

Form **990**

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

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 BRIDGE STREET City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01103 F Name and address of principal officer: RALPH TATE SAME AS C ABOVE	D Employer identification number 22-3089640 E Telephone number (413) 732-2858 G Gross receipts \$ 37,381,281. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COMMUNITYFOUNDATION.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1991		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENRICH REGIONAL QUALITY OF LIFE BY ENCOURAGING PHILANTHROPY AND DEVELOPING AN ENDOWMENT 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 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 19 6 Total number of volunteers (estimate if necessary) 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 6,125.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">10,396,706.</td> <td style="text-align: right;">10,581,899.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">367,561.</td> <td style="text-align: right;">372,038.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">3,982,646.</td> <td style="text-align: right;">2,988,157.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">14,746,913.</td> <td style="text-align: right;">13,942,094.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	10,396,706.	10,581,899.	9 Program service revenue (Part VIII, line 2g)	367,561.	372,038.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,982,646.	2,988,157.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,746,913.	13,942,094.							
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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 BRUCE HILTUNEN, VP OF FINANCE & OPERATIONS Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name HOWARD L. CHENEY	Preparer's signature HOWARD L. CHENEY	Date 12/14/17	Check if self-employed <input type="checkbox"/>	PTIN P00381206
	Firm's name ▶ MEYERS BROTHERS KALICKA, P.C.	Firm's EIN ▶ 04-2713795			
	Firm's address ▶ 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040	Phone no. 413-536-8510			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS SEEKS TO ENRICH THE QUALITY OF LIFE OF THE PEOPLE OF OUR REGION BY ENCOURAGING PHILANTHROPY, DEVELOPING A PERMANENT, FLEXIBLE ENDOWMENT, ASSESSING AND RESPONDING TO EMERGING AND CHANGING NEEDS, SERVING AS A RESOURCE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 6,803,094. including grants of \$ 6,164,099.) (Revenue \$ 372,038.) COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED. APPROXIMATELY 400 PROJECTS FUNDED THROUGH THIS PROCESS. THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,100 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code:) (Expenses \$ 1,780,554. including grants of \$ 1,553,275.) (Revenue \$) COMMUNITY SCHOLARSHIP PROGRAM PROVIDES A CENTRALIZED APPLICATION PROCESS FOR SCHOLARSHIPS AND LOANS TO BENEFIT RESIDENTS OF WESTERN MASSACHUSETTS. AWARDS ARE BASED ON APPLICANTS' FINANCIAL NEED, ACADEMIC MERIT, RESPONSES TO QUESTIONS AND EXTRA CURRICULAR ACTIVITIES IN ACCORDANCE WITH THE TERMS OF THE INDIVIDUAL FUNDS.

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

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

4e Total program service expenses 8,583,648.

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

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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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

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**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed MA
18	Section 6104 requires an organization to make its Forms 1023 (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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records: BRUCE HILTUNEN - 413-732-2858 333 BRIDGE STREET, SPRINGFIELD, MA 01103-1411

COMMUNITY FOUNDATION OF WESTERN
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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) IRENE RODRIGUEZ MARTIN FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(2) GEORGE ARWADY FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(3) WILLIE HILL JR FOUNDATION TRUSTEE (UNTIL 9/28/16)	1.00	X						0.	0.	0.
(4) ROBERT PURA FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(5) AMY JAMROG FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(6) DANA R BARROWS CHAIRMAN (UNTIL 9/28/16)	5.00	X		X				0.	0.	0.
(7) RALPH TATE CHAIRMAN	5.00	X		X				0.	0.	0.
(8) SANFORD BELDEN FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(9) DIANNE FULLER DOHERTY FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(10) KERRY DIETZ FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(11) KARIN GEORGE FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(12) THERESA JENOURE FOUNDATION TRUSTEE (UNTIL 9/28/16)	1.00	X						0.	0.	0.
(13) ELLEN BROUT LINDSEY FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(14) DAVID PINSKY FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(15) ELIZABETH SILLIN VICE-CHAIR	5.00	X						0.	0.	0.
(16) MICHAEL ROLLINGS FOUNDATION TRUSTEE (UNTIL 9/28/16)	1.00	X						0.	0.	0.
(17) MARY-BETH COOPER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.

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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) KAMARI COLLINS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(19) PAUL MURPHY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(20) DOUG A. THEOBALD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(21) LINDA DUNLAVY FOUNDATION TRUSTEE (EFF 9/28/16)	1.00	X					0.	0.	0.	
(22) MARY ANN SPENCER FOUNDATION TRUSTEE (EFF 9/28/16)	1.00	X					0.	0.	0.	
(23) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE (EFF 9/28/16)	1.00	X					0.	0.	0.	
(24) KATHARINE ALLAN ZOBEL PRESIDENT	40.00			X			175,338.	0.	31,073.	
(25) BRUCE HILTUNEN VP FINANCE & OPERATIONS	40.00			X			118,922.	0.	13,698.	
(26) JANET DAISLEY VP PROGRAMS & STRATEGY	40.00				X		113,607.	0.	18,008.	
1b Sub-total							407,867.	0.	62,779.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							407,867.	0.	62,779.	

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 **3**

	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>	3	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>	4	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>	5	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
BANK OF AMERICA, 225 MEMORIAL AVENUE, WEST SPRINGFIELD, MA 01089	INVESTMENT MANAGEMENT	158,043.
AMY SCHAEFFLER 15 FROST LANE, HADLEY, MA 01035	COMPUTER CONSULTING	111,936.

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 **2**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,581,899.				
	g Noncash contributions included in lines 1a-1f: \$		1,519,145.				
	h Total. Add lines 1a-1f		10,581,899.				
Program Service Revenue	2 a ADMINISTRATION REVENUE	Business Code 561000	372,038.	372,038.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		372,038.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,188,849.			2,188,849.	
	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				
		24,238,495.					
		b Less: cost or other basis and sales expenses					
		23,439,187.					
	c Gain or (loss)						
	799,308.						
	d Net gain or (loss)			799,308.		799,308.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
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							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			13,942,094.	372,038.	0.	2,988,157.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,080,199.	6,080,199.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,594,225.	1,594,225.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42,950.	42,950.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	531,677.	191,404.	207,354.	132,919.
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	821,701.	295,813.	320,463.	205,425.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,844.	28,744.	31,139.	19,961.
9 Other employee benefits	134,891.	48,561.	52,607.	33,723.
10 Payroll taxes	108,747.	39,149.	42,411.	27,187.
11 Fees for services (non-employees):				
a Management				
b Legal	6,844.	2,742.	2,430.	1,672.
c Accounting	21,000.	8,412.	7,457.	5,131.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	230,463.		230,463.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	112,370.	43,723.	40,667.	27,980.
12 Advertising and promotion	51,810.	24,140.	16,392.	11,278.
13 Office expenses	61,817.	7,804.	31,998.	22,015.
14 Information technology	204,724.	85,918.	70,383.	48,423.
15 Royalties				
16 Occupancy	116,354.	46,608.	41,319.	28,427.
17 Travel	19,133.	7,665.	6,794.	4,674.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,237.	2,607.	5,705.	3,925.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53.	21.	19.	13.
23 Insurance	12,686.	9,982.	1,602.	1,102.
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 PUBLICATIONS	22,615.	9,060.	8,030.	5,525.
b PROFESSIONAL DEVELOPME	12,650.	12,650.		
c OTHER EXPENSES	1,271.	1,271.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,280,261.	8,583,648.	1,117,233.	579,380.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,424,970.	2	5,820,874.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	3,459,218.	7	3,446,849.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,571.	9	79,977.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	49,951.		
	b Less: accumulated depreciation	23,053.	10c	26,898.
	11 Investments - publicly traded securities	86,366,532.	11	114,660,033.
	12 Investments - other securities. See Part IV, line 11	21,147,067.	12	7,468,001.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	118,487,411.	16	131,502,632.	
Liabilities	17 Accounts payable and accrued expenses	85,384.	17	109,816.
	18 Grants payable	400.	18	
	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	10,030,130.	25	10,756,369.
	26 Total liabilities. Add lines 17 through 25	10,115,914.	26	10,866,185.
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	31,420,490.	27	35,174,411.
	28 Temporarily restricted net assets	72,260,046.	28	80,038,524.
	29 Permanently restricted net assets	4,690,961.	29	5,423,512.
	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	108,371,497.	33	120,636,447.
	34 Total liabilities and net assets/fund balances	118,487,411.	34	131,502,632.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,942,094.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,280,261.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,661,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,371,497.
5	Net unrealized gains (losses) on investments	5	8,603,117.
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	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,636,446.

Part XII Financial Statements and Reporting

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

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

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,142,822.	8,481,579.	8,309,028.	10,396,706.	10,581,899.	45,912,034.
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	8,142,822.	8,481,579.	8,309,028.	10,396,706.	10,581,899.	45,912,034.
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)						7,713,256.
6 Public support. Subtract line 5 from line 4.						38,198,778.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	8,142,822.	8,481,579.	8,309,028.	10,396,706.	10,581,899.	45,912,034.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,907,108.	1,585,129.	1,632,839.	2,357,488.	2,188,849.	9,671,413.
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 VI.)						
11 Total support. Add lines 7 through 10						55,583,447.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	68.72 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	65.96 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

COMMUNITY FOUNDATION OF WESTERN

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF WESTERN

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS** **Employer identification number** **22-3089640**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	269	67
2 Aggregate value of contributions to (during year)	5,894,867.	252,251.
3 Aggregate value of grants from (during year)	4,754,626.	365,961.
4 Aggregate value at end of year	37,980,501.	9,116,647.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule D (Form 990) 2016

22-3089640 Page 2

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	107,513,599.	112,242,189.	105,165,485.	97,352,569.	91,058,799.
b Contributions	4,170,177.	2,911,621.	3,470,197.	1,373,450.	4,271,777.
c Net investment earnings, gains, and losses	11,828,755.	-3,423,902.	6,596,505.	11,421,650.	8,112,786.
d Grants or scholarships	3,101,886.	2,535,416.	2,282,123.	2,229,252.	1,845,416.
e Other expenditures for facilities and programs	-1,717,389.	1,680,893.	707,875.	2,752,932.	4,245,377.
f Administrative expenses					
g End of year balance	122,128,034.	107,513,599.	112,242,189.	105,165,485.	97,352,569.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 28.87 %
- b** Permanent endowment 4.44 %
- c** Temporarily restricted endowment 66.69 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,951.	23,053.	26,898.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,898.

Schedule D (Form 990) 2016

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule D (Form 990) 2016

22-3089640 Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN LIMITED		
(B) PARTNERSHIPS	7,468,001.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,468,001.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNITRUST/ANNUITY AGREEMENTS	
(3) LIABILITY	1,639,722.
(4) AGENCY FUNDS	9,116,647.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,756,369.

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

Schedule D (Form 990) 2016

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,545,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,603,117.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	8,603,117.
3	Subtract line 2e from line 1	3	13,942,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,942,094.

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

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

1	Total expenses and losses per audited financial statements	1	10,280,261.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,280,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,280,261.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENTS ARE USED TO MAKE GRANTS TO NOT FOR PROFIT ORGANIZATIONS FOR PROGRAMS WITHIN THE COUNTIES SERVED BY THE ORGANIZATION AND SCHOLARSHIPS FOR COLLEGE ATTENDANCE FOR STUDENTS.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDED ON OR AFTER MARCH 31, 2014

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Employer identification number
22-3089640

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		1,177,590.
3 a Sub-total	0	0			1,177,590.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,177,590.

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

Schedule F (Form 990) 2016

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	TO AWARD SCHOLARSHIPS	6,900.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUDAN RELIEF	12,200.	CHECK	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	NEPAL RELIEF	11,850.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GUATEMALA RELIEF	12,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **4**

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTS ONLY MADE TO U. S. SECTION 501(C)(3) CHARITIES

Multiple horizontal lines for data entry.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS** Employer identification number **22-3089640**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NICHOLS COLLEGE 123 CENTER ROAD DUDLEY, MA 01571-5000	04-2104778	501(C)(3)	250,000.	0.			EDUCATION
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038-0160	04-2751023	501(C)(3)	190,600.	0.			GENERAL HEALTH; NON CLASSIFIABLE
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	141,400.	0.			EDUCATION
WGBH EDUCATIONAL FOUNDATION 44 HAMPDEN STREET SPRINGFIELD, MA 01103	04-2104397	501(C)(3)	136,282.	0.			EDUCATION; ARTS & CULTURE
MAINE MARITIME MUSEUM 243 WASHINGTON STREET BATH, ME 04530	01-0271477	501(C)(3)	135,000.	0.			EDUCATION; ARTS & CULTURE
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	118,900.	0.			ARTS & CULTURE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **204.**
- 3 Enter total number of other organizations listed in the line 1 table ▶ **7.**

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

Schedule I (Form 990) (2016)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION, INC. - 374 WHITMORE ADMIN. BUILDING - AMHERST, MA 01003-8380	54-2084125	501(C)(3)	110,594.	0.			EDUCATION
COMMUNITY ACTION OF THE FRANKLIN HAMPSHIRE & NORTH QUABBIN REGIONS - 393 MAIN STREET - GREENFIELD, MA 01301	04-2384972	501(C)(3)	105,157.	0.			ECONOMIC DEVELOPMENT; HUMAN SERVICES
VALLEY VENTURE MENTORING SERVICE, INC. - 1500 MAIN STREET - SPRINGFIELD, MA 01115	04-3268603	501(C)(3)	103,500.	0.			ECONOMIC DEVELOPMENT
WESTERN MASSACHUSETTS COUNCIL, INC., BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	32,070.	0.			HUMAN SERVICES
NEW ENGLAND PUBLIC RADIO FOUNDATION, INC. - 1525 MAIN STREET - SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	89,420.	0.			ARTS & CULTURE
BAYSTATE HEALTH FOUNDATION, INC. 280 CHESTNUT STREET, 6TH FLOOR SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	77,631.	0.			GENERAL HEALTH
NORTHAMPTON EDUCATION FOUNDATION, INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	6,600.	0.			EDUCATION
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - 270 MAIN STREET - GREENFIELD, MA 01301-9922	04-2449856	501(C)(3)	69,600.	0.			EDUCATION
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY, INC. - CHAMBER OF COMMERCE - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	67,600.	0.			ECONOMIC DEVELOPMENT

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(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
SPRINGFIELD SCHOOL VOLUNTEERS, INC. - 1550 MAIN STREET, THIRD FLOOR - SPRINGFIELD, MA 01103	04-2643527	501(C)(3)	67,213.	0.			EDUCATION
WOMEN'S FUND OF WESTERN MASSACHUSETTS - EASTWORKS BUILDING - EASTHAMPTON, MA 01027	04-3342411	501(C)(3)	38,350.	0.			HUMAN SERVICES
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORP. - 324 WELLS STREET - GREENFIELD, MA 01301	04-2678309	501(C)(3)	60,000.	0.			ECONOMIC DEVELOPMENT
COMMUNITY UNITED WAY OF PIONEER VALLEY, INC. - 1441 MAIN STREET - SPRINGFIELD, MA 01103	04-2152680	501(C)(3)	59,596.	0.			HUMAN SERVICES
CLINICAL AND SUPPORT OPTIONS, INC. 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	58,800.	0.			HOUSING; GENERAL HEALTH
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	53,200.	0.			ENVIRONMENTAL
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - MONT MARIE - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	57,750.	0.			HUMAN SERVICES
TRUSTEES OF WESTMINSTER SCHOOL, INC. - 995 HOPMEADOW STREET - SIMSBURY, CT 06070	06-0646960	501(C)(3)	57,300.	0.			EDUCATION
BERKSHIRE CHILDREN AND FAMILIES, INC. - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)(3)	56,925.	0.			HUMAN SERVICES

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(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
RAZOO FOUNDATION 1725 DUKE STREET ALEXANDRIA, VA 22314	27-2499903	501(C)(3)	56,914.	0.			NON CLASSIFIABLE
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	55,100.	0.			EDUCATION
FRANKLIN LAND TRUST, INC. 5 MECHANIC ST. SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	54,550.	0.			ENVIRONMENTAL
JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	52,750.	0.			GENERAL HEALTH
BOSTON COLLEGE BOTOLPH HOUSE GENRL CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	51,000.	0.			EDUCATION
MARTIN LUTHER KING, JR. FAMILY SERVICES, INC. - 106 WILBRAHAM ROAD - SPRINGFIELD, MA 01139	04-2647035	501(C)(3)	50,400.	0.			HUMAN SERVICES
FIVE COLLEGES, INCORPORATED 97 SPRING STREET AMHERST, MA 01002	04-6134696	501(C)(3)	50,100.	0.			EDUCATION
NANTUCKET HISTORICAL ASSOCIATION 15 BROAD STREET NANTUCKET, MA 02554-1016	04-6003451	501(C)(3)	50,000.	0.			ARTS & CULTURE
NEW NORTH CITIZENS' COUNCIL 2383 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501(C)(3)	50,000.	0.			HUMAN SERVICES

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MASSACHUSETTS**

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(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
SOMERS EDUCATION FOUNDATION, INC. 68 SOKOL ROAD SOMERS, CT 06071	73-1702479	501(C)(3)	50,000.	0.			EDUCATION
SPIRIT IN ACTION 21 WILBRAHAM STREET PALMER, MA 01069-9685	38-3655028	501(C)(3)	50,000.	0.			HUMAN SERVICES
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	48,450.	0.			GENERAL HEALTH
PIONEER VALLEY HABITAT FOR HUMANITY - 140 PINE STREET, ROOM 9 - FLORENCE, MA 01062-0642	04-3049506	501(C)(3)	46,850.	0.			HOUSING
NUESTRAS RAICES, INC. 329 MAIN STREET HOLYOKE, MA 01040	04-3182556	501(C)(3)	46,500.	0.			GENERAL HEALTH
CITY OF NORTHAMPTON 210 MAIN STREET NORTHAMPTON, MA 01060	04-6001406	CITY OF NORTHAMPTON	41,150.	0.			ENVIRONMENTAL
POPE FRANCIS HIGH SCHOOL 134 SPRINGFIELD STREET CHICOPEE, MA 01013-2661	47-4352591	501(C)(3)	40,450.	0.			EDUCATION
PATHFINDER INTERNATIONAL ATTN: DEVELOPMENT DEPT. WATERTOWN, MA 02472	53-0235320	501(C)(3)	40,000.	0.			GENERAL HEALTH
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	39,100.	0.			ARTS & CULTURE

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(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
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 65 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-3437398	501(C)(3)	38,275.	0.			HUMAN SERVICES
JEWISH GERIATRIC SERVICES, INC. 770 CONVERSE STREET LONGMEADOW, MA 01106	04-2129128	501(C)(3)	36,050.	0.			GENERAL HEALTH
COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREENFIELD, MA - 451 MAIN STREET - GREENFIELD, MA 01301	04-2149363	501(C)(3)	35,500.	0.			HUMAN SERVICES
EAST LONGMEADOW SCHOLARSHIP FOUNDATION - P. O. BOX 66 - EAST LONGMEADOW, MA 01028	04-2592638	501(C)(3)	35,450.	0.			EDUCATION
PARIS PRESS, INC. P.O. BOX 487 ASHFIELD, MA 01330	04-3302441	501(C)(3)	35,000.	0.			ARTS & CULTURE
RAISING A READER MA (RAR-MA INC.) 9B HAMILTON PLACE BOSTON, MA 02108	80-0297898	501(C)(3)	35,000.	0.			EDUCATION
WELLSPRING COOPERATIVE CORPORATION 143 MAIN STREET SPRINGFIELD, MA 01105	46-5509253	501(C)(3)	34,000.	0.			EDUCATION
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	33,808.	0.			ARTS & CULTURE; HUMAN SERVICES
ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	04-2111408	501(C)(3)	31,800.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FRANKLIN COUNTY, INC. - 51 DAVIS STREET #2 - GREENFIELD, MA 01301	04-2212894	501(C)(3)	31,300.	0.			HUMAN SERVICES
CONNECTICUT RIVER WATERSHED COUNCIL, INC. - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	30,600.	0.			ENVIRONMENTAL
BAYSTATE NOBLE HOSPITAL CORPORATION - 115 WEST SILVER STREET - WESTFIELD, MA 01086-0870	22-2537423	501(C)(3)	30,500.	0.			GENERAL HEALTH
BERKSHIRE HILLS MUSIC ACADEMY, INC. - 48 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	04-3458789	501(C)(3)	30,100.	0.			EDUCATION
CATHEDRAL HIGH SCHOOL 260 SURREY ROAD SPRINGFIELD, MA 01118	47-4352591	501(C)(3)	28,700.	0.			EDUCATION
THE LITERACY PROJECT, INC. 15 BANK ROW, SUITE C GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	27,560.	0.			EDUCATION
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & W. MA, INC. - 820A PROSPECT HILL ROAD - WINDSOR, CT 06095	14-1937658	501(C)(3)	26,250.	0.			HUMAN SERVICES; EDUCATION
SERVICENET, INC. 129 KING STREET NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	20,200.	0.			GENERAL HEALTH; HUMAN SERVICES
THIRD SECTOR NEW ENGLAND, INC. 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	25,250.	0.			HUMAN SERVICES; NON CLASSIFIABLE

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MASSACHUSETTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPSHIRE COMMUNITY UNITED WAY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	22,000.	0.			HUMAN SERVICES
COLLABORATIVE FOR EDUCATIONAL SERVICES, INC. - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893	501(C)(3)	25,000.	0.			EDUCATION
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 03461-0060	02-0263136	501(C)(3)	25,000.	0.			EDUCATION
SISTERS OF PROVIDENCE HEALTH SYSTEMS, INC. - 271 CAREW STREET - SPRINGFIELD, MA 01102-9012	04-3398374	501(C)(3)	25,000.	0.			GENERAL HEALTH
FRIENDS OF LAKE WARNER AND THE MILL RIVER, INC. - PO BOX 11 - HADLEY, MA 01035	30-0742218	501(C)(3)	24,500.	0.			ENVIRONMENTAL
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - DBA DAKIN HUMANE SOCIETY - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	24,237.	0.			HUMAN SERVICES
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	24,150.	0.			EDUCATION; HUMAN SERVICES
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	23,163.	0.			HOUSING
GIRLS INCORPORATED OF HOLYOKE 6 OPEN SQUARE WAY HOLYOKE, MA 01041	04-2748244	501(C)(3)	22,676.	0.			HUMAN SERVICES; EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS, PIONEER VALLEY CHAPTER - 150 BROOKDALE DRIVE - SPRINGFIELD, MA 01104	53-0196605	501(C)(3)	22,600.	0.			HUMAN SERVICES
QUABOAG HILLS COMMUNITY COALITION PO BOX 1391 WARE, MA 01082	46-5415742	501(C)(3)	22,400.	0.			GENERAL HEALTH
LIFEPATH, INC. 330 MONTAGUE CITY ROAD, SUITE 1 TURNERS FALLS, MA 01376-2530	04-2542539	501(C)(3)	22,200.	0.			HUMAN SERVICES
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 SOUTH GREAT ROAD - LINCOLN, MA 01773	04-2104702	501(C)(3)	21,243.	0.			ENVIRONMENTAL
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	21,106.	0.			GENERAL HEALTH
ST. PAUL LUTHERAN CHURCH 181 ELM STREET EAST LONGMEADOW, MA 01028	04-2388464	501(C)(3)	21,100.	0.			HUMAN SERVICES
NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION, INC. - 520 8TH AVENUE, SUITE 302 - NEW YORK, NY 10018	13-6161108	501(C)(3)	21,000.	0.			ARTS & CULTURE
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	20,148.	0.			ARTS & CULTURE
HITCHCOCK CENTER, INC. 525 SOUTH PLEASANT STREET AMHERST, MA 01002	04-2487748	501(C)(3)	20,550.	0.			EDUCATION

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HEATH AGRICULTURAL SOCIETY, INC. P.O. BOX 10 HEATH, MA 01346	04-2607187	501(C)(3)	20,479.	0.			GENERAL HEALTH
CHARLEMONT FEDERATED CHURCH 175 MAIN STREET CHARLEMONT, MA 01339	04-2749787	501(C)(3)	20,250.	0.			HUMAN SERVICES
BENNINGTON COLLEGE CORPORATION C/O OFFICE OF EXTERNAL RELATIONS BENNINGTON, VT 05201-6001	03-0179414	501(C)(3)	20,000.	0.			EDUCATION
LUDLOW BOYS & GIRLS CLUB, INC. 91 CLAUDIA'S WAY LUDLOW, MA 01056	04-2089767	501(C)(3)	20,000.	0.			HUMAN SERVICES
YOUNG @ HEART CHORUS, INC. 30 NORTH MAPLE STREET FLORENCE, MA 01062	04-2862189	501(C)(3)	20,000.	0.			ARTS & CULTURE
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	19,650.	0.			HUMAN SERVICES
NORTHAMPTON CENTER FOR THE ARTS, INC. - P.O. BOX 366 - NORTHAMPTON, MA 01061	22-2570778	501(C)(3)	19,500.	0.			ARTS & CULTURE
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	19,200.	0.			HUMAN SERVICES
DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	18,850.	0.			ARTS & CULTURE

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FRIENDS OF CHILDREN, INC. 245 RUSSELL STREET #22 HADLEY, MA 01035	22-2952288	501(C)(3)	18,800.	0.			HUMAN SERVICES
JOHNSON MEMORIAL HOSPITAL 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	06-0646696	501(C)(3)	16,880.	0.			GENERAL HEALTH
HAMPSHIRE COUNCIL OF GOVERNMENTS OLD COURTHOUSE NORTHAMPTON, MA 01060	46-1182319	HAMPSHIRE COUNCIL	16,793.	0.			NON CLASSIFIABLE
NORTHAMPTON COMMUNITY ARTS TRUST P.O. BOX 366 NORTHAMPTON, MA 01060	27-2576586	501(C)(3)	16,500.	0.			ARTS & CULTURE
THE SALVATION ARMY - GREENFIELD CORPS - 72 CHAPMAN STREET - GREENFIELD, MA 01301	22-2406433	501(C)(3)	16,500.	0.			HUMAN SERVICES
HILLTOWN COMMUNITY HEALTH CENTERS, INC. - 58 OLD POST ROAD - WORTHINGTON, MA 01098	04-2161484	501(C)(3)	16,400.	0.			HUMAN SERVICES
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER, INC. - 247 CABOT STREET - HOLYOKE, MA 01040	04-2962882	501(C)(3)	15,540.	0.			HUMAN SERVICES
CLEAN WATER FUND 1444 EYE STREET NW WASHINGTON, DC 20005	52-1043444	501(C)(3)	16,025.	0.			ENVIRONMENTAL
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01041-6256	04-2103792	501(C)(3)	15,700.	0.			HUMAN SERVICES

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ALL OUT ADVENTURES, INC. 214 STATE STREET NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	15,605.	0.			HUMAN SERVICES
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061-5001	04-2103561	501(C)(3)	15,415.	0.			GENERAL HEALTH
15-40 CONNECTION 53 OTIS STREET WESTBOROUGH, MA 01581-9998	26-2873903	501(C)(3)	15,200.	0.			GENERAL HEALTH
BIG BROTHERS-BIG SISTERS ASSOCIATION OF FRANKLIN COUNTY, INC. - 16 COURT SQUARE, 3RD FLOOR - GREENFIELD, MA 01302	04-2491950	501(C)(3)	15,100.	0.			HUMAN SERVICES
ARMS LIBRARY ASSOCIATION, INC. 60 BRIDGE STREET SHELBURNE FALLS, MA 01370	04-2949510	501(C)(3)	15,000.	0.			EDUCATION
HILLTOWN LAND TRUST, INC. 332 BULLITT ROAD ASHFIELD, MA 01330	22-2831145	501(C)(3)	15,000.	0.			ENVIRONMENTAL
MICHAEL E. SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION - 1 SILVERWOOD TERRACE - SOUTH HADLEY, MA 01075	04-3558819	501(C)(3)	15,000.	0.			EDUCATION
QUABBIN MEDIATION, INC. 13 SOUTH MAIN STREET ORANGE, MA 01364	04-3429086	501(C)(3)	15,000.	0.			HUMAN SERVICES
SOLDIER ON, INC. 421 NORTH MAIN STREET, BUILDING 6 LEEDS, MA 01053	04-3240461	501(C)(3)	15,000.	0.			HOUSING

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TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	15,000.	0.			EDUCATION
WESTERN MASSACHUSETTS ECONOMIC DEVELOPMENT COUNCIL - 1441 MAIN STREET - SPRINGFIELD, MA 01103	04-3237124	501(C)(6)	15,000.	0.			ECONOMIC DEVELOPMENT
STANLEY PARK OF WESTFIELD, INC. P.O. BOX 1191 WESTFIELD, MA 01085	04-2131404	501(C)(3)	14,543.	0.			ENVIRONMENTAL; ARTS & CULTURE
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	13,800.	0.			HUMAN SERVICES
GLENMEADOW, INC. 24 TABOR CROSSING LONGMEADOW, MA 01106	04-2105937	501(C)(3)	11,250.	0.			HUMAN SERVICES
MILESTONE MINISTRIES 34-40 FRONT STREET, INDIAN ORCHARD, MA 01154	65-1208210	501(C)(3)	13,100.	0.			HUMAN SERVICES
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	13,100.	0.			EDUCATION
WOMANSHELTER COMPANERAS, INC. P.O. BOX 1099 HOLYOKE, MA 01041	04-2716766	501(C)(3)	12,950.	0.			HUMAN SERVICES
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - HOLYOKE COMMUNITY COLLEGE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	12,700.	0.			EDUCATION

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TAPESTRY HEALTH SYSTEMS, INC. 296 NONOTUCK STREET FLORENCE, MA 01062	23-7303142	501(C)(3)	12,300.	0.			GENERAL HEALTH
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	12,200.	0.			HUMAN SERVICES
RONALD MCDONALD HOUSE OF SPRINGFIELD MASS., INC. - 34 CHAPIN TERRACE - SPRINGFIELD, MA 01107	04-2971480	501(C)(3)	12,080.	0.			GENERAL HEALTH
AMERICAN CANCER SOCIETY, INC. NAT'L OFC PROBATE & TRUST MGMT OKLAHOMA CITY, OK 73172	13-1788491	501(C)(3)	12,043.	0.			GENERAL HEALTH
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	12,043.	0.			HUMAN SERVICES
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	12,043.	0.			GENERAL HEALTH
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	TOWN OF AGAWAM	12,043.	0.			HUMAN SERVICES; NON CLASSIFIABLE
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	12,000.	0.			EDUCATION
FRANKLIN AREA SURVIVAL CENTER, INC. - 96 FOURTH STREET - TURNERS FALLS, MA 01376	04-2776526	501(C)(3)	12,000.	0.			HUMAN SERVICES

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SMITH COLLEGE COLLEGE HALL 201 NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	11,250.	0.			EDUCATION
CONGREGATION B'NAI ISRAEL 253 PROSPECT STREET NORTHAMPTON, MA 01060	04-6052052	501(C)(3)	11,100.	0.			HUMAN SERVICES
PEACE DEVELOPMENT FUND, INC. 44 NORTH PROSPECT STREET AMHERST, MA 01004-1280	04-2738794	501(C)(3)	11,050.	0.			HUMAN SERVICES
VALLEY COMMUNITY DEVELOPMENT CORPORATION - 30 MARKET STREET - NORTHAMPTON, MA 01060	22-2906466	501(C)(3)	11,000.	0.			HOUSING
COMMUNITY EDUCATION PROJECT, INC. 317 MAIN STREET HOLYOKE, MA 01040	04-3458723	501(C)(3)	10,800.	0.			EDUCATION
THE ASSOCIATION FOR COMMUNITY LIVING, INC. - 220 BROOKDALE DRIVE - SPRINGFIELD, MA 01104	04-2210685	501(C)(3)	10,800.	0.			HUMAN SERVICES
ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	10,450.	0.			ARTS & CULTURE
PIONEER VALLEY SYMPHONY, INC. 91 MAIN STREET GREENFIELD, MA 01301	04-6111759	501(C)(3)	10,225.	0.			ARTS & CULTURE
NORTHAMPTON COMMUNITY MUSIC CENTER, INC. - 139 SOUTH STREET - NORTHAMPTON, MA 01060	04-3428393	501(C)(3)	10,160.	0.			ARTS & CULTURE

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THE UNITED ARC, INC. 294 AVENUE A TURNERS FALLS, MA 01376	04-2267562	501(C)(3)	10,150.	0.			HUMAN SERVICES
FRANK NEWHALL LOOK MEMORIAL PARK, INC. - 300 NORTH MAIN STREET - FLORENCE, MA 01062	04-3580572	501(C)(3)	10,100.	0.			ENVIRONMENTAL
ALZHEIMER'S ASSOCIATION, MASSACHUSETTS/NEW HAMPSHIRE CHAPTER - 480 PLEASANT STREET - WATERTOWN, MA 02472-2407	04-2731194	501(C)(3)	10,000.	0.			GENERAL HEALTH
CHICOPEE BOYS AND GIRLS CLUB, INC. 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	10,000.	0.			ARTS & CULTURE
ERIC CARLE MUSEUM OF PICTURE BOOK ART, INC. - 125 WEST BAY ROAD - AMHERST, MA 01002	04-3542086	501(C)(3)	10,000.	0.			ARTS & CULTURE
HOSPICE OF FRANKLIN COUNTY, INC. 329 CONWAY STREET, SUITE 2 GREENFIELD, MA 01301	20-1611913	501(C)(3)	10,000.	0.			HUMAN SERVICES
HOUSING AND ECONOMIC RIGHTS ADVOCATES - P.O. BOX 29435 - OAKLAND, CA 94604-0091	20-2573758	501(C)(3)	10,000.	0.			HOUSING
HUMAN RIGHTS DEFENSE CENTER P.O. BOX 1151 LAKE WORTH, FL 33460	94-3143411	501(C)(3)	10,000.	0.			HUMAN SERVICES
MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP FUND - 201 N WASHINGTON STREET - ALEXANDRIA, VA 22314	54-1659039	501(C)(3)	10,000.	0.			EDUCATION

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SMITHSONIAN INSTITUTION P.O. BOX 37012 WASHINGTON, DC 20013	53-0206027	501(C)(3)	10,000.	0.			ARTS & CULTURE
ST. PATRICK PARISH 30 MAIN STREET SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNITED WAY OF MARTIN COUNTY, INC. 10 S.E. CENTRAL PARKWAY, SUITE 101 STUART, FL 34995	23-7273540	501(C)(3)	10,000.	0.			HUMAN SERVICES
FRIENDS OF THE HOMELESS, INC. 755 WORTHINGTON STREET SPRINGFIELD, MA 01105	22-2786732	501(C)(3)	9,550.	0.			HOUSING
CENTER FOR HUMAN DEVELOPMENT, INC. 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	8,800.	0.			HUMAN SERVICES; EDUCATION
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	9,500.	0.			ENVIRONMENTAL
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 18 SOUTH SYCAMORE KNOLLS - SOUTH HADLEY, MA 01075-0387	52-2084289	501(C)(3)	9,500.	0.			ARTS & CULTURE
TEAM IMPACT 500 VICTORY ROAD, FLOOR 4 NORTH QUINCY, MA 02171	45-1837673	501(C)(3)	9,400.	0.			HUMAN SERVICES
FOREST PARK ZOOLOGICAL SOCIETY, INC. - 302 SUMNER AVENUE - SPRINGFIELD, MA 01138	04-6145635	501(C)(3)	9,000.	0.			EDUCATION

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SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION - P.O. BOX 34115 - WASHINGTON, DC 20043	16-1717058	501(C)(3)	9,000.	0.			GENERAL HEALTH
EMPTY ARMS BEREAVEMENT SUPPORT, INC. - 85 EASTHAMPTON RD - WESTHAMPTON, MA 01027	45-2703619	501(C)(3)	8,950.	0.			HUMAN SERVICES
MERCY HOSPITAL, INC. 271 CAREW STREET SPRINGFIELD, MA 01102-9012	04-3398280	501(C)(3)	8,950.	0.			GENERAL HEALTH
HOLYOKE HEALTH CENTER, INC. 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	501(C)(3)	8,900.	0.			GENERAL HEALTH
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	8,850.	0.			ARTS & CULTURE
ART GARDEN, INC. 4 UNION STREET SHELBURNE FALLS, MA 01370	45-2047838	501(C)(3)	8,700.	0.			ARTS & CULTURE
CANCER CONNECTION, INC. 41 LOCUST STREET NORTHAMPTON, MA 01060	04-3493483	501(C)(3)	8,600.	0.			GENERAL HEALTH
MARY LYON EDUCATION FUND, INC. P.O. BOX 184 SHELBURNE, MA 01370	22-3112593	501(C)(3)	8,550.	0.			EDUCATION; HUMAN SERVICES
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	8,450.	0.			EDUCATION

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JACKSON STREET SCHOOL PARENT TEACHER ORGANIZATION, INC. - 120 JACKSON STREET - NORTHAMPTON, MA 01060	04-3062374	501(C)(3)	8,350.	0.			EDUCATION
NEW ISRAEL FUND P.O. BOX 96712 WASHINGTON, DC 20077-7438	94-2607722	501(C)(3)	8,300.	0.			NON CLASSIFIABLE
SPRINGFIELD BOYS & GIRLS CLUB, INC. - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	8,300.	0.			HUMAN SERVICES
BRICK HOUSE COMMUNITY RESOURCE CENTER, INC. - 24 THIRD STREET - TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	8,000.	0.			HUMAN SERVICES
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	8,000.	0.			ENVIRONMENTAL
NEW ENGLAND COLLEGIATE BASEBALL LEAGUE, INC. - NECBL LEAGUE OFFICE - NORTH ADAMS, MA 01247	06-1393688	501(C)(3)	8,000.	0.			GENERAL HEALTH
WEST CUMMINGTON CONGREGATIONAL CHURCH - 27 WEST MAIN STREET - CUMMINGTON, MA 01026	90-0141066	501(C)(3)	8,000.	0.			HUMAN SERVICES
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	7,800.	0.			ARTS & CULTURE
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	7,800.	0.			EDUCATION

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COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	7,700.	0.			GENERAL HEALTH
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	7,600.	0.			HUMAN SERVICES
COMMUNITY ROOTS NEIGHBORHOOD SERVICES, INC. - 485 APPLETON STREET - HOLYOKE, MA 01040	45-2696779	501(C)(3)	7,500.	0.			HUMAN SERVICES
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. - 1 BULFINCH PLACE - BOSTON, MA 02114	22-2867371	501(C)(3)	7,500.	0.			GENERAL HEALTH
TREEHOUSE FOUNDATION, INC. ONE TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	7,500.	0.			HUMAN SERVICES
NEW SPIRIT, INC. 40 RIVERVIEW TERRACE SPRINGFIELD, MA 01108-1629	04-3232718	501(C)(3)	7,450.	0.			HUMAN SERVICES
MAY INSTITUTE, INC. 41 PACELLA PARK DRIVE RANDOLPH, MA 02368-1755	04-2197449	501(C)(3)	7,200.	0.			HUMAN SERVICES
FRIENDS OF HAMPSHIRE COUNTY HOMELESS INDIVIDUALS, INC. - P.O. BOX 60398 - FLORENCE, MA 01062	04-3515024	501(C)(3)	7,100.	0.			HOUSING
HOLYOKE CIVIC SYMPHONY ORCHESTRA, INC. - C/O HOLYOKE COMMUNITY COLLEGE - HOLYOKE, MA 01040	22-3183469	501(C)(3)	7,100.	0.			ARTS & CULTURE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMANDLA, INC. P.O. BOX 223 GREENFIELD, MA 01302-0223	04-3253895	501(C)(3)	7,000.	0.			ARTS & CULTURE
WOMEN'S INSTITUTE FOR LEADERSHIP DEVELOPMENT, INC. - 108 MYRTLE STREET - QUINCY, MA 02171	04-3132500	501(C)(3)	7,000.	0.			ECONOMIC DEVELOPMENT
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	6,870.	0.			HUMAN SERVICES
SPRINGFIELD PUBLIC FORUM, INC. P.O. BOX 5374 SPRINGFIELD, MA 01101-5374	04-6190443	501(C)(3)	6,750.	0.			EDUCATION
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	6,670.	0.			EDUCATION
THE NOLUMBEKA PROJECT C/O HOWARD CLARK GREENFIELD, MA 01301	26-4509867	501(C)(3)	6,550.	0.			ARTS & CULTURE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	6,450.	0.			GENERAL HEALTH
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	6,400.	0.			HUMAN SERVICES
KARUNA CENTER FOR PEACEBUILDING, INC. - 447 WEST STREET, SUITE 2 - AMHERST, MA 01002	04-3437359	501(C)(3)	5,900.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION CENTERED TUTORING SERVICES 35 CHESTNUT STREET SPRINGFIELD, MA 01103	22-2784975	501(C)(3)	6,300.	0.			EDUCATION
ST. PETER AND ST. PAUL ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	6,250.	0.			HUMAN SERVICES
PIONEER VALLEY CHRISTIAN ACADEMY 965 PLUMTREE ROAD SPRINGFIELD, MA 01119	04-2502941	501(C)(3)	6,150.	0.			EDUCATION
NORTHAMPTON ACADEMY OF MUSIC, INC. 274 MAIN STREET NORTHAMPTON, MA 01060	04-2266004	501(C)(3)	6,100.	0.			ARTS & CULTURE
NAISMITH MEMORIAL BASKETBALL HALL OF FAME, INC. - 1000 WEST COLUMBUS AVENUE - SPRINGFIELD, MA 01105	04-6128892	501(C)(3)	6,000.	0.			ARTS & CULTURE
BRIGHTSIDE, INC. C/O FUND DEVELOPMENT SPRINGFIELD, MA 01102-9012	04-2182395	501(C)(3)	5,870.	0.			HUMAN SERVICES
ST. ELIZABETH ANN SETON PARISH 3 ELM STREET NORTHAMPTON, MA 01060		501(C)(3)	5,870.	0.			HUMAN SERVICES
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	5,780.	0.			HUMAN SERVICES
FRIENDS OF RENAL DIALYSIS FOUNDATION - C/O BERKSHIRE MEDICAL CENTER KIDNEY DISEASE AND HYPERTENSION CENTER - PITTSFIELD,	04-3249127	501(C)(3)	5,750.	0.			GENERAL HEALTH

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

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Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER VALLEY CHINESE IMMERSION CHARTER SCHOOL FAMILY ASSOCIATION - P.O. BOX 685 - HADLEY, MA 01035	27-1821847	501(C)(3)	5,750.	0.			EDUCATION
KO THEATER WORKS, INC. 498 SOUTH GULF ROAD BELCHERTOWN, MA 01007	04-3124727	501(C)(3)	5,700.	0.			ARTS & CULTURE
BOWDOIN COLLEGE OFFICE OF THE PRESIDENT BRUNSWICK, ME 04011-8448	01-0215213	501(C)(3)	5,600.	0.			EDUCATION
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	5,600.	0.			ARTS & CULTURE
HILLTOWN COOPERATIVE CHARTER PUBLIC SCHOOL - 1 INDUSTRIAL PARKWAY - EASTHAMPTON, MA 01027	04-3283157	HILLTOWN PUBLIC SCHL	5,472.	0.			EDUCATION
HOLYOKE YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. - 171 PINE STREET - HOLYOKE, MA 01040	04-2192693	501(C)(3)	5,450.	0.			HUMAN SERVICES
EARTHDANCE CREATIVE LIVING PROJECT, INC. - 252 PROSPECT STREET - PLAINFIELD, MA 01070	22-2996411	501(C)(3)	5,400.	0.			EDUCATION; ARTS & CULTURE
REVITALIZE COMMUNITY DEVELOPMENT CORPORATION - COLONIAL BLOCK BUILDING - SPRINGFIELD, MA 01103	04-3172737	501(C)(3)	5,350.	0.			HOUSING
FRIENDS OF THE HILLTOWN COOPERATIVE CHARTER SCHOOL, INC. - P.O. BOX 30 - EASTHAMPTON, MA 01027	04-3253250	501(C)(3)	5,250.	0.			EDUCATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
 MASSACHUSETTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS PAID TO US EDUCATIONAL INSTITUTIONS	922	1,594,225.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS ARE PAID TO US EDUCATIONAL INSTITUTIONS TO WHICH THE STUDENT IS ATTENDING AND ARE RETURNED BY THE EDUCATIONAL INSTITUTION IF THE STUDENT DOES NOT MAINTAIN HIS OR HER ENROLLMENT.

GRANTS ARE MADE ONLY TO VERIFIED 501(C)(3) ORGANIZATIONS WITH GRANT REPORTS REQUIRED OF ALL DISCRETIONARY GRANTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS** Employer identification number **22-3089640**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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 type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHARINE ALLAN ZOBEL PRESIDENT	(i)	175,338.	0.	0.	14,985.	16,088.	206,411.	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)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

Name of the organization **COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS** Employer identification number **22-3089640**

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	57	1,519,145.	STOCK MARKET QUOTATI
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Employer identification number
22-3089640

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

CATALYST, AND COORDINATOR FOR CHARITABLE ACTIVITIES, AND PROMOTING
EFFICIENCY IN THE MANAGEMENT OF CHARITABLE FUNDS.

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

MEMBERS OF THE FOUNDATION'S AUDIT AND FINANCE COMMITTEE ARE PROVIDED A
DRAFT COPY OF FORM 990. THE COMMITTEE MEMBERS ARE PROVIDED AN OPPORTUNITY
TO REVIEW THE 990 AND INQUIRE ABOUT AND DISCUSS ANY ITEM REPORTED THEREIN.
ALL SUCH INQUIRIES ARE SATISFACTORILY RESOLVED BY THE COMMITTEE AFTER WHICH
TIME A FINAL COPY OF THE FORM 990 IS MADE AVAILABLE TO THE TRUSTEES AND
THEN FILED WITH THE IRS.

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

EACH YEAR ALL TRUSTEES AND STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF
INTEREST STATEMENT. THESE STATEMENTS ARE REVIEWED AND MONITORED WITH
REGARD TO ANY VOTE BY THE TRUSTEES.

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

PRESIDENT/CEO SALARY REVIEW IS CONDUCTED BY THE COMPENSATION
COMMITTEE/EXECUTIVE COMMITTEE OF THE TRUSTEES. PERFORMANCE REVIEW INCLUDES
REVIEW OF GOALS FOR THE YEAR, EVALUATION OF PROGRESS TOWARD THOSE GOALS
(NARRATIVE AND METRICS), MOST RECENT FINANCIALS, INTERVIEWS WITH SENIOR
TEAM, COMPENSATION REVIEW AS WELL AS COMPARATIVE INFORMATION FROM THE
COUNCIL ON FOUNDATIONS, ASSOCIATED GRANT MAKERS AND THE EMPLOYERS'
ASSOCIATION OF NEW ENGLAND. EXECUTIVE COMMITTEE PRESENTS TO THE FULL
TRUSTEES FOR DISCUSSION AND VOTE IN EXECUTIVE SESSION.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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THIS PROCESS WAS MOST RECENTLY COMPLETED IN MARCH 2017.

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

SUMMARY FINANCIAL INFORMATION IS AVAILABLE IN THE FOUNDATION'S ANNUAL REPORT WHICH IS IN PRINT AND AVAILABLE ON THE WEBSITE. THE FORM 990 IS AVAILABLE ON THE WEBSITE. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.

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

ROUNDING ADJUSTMENT -1.

PART XII LINE 2C

THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016
Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFWM, LLC 333 BRIDGE STREET SPRINGFIELD, MA 01103	VEHICLE TO HOLD REAL ESTATE	DELAWARE	0.	0.	N/A

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

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

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

Schedule R (Form 990) 2016

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

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

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

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

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