

**PUBLIC INSPECTION COPY**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS</b> Doing business as		<b>D</b> Employer identification number <b>22-3089640</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>333 BRIDGE STREET</b>	<b>E</b> Telephone number <b>(413) 732-2858</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SPRINGFIELD, MA 01103</b>		<b>G</b> Gross receipts \$ <b>31,097,044.</b>
	<b>F</b> Name and address of principal officer: <b>BRUCE HILTUNEN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> 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		<b>H(c)</b> Group exemption number ▶

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

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **MA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENRICH REGIONAL QUALITY OF LIFE BY ENCOURAGING PHILANTHROPY AND DEVELOPING AN ENDOWMENT CATALYST,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>24</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>160</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>36,989.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-9,378.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,351,717.</b>	<b>7,044,029.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>381,340.</b>	<b>396,147.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,261,850.</b>	<b>4,097,933.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,100.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,997,007.</b>	<b>11,538,109.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,653,445.</b>	<b>7,820,631.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,913,197.</b>	<b>2,011,000.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>752,941.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>934,894.</b>	<b>1,387,051.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,501,536.</b>	<b>11,218,682.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>7,495,471.</b>	<b>319,427.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>146,127,827.</b>	<b>153,197,188.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,067,296.</b>	<b>17,835,645.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>134,060,531.</b>	<b>135,361,543.</b>	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>BRUCE HILTUNEN, VP OF FINANCE &amp; OPERATIONS</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>PATRICIA MCGOWAN</b> Firm's name ▶ <b>COHNREZNICK LLP</b> Firm's address ▶ <b>350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103</b>	<b>PATRICIA MCGOWAN</b>	<b>01/27/20</b>	<input type="checkbox"/>	<b>P00184514</b>
			Firm's EIN ▶ <b>22-1478099</b>		Phone no. <b>959-200-7000</b>

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

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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 \$ 7,578,824. including grants of \$ 6,382,392. ) (Revenue \$ 396,147. ) 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 \$ 1,438,239. including grants of \$ 1,438,239. ) (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 9,017,063.

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	23
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		24
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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**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
<b>1a</b>	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	18	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	18	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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) AMY JAMROG FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(2) ANNE PARADIS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(3) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(4) DAVID PINSKY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(5) DOUG A. THEOBALD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(6) ELIZABETH SILLIN CHAIR	5.00	X		X			0.	0.	0.	
(7) ELLEN BROUT LINDSEY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(8) GEORGE ARWADY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(9) IRENE RODRIGUEZ MARTIN OUTGOING FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(10) KAMARI COLLINS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(11) KARIN GEORGE FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(12) KERRY DIETZ FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(13) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) MARK KEROACK FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(15) MARY ANN SPENCER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(16) MARY-BETH COOPER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) PAUL MURPHY VICE CHAIR	5.00	X		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) RALPH TATE OUTGOING CHAIR	1.00	X		X				0.	0.	0.
(19) RAMON TORRECILHA FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(20) ROBERT PURA FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(21) BRUCE HILTUNEN VP FINANCE & OPERATIONS	40.00			X			139,276.	0.	20,167.	
(22) KATHARINE ALLAN ZOBEL PRESIDENT	40.00			X			210,155.	0.	37,513.	
(23) ELLEN LEUCHS VP PHILANTHROPIC SERVICES	40.00					X	119,949.	0.	15,798.	
<b>1b Sub-total</b>							469,380.	0.	73,478.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							469,380.	0.	73,478.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	208,786.

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

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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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,044,029.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,339,093.				
	<b>h Total.</b> Add lines 1a-1f .....		7,044,029.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATION REVENUE .....	<b>Business Code</b> 561000	396,147.	396,147.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		396,147.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,075,653.		36,989.	3,038,664.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		20,581,215.					
		<b>b</b> Less: cost or other basis and sales expenses .....		19,558,935.			
		<b>c</b> Gain or (loss) .....		1,022,280.			
	<b>d</b> Net gain or (loss) .....		1,022,280.			1,022,280.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			11,538,109.	396,147.	36,989.	4,060,944.	

