line 14: Allocated taxable income. Line 15: Tax based on income. Line 16: Minimum tax. Line 17: Tax. Line 18: Total prepayments from line 46. Line 19: Balance. Line 20: Interest on late payment. Line 21: Late filing and late payment penalties. Line 22: Balance due. Line 23: Overpayment. Line 24: Amount of overpayment on line 23 to be credited to next year. Line 25: Amount of overpayment on line 23 to be refunded.

See page 3 for third-party designee, certification, and signature entry areas.

400001121019



Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere
26	Real estate owned	26	
27	Gross rents (attach list)	27	
28	Inventories owned	28	
29	Other tangible personal property owned	29	
30	Total (add lines 26 through 29)	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32	
33	All sales of tangible personal property	33	
34	Services performed	34	
35	Rentals of property	35	
36	Other business receipts	36	
37	Total (add lines 32 through 36)	37	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39	Wages, salaries, and other compensation of employees (except general executive officers)	39	
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41	Total of New York State percentages (add lines 31, 38, and 40)	41	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	Payment with extension request, Form CT-5, line 5	43 05-15-13 250.
44a	Second installment from Form CT-400	44a
44b	Third installment from Form CT-400	44b
44c	Fourth installment from Form CT-400	44c
45	Amount of overpayment credited from prior years	45
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46 250.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: ... • _____

Net operating loss (NOL) carryback ... Capital loss carryback •

Federal return filed Form 1139 • Amended Form 990-T •

400002121019



Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (<i>print</i>)	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person JENNIFER DOWLEY	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person		Telephone number 413-528-8039	Date
Paid preparer use only	Firm's name (<i>or yours if self-employed</i>) BLUM, SHAPIRO & COMPANY, P.C., CPA'S		Firm's EIN 06-1009205	Preparer's PTIN or SSN P01551484
	Signature of individual preparing this return	Address 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	City	State ZIP code
	E-mail address of individual preparing this return		Preparer's NYTPRIN	Date

See instructions for where to file.

400003121019