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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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,310,488.	6,310,488.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,438,239.	1,438,239.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	71,904.	71,904.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	406,042.	50,487.	279,824.	75,731.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,246,280.	454,745.	420,634.	370,901.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,215.	35,598.	21,955.	33,662.
<b>9</b> Other employee benefits .....	141,238.	49,044.	59,104.	33,090.
<b>10</b> Payroll taxes .....	126,225.	40,392.	51,752.	34,081.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	278,116.		278,116.	
<b>b</b> Legal .....	1,259.	470.	490.	299.
<b>c</b> Accounting .....	33,500.	12,500.	13,050.	7,950.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	310,995.	116,043.	121,149.	73,803.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	47,937.	17,887.	18,674.	11,376.
<b>12</b> Advertising and promotion .....	77,944.	29,083.	30,364.	18,497.
<b>13</b> Office expenses .....	74,759.	27,895.	29,123.	17,741.
<b>14</b> Information technology .....	119,949.	44,757.	46,726.	28,466.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	120,220.	44,858.	46,832.	28,530.
<b>17</b> Travel .....	17,547.	6,548.	6,835.	4,164.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	19,979.	7,455.	7,783.	4,741.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	15,241.	5,687.	5,937.	3,617.
<b>23</b> Insurance .....	4,336.	1,618.	1,689.	1,029.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT</b> .....	243,089.	243,089.		
<b>b</b> <b>PUBLICATIONS</b> .....	22,180.	8,276.	8,641.	5,263.
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	11,218,682.	9,017,063.	1,448,678.	752,941.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,350,513.	<b>1</b>	2,422,766.	
	<b>2</b> Savings and temporary cash investments .....	2,479,415.	<b>2</b>	2,960,997.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> 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 .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,761,470.	<b>7</b>	3,157,504.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	47,870.	<b>9</b>	70,098.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	179,923.			
	<b>b</b> Less: accumulated depreciation .....	45,563.	141,953.	<b>10c</b>	134,360.
	<b>11</b> Investments - publicly traded securities .....	132,183,788.	<b>11</b>	141,186,768.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,162,818.	<b>12</b>	3,264,695.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	146,127,827.	<b>16</b>	153,197,188.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	233,306.	<b>17</b>	167,399.	
	<b>18</b> Grants payable .....		<b>18</b>	5,000.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,833,990.	<b>25</b>	17,663,246.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,067,296.	<b>26</b>	17,835,645.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	37,232,363.	<b>27</b>	37,735,186.	
	<b>28</b> Temporarily restricted net assets .....	90,612,093.	<b>28</b>	91,410,282.	
	<b>29</b> Permanently restricted net assets .....	6,216,075.	<b>29</b>	6,216,075.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	134,060,531.	<b>33</b>	135,361,543.		
<b>34</b> Total liabilities and net assets/fund balances .....	146,127,827.	<b>34</b>	153,197,188.		

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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) .....	<b>1</b>	11,538,109.
2 Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	11,218,682.
3 Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	319,427.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	134,060,531.
5 Net unrealized gains (losses) on investments .....	<b>5</b>	834,929.
6 Donated services and use of facilities .....	<b>6</b>	
7 Investment expenses .....	<b>7</b>	
8 Prior period adjustments .....	<b>8</b>	
9 Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	146,656.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	135,361,543.

**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? .....	<b>2a</b>		<b>X</b>
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			
b Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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			
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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		<b>X</b>
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 .....	<b>3b</b>		

Form **990** (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

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

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

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

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

COMMUNITY FOUNDATION OF WESTERN

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8309028.	10396706.	10581899.	11351717.	7044029.	47683379.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8309028.	10396706.	10581899.	11351717.	7044029.	47683379.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						8781147.
<b>6 Public support.</b> Subtract line 5 from line 4.						38902232.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	8309028.	10396706.	10581899.	11351717.	7044029.	47683379.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1632839.	2357488.	2188849.	2782385.	3038664.	12000225.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				3,899.	36,989.	40,888.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				2,100.		2,100.
<b>11 Total support.</b> Add lines 7 through 10						59726592.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,517,086.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.13 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	67.10 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 2,100.

2018 AMOUNT: \$ 0.

Multiple horizontal lines for providing additional information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**

**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 .....	228	73
2 Aggregate value of contributions to (during year) .....	4,962,884.	5,688,859.
3 Aggregate value of grants from (during year) .....	4,546,001.	499,802.
4 Aggregate value at end of year .....	33,252,509.	15,879,797.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under 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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,632.	4,109.	57,523.
d Equipment		118,291.	41,454.	76,837.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 134,360.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITY UNDER UNITRUST/ANNUITY</b>	
(3) <b>AGREEMENTS</b>	1,783,449.
(4) <b>AGENCY FUNDS</b>	15,879,797.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	17,663,246.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	12,241,579.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 834,929.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 146,657.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	981,586.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	11,259,993.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 278,116.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	278,116.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	11,538,109.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,940,567.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,940,567.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 278,116.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	278,116.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	11,218,683.

**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 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, 2016.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN SPLIT INTEREST AGREEMENT 146,657.



**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.

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

OMB No. 1545-0047

**2018**

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
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	NEPAL RELIEF	23,704.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	SUDAN RELIEF	10,700.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	GUATEMALA RELIEF	30,000.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES		7,500.
<b>3 a</b> Subtotal .....	0	0			71,904.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			71,904.

**COMMUNITY FOUNDATION OF WESTERN  
MASSACHUSETTS**

Schedule F (Form 990) 2018

22-3089640

Page 2

**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,	NEPAL RELIEF	23,704.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	30,000.		0.		
		MIDDLE EAST AND NORTH AFRICA		7,500.		0.		
		SUB-SAHARAN AFRICA	SUDAN RELIEF	10,700.		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 .....

COMMUNITY FOUNDATION OF WESTERN  
MASSACHUSETTS

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

COMMUNITY FOUNDATION OF WESTERN  
MASSACHUSETTS

Schedule F (Form 990) 2018

22-3089640 Page 4

**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; don't 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; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2018

**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 US SECTION 501(C)(3) CHARITIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1794 MEETINGHOUSE, INC. 26 SOUTH STREET NEW SALEM, MA 01355	04-2947060	501(C)(3)	8,000.	0.			ARTS & CULTURE
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	10,880.	0.			ARTS & CULTURE
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 225 NORTH MICHIGAN AVENUE - CHICAGO, IL 60601	13-3039601	501(C)(3)	12,500.	0.			GENERAL HEALTH
AMANDLA, INC. P.O. BOX 223 GREENFIELD, MA 01302-0223	04-3253895	501(C)(3)	6,500.	0.			ARTS & CULTURE
AMERICAN CANCER SOCIETY, INC. P.O. BOX 720366 OKLAHOMA CITY, OK 73172	13-1788491	501(C)(3)	23,130.	0.			GENERAL HEALTH
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MASSACHUSETTS - 211 CONGRESS STREET, SUITE 301 - BOSTON, MA 02110	23-7312949	501(C)(3)	7,400.	0.			HUMAN SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **198.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) (2018)



**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
AMERICAN RED CROSS OF WESTERN MASSACHUSETTS - 150 BROOKDALE DRIVE - SPRINGFIELD, MA 01104	53-0196605	501(C)(3)	30,975.	0.			HUMAN SERVICES
AMHERST CINEMA ARTS CENTER INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	14,000.	0.			ARTS & CULTURE; EDUCATION
AMHERST COMMUNITY CONNECTIONS 236 NORTH PLEASANT STREET AMHERST, MA 01004	80-0478844	501(C)(3)	5,100.	0.			HUMAN SERVICES
ARMS LIBRARY ASSOCIATION, INC. 60 BRIDGE STREET SHELBURNE FALLS, MA 01370	04-2949510	501(C)(3)	13,000.	0.			EDUCATION
ARTSPACE COMMUNITY ARTS CENTER 15 MILL STREET GREENFIELD, MA 01302	23-7353850	501(C)(3)	8,000.	0.			ARTS & CULTURE
ASPHALT INSTITUTE FOUNDATION INC. 2696 RESEARCH PARK DRIVE LEXINGTON, KY 40511	47-1154832	501(C)(3)	9,000.	0.			ECONOMIC DEVELOPMENT
BAY PATH UNIVERSITY, DEEPWOOD HALL 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	36,000.	0.			EDUCATION
BAYSTATE HEALTH FOUNDATION, INC. 280 CHESTNUT STREET, 6TH FLOOR SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	92,324.	0.			GENERAL HEALTH
BAYSTATE NOBLE HOSPITAL CORPORATION - 115 WEST SILVER STREET - WESTFIELD, MA 01086-0870	22-2537423	501(C)(3)	31,000.	0.			GENERAL HEALTH

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BERKSHIRE CHILDREN AND FAMILIES, INC. - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)(3)	52,398.	0.			HUMAN SERVICES
BIG BROTHERS-BIG SISTERS ASSOCIATION OF FRANKLIN COUNTY, INC. - 16 COURT SQUARE, 3RD FLOOR - GREENFIELD, MA 01301	04-2491950	501(C)(3)	30,100.	0.			HUMAN SERVICES
BIRTHDAY WISHES, INC. 11 HOMER STREET NEWTON CENTRE, MA 02459	55-0856553	501(C)(3)	10,000.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB FAMILY CENTER, INC. - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	40,300.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01041-6256	04-2103792	501(C)(3)	5,500.	0.			HUMAN SERVICES
BRICK HOUSE COMMUNITY RESOURCE CENTER, INC. - 24 THIRD STREET - TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	16,000.	0.			HUMAN SERVICES
BRIGHTSIDE, INC., C/O FUND DEVELOPMENT - C/O FUND DEVELOPMENT - SPRINGFIELD, MA 01102-9012	04-2182395	501(C)(3)	6,030.	0.			HUMAN SERVICES
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	7,030.	0.			HUMAN SERVICES
CANCER CONNECTION INC. 41 LOCUST STREET NORTHAMPTON, MA 01060	04-3493483	501(C)(3)	29,104.	0.			GENERAL HEALTH

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CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104-6196	23-1365953	501(C)(3)	20,000.	0.			EDUCATION
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	8,050.	0.			EDUCATION
CHESTER THEATRE COMPANY, INC. 4 MAIN STREET CHESTER, MA 01011	22-3081088	501(C)(3)	7,100.	0.			ARTS & CULTURE
CITY OF NORTHAMPTON 210 MAIN STREET NORTHAMPTON, MA 01060			13,800.	0.			ENVIRONMENTAL
CITY OF SPRINGFIELD 36 COURT STREET SPRINGFIELD, MA 01103	04-6001415		37,500.	0.			HUMAN SERVICES
CLINICAL & SUPPORT OPTIONS INC. 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	20,100.	0.			GENERAL HEALTH
COLLABORATIVE FOR EDUCATIONAL SERVICES, INC. - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893	501(C)(3)	13,000.	0.			GENERAL HEALTH
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	108,454.	0.			ECONOMIC DEVELOPMENT
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER, INC. - 247 CABOT STREET - HOLYOKE, MA 01040	04-2962882	501(C)(3)	80,120.	0.			HUMAN SERVICES

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COMMUNITY BONDS INC. 347 GRAND AVENUE NEW HAVEN, CT 06513	81-2912950	501(C)(3)	7,500.	0.			HUMAN SERVICES
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	14,980.	0.			GENERAL HEALTH
COMMUNITY LEGAL AID INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	6,450.	0.			HUMAN SERVICES
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	30,700.	0.			ARTS & CULTURE
COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREENFIELD - 451 MAIN STREET - GREENFIELD, MA 01301	04-2149363	501(C)(3)	35,500.	0.			HUMAN SERVICES
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - 577 CAREW STREET - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	27,500.	0.			HUMAN SERVICES
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	7,700.	0.			HUMAN SERVICES
COOLEY DICKINSON HOSPITAL 30 LOCUST ST. NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	33,333.	0.			GENERAL HEALTH
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	62,862.	0.			GENERAL HEALTH

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DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - DBA DAKIN HUMANE SOCIETY - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	24,262.	0.			HUMAN SERVICES
DANA-FARBER CANCER INSTITUTE, INC. P.O. BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	38,100.	0.			GENERAL HEALTH
DAVENPORT CHILD CARE, INC. 387 MAIN RD CHESTERFIELD, MA 01012	04-3544834	501(C)(3)	17,400.	0.			EDUCATION
DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	19,000.	0.			ARTS & CULTURE
DRAMA STUDIO, INC. 41 OAKLAND STREET SPRINGFIELD, MA 01138	22-2822986	501(C)(3)	13,100.	0.			ARTS & CULTURE
EMPTY ARMS BEREAVEMENT SUPPORT, INC. - 140 PINE ST., ROOM B2 - FLORENCE, MA 01062	45-2703619	501(C)(3)	10,150.	0.			GENERAL HEALTH
ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	27,600.	0.			ARTS & CULTURE
ERIC CARLE MUSEUM OF PICTURE BOOK ART, INC. - 125 WEST BAY ROAD - AMHERST, MA 01002	04-3542086	501(C)(3)	10,100.	0.			ARTS & CULTURE
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	12,250.	0.			HUMAN SERVICES

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FIVE COLLEGES, INCORPORATED 97 SPRING STREET AMHERST, MA 01002	04-6134696	501(C)(3)	142,000.	0.			EDUCATION
FRACTURED ATLAS, INC. 248 WEST 35TH STREET, 10TH FLOOR NEW YORK, NY 10001-2505	11-3451703	501(C)(3)	6,300.	0.			ARTS & CULTURE
FRANKLIN AREA SURVIVAL CENTER, INC. - 96 FOURTH STREET - TURNERS FALLS, MA 01376	04-2776526	501(C)(3)	10,000.	0.			HUMAN SERVICES
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORP. - 324 WELLS STREET - GREENFIELD, MA 01301	04-2678309	501(C)(3)	38,000.	0.			ECONOMIC DEVELOPMENT
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM, INC. - P.O. BOX 172 - GREENFIELD, MA 01302	22-3027098	501(C)(3)	11,100.	0.			GENERAL HEALTH; HUMAN SERVICES
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	28,000.	0.			ENVIRONMENTAL
FRIENDS OF THE MONTAGUE COMMON HALL - PO BOX 223 - MONTAGUE, MA 01351	27-1892396	501(C)(3)	10,000.	0.			ARTS & CULTURE
FRIENDS OF CHILDREN, INC. 245 RUSSELL STREET HADLEY, MA 01035	22-2952288	501(C)(3)	8,800.	0.			HUMAN SERVICES
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,150.	0.			GENERAL HEALTH

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GATEWAY CITY LIVE ORG. INC. 92 RACE STREET HOLYOKE, MA 01040	82-4501042	501(C)(3)	10,000.	0.			ARTS & CULTURE
GIRLS INCORPORATED OF HOLYOKE 6 OPEN SQUARE WAY HOLYOKE, MA 01041	04-2748244	501(C)(3)	10,092.	0.			HUMAN SERVICES
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	14,000.	0.			HUMAN SERVICES
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - 270 MAIN STREET - GREENFIELD, MA 01301-9922	04-2449856	501(C)(3)	74,540.	0.			EDUCATION
GROW FOOD NORTHAMPTON, INC. 121 PINE STREET, #349 FLORENCE, MA 01062	01-0959428	501(C)(3)	21,700.	0.			GENERAL HEALTH
HAMPSHIRE COLLEGE TRUSTEES 893 WEST STREET AMHERST, MA 01002	04-6130872	501(C)(3)	6,850.	0.			EDUCATION
HAMPSHIRE COMMUNITY UNITED WAY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	14,500.	0.			HUMAN SERVICES
HAPPIER VALLEY COMEDY, INC. 213 NORTH VALLEY ROAD PELHAM, MA 01002	47-4942147	501(C)(3)	7,500.	0.			ARTS & CULTURE
HEALING ACROSS THE DIVIDES, INC. 72 LAUREL PARK NORTHAMPTON, MA 01060	20-1948432	501(C)(3)	5,800.	0.			HUMAN SERVICES

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HEATH AGRICULTURAL SOCIETY, INC. P.O. BOX 10 HEATH, MA 01346	04-2607187	501(C)(3)	17,300.	0.			GENERAL HEALTH
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	10,800.	0.			ARTS & CULTURE
HITCHCOCK CENTER FOR THE ENVIRONMENT, INC. - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	17,250.	0.			EDUCATION; ENVIRONMENTAL
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	13,050.	0.			EDUCATION
HOME CITY DEVELOPMENT INC. 261 OAK GROVE AVENUE SPRINGFIELD, MA 01109	04-6190467	501(C)(3)	64,500.	0.			HOUSING
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INC - 1365 ENFIELD STREET - ENFIELD, CT 06082-4925	06-0882297	501(C)(3)	85,080.	0.			GENERAL HEALTH
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
INSTITUTE FOR POLICY STUDIES 1301 CONNECTICUT AVE NW #600 WASHINGTON, DC 20036	52-0788947	501(C)(3)	19,600.	0.			ARTS & CULTURE

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INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	14,500.	0.			HUMAN SERVICES
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS, INC. - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	8,700.	0.			HUMAN SERVICES
JGS LIFECARE CORPORATION 770 CONVERSE STREET LONGMEADOW, MA 01106	04-2129128	501(C)(3)	31,680.	0.			GENERAL HEALTH
JOHNSON MEMORIAL HOSPITAL 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	06-0646696	501(C)(3)	25,980.	0.			GENERAL HEALTH
JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	15,950.	0.			GENERAL HEALTH
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	20,050.	0.			ENVIRONMENTAL
KRIPALU CENTER FOR YOGA & HEALTH 57 INTERLAKEN ROAD STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	15,000.	0.			EDUCATION
LEADERSHIP PIONEER VALLEY, INC. 1 FEDERAL ST, BUILDING 101 SPRINGFIELD, MA 01105	46-2125214	501(C)(3)	15,850.	0.			EDUCATION; ECONOMIC DEVELOPMENT
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	24,500.	0.			HUMAN SERVICES

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LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	6,930.	0.			EDUCATION
LINK TO LIBRARIES, INC. 2 WILBRAHAM ROAD HAMPDEN, MA 01036	26-3155657	501(C)(3)	17,000.	0.			EDUCATION
LITERACY ACTION OF CENTRAL ARKANSAS INC. - P.O. BOX 900 - LITTLE ROCK, AR 72203	71-0638565	501(C)(3)	25,000.	0.			HUMAN SERVICES
LITERACY LAB 1003 K STREET NORTHWEST WASHINGTON, DC 20001	27-1777117	501(C)(3)	50,000.	0.			EDUCATION
LYRA MUSIC, INC. 57 ROBINSON STREET BEACON, NY 12508	30-0801912	501(C)(3)	8,000.	0.			ARTS & CULTURE
MACKINAC CENTER 140 W. MAIN STREET MIDLAND, MI 48640	38-2701547	501(C)(3)	10,000.	0.			HUMAN SERVICES
MAHAIWE PERFORMING ARTS CENTER P.O. BOX 690 GREAT BARRINGTON, MA 01230	57-1140453	501(C)(3)	10,000.	0.			ARTS & CULTURE
MAINE MARITIME MUSEUM 243 WASHINGTON STREET BATH, ME 04530	01-0271477	501(C)(3)	10,000.	0.			ARTS & CULTURE
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND - 1 BULFINCH PLACE - BOSTON, MA 02114	22-2867371	501(C)(3)	14,000.	0.			GENERAL HEALTH

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MARTIN LUTHER KING, JR. FAMILY SERVICES, INC. - 106 WILBRAHAM ROAD - SPRINGFIELD, MA 01139	04-2647035	501(C)(3)	49,850.	0.			HUMAN SERVICES
MARY LYON EDUCATION FUND, INC. 24 ASHFIELD ROAD SHELBURNE, MA 01370	22-3112593	501(C)(3)	11,950.	0.			EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 SOUTH GREAT ROAD - LINCOLN, MA 01773	04-2104702	501(C)(3)	46,650.	0.			ENVIRONMENTAL
MASSACHUSETTS FOUNDATION FOR HUMANITIES - 66 BRIDGE STREET - NORTHAMPTON, MA 01060	22-2504778	501(C)(3)	9,750.	0.			ARTS & CULTURE
MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER INC. - 100 BIGELOW STREET - HOLYOKE, MA 01040	27-3014805	501(C)(3)	9,300.	0.			EDUCATION
MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	17,800.	0.			ECONOMIC DEVELOPMENT
MICHAEL E. SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION - 1 SILVERWOOD TERRACE - SOUTH HADLEY, MA 01075	04-3558819	501(C)(3)	20,000.	0.			EDUCATION
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	6,200.	0.			ENVIRONMENTAL
NAISMITH MEMORIAL BASKETBALL HALL OF FAME, INC. - 1000 WEST COLUMBUS AVENUE - SPRINGFIELD, MA 01105	04-6128892	501(C)(3)	6,000.	0.			ARTS & CULTURE

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NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & W. - 820A PROSPECT HILL ROAD - WINDSOR, CT 06095	14-1937658	501(C)(3)	15,100.	0.			HUMAN SERVICES
NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION, INC. - 520 8TH AVENUE, SUITE 302 - NEW YORK, NY 10018	13-6161108	501(C)(3)	40,000.	0.			ARTS & CULTURE
NEW ENGLAND ADOLESCENT RESEARCH INSTITUTE, INC. - 70 NORTH SUMMER STREET - HOLYOKE, MA 01040	04-2883771	501(C)(3)	10,252.	0.			EDUCATION
NEW ENGLAND PUBLIC RADIO FOUNDATION, INC. - 1525 MAIN STREET - SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	78,090.	0.			ARTS & CULTURE
NORTH QUABBIN CITIZEN ADVOCACY, INC. - 135 EAST MAIN STREET - ORANGE, MA 01364	04-3218759	501(C)(3)	15,500.	0.			HUMAN SERVICES
NORTHAMPTON EDUCATION FOUNDATION INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	14,446.	0.			EDUCATION
NORTHAMPTON NEIGHBORS INC. P.O. BOX 231 NORTHAMPTON, MA 01061	81-2758712	501(C)(3)	11,850.	0.			HUMAN SERVICES
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	7,200.	0.			GENERAL HEALTH
NORTHWEST PILOT PROJECT, INC. 1430 SW BROADWAY, SUITE 200 PORTLAND, OR 97201	93-0635871	501(C)(3)	20,172.	0.			HOUSING

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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
ORPHAN VOICE, INC. P.O. BOX 910410 LEXINGTON, KY 40591	61-1503075	501(C)(3)	7,500.	0.			HUMAN SERVICES
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	50,000.	0.			GENERAL HEALTH
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET BOSTON, MA 02110	04-2457605	501(C)(3)	15,000.	0.			HUMAN SERVICES
PIONEER VALLEY CHRISTIAN ACADEMY 965 PLUMTREE ROAD SPRINGFIELD, MA 01119	04-2502941	501(C)(3)	6,200.	0.			EDUCATION
PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 9 - FLORENCE, MA 01062-0642	04-3049506	501(C)(3)	96,975.	0.			HOUSING
PIONEER VALLEY HISTORY NETWORK PO BOX 116 BELCHERTOWN, MA 01007	27-1921690	501(C)(3)	10,400.	0.			ARTS & CULTURE
PIONEER VALLEY PROJECT, INC. 45 MAPLE STREET SPRINGFIELD, MA 01105	04-3343623	501(C)(3)	5,750.	0.			HUMAN SERVICES
PIONEER VALLEY REGIONAL VENTURES CENTER, INC. - 60 CONGRESS STREET - SPRINGFIELD, MA 01104	04-3560951	501(C)(3)	27,000.	0.			; GENERAL HEALTH
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	35,100.	0.			EDUCATION

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PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	9,000.	0.			GENERAL HEALTH
POPE FRANCIS HIGH SCHOOL 134 SPRINGFIELD STREET CHICOPEE, MA 01013-2661	81-3825696	501(C)(3)	79,400.	0.			EDUCATION
POPE FRANCIS HIGH SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	35,700.	0.			EDUCATION
PROVIDENCE MINISTRIES FOR THE NEEDED, INC. - 40 BRIGHTSIDE DRIVE - HOLYOKE, MA 01041	04-2898893	501(C)(3)	11,300.	0.			HUMAN SERVICES
QUABBIN MEDIATION, INC. 13 SOUTH MAIN STREET ORANGE, MA 01364	04-3429086	501(C)(3)	20,000.	0.			HUMAN SERVICES
QUEENS COLLEGE FOUNDATION 65-30 KISSENA BOULEVARD FLUSHING, NY 11367	11-6080521	501(C)(3)	15,000.	0.			EDUCATION
RAISING A READER MA (RAR-MA INC. 9B HAMILTON PLACE BOSTON, MA 02108	80-0297898	501(C)(3)	45,000.	0.			EDUCATION
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY, INC. - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	50,000.	0.			ECONOMIC DEVELOPMENT
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 65 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-3437398	501(C)(3)	61,000.	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
RONALD MC DONALD HOUSE CHARITIES OF CONNECTICUT AND WESTERN MASSACHUSETTS - 860 HOWARD AVENUE - NEW HAVEN, CT 06519	04-2971480	501(C)(3)	13,600.	0.			GENERAL HEALTH
ROSENBERG FUND FOR CHILDREN, INC. 116 PLEASANT STREET, SUITE 348 EASTHAMPTON, MA 01027	04-3095890	501(C)(3)	36,000.	0.			HUMAN SERVICES
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	18,600.	0.			HUMAN SERVICES
SERVICENET, INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	14,400.	0.			HUMAN SERVICES
SHEA THEATER ARTS CENTER 71 AVENUE A TURNERS FALLS, MA 01376	81-1096876	501(C)(3)	9,250.	0.			ARTS & CULTURE
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	12,250.	0.			GENERAL HEALTH
SNOW FARM - THE NEW ENGLAND CRAFT PROGRAM, INC. - 5 CLARY ROAD - WILLIAMSBURG, MA 01096	06-3547767	501(C)(3)	10,600.	0.			EDUCATION
SOMERS EDUCATION FOUNDATION, INC. 68 SOKOL ROAD SOMERS, CT 06071	73-1702479	501(C)(3)	25,000.	0.			EDUCATION
SOUTH END COMMUNITY CENTER, INC. 99 MARBLE STREET SPRINGFIELD, MA 01105	04-2103854	501(C)(3)	54,000.	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
SOUTH HADLEY HISTORICAL SOCIETY, INC. - P.O. BOX 387 - SOUTH HADLEY, MA 01075-0387	52-2084289	501(C)(3)	15,100.	0.			ARTS & CULTURE
SPIRIT IN ACTION 21 WILBRAHAM STREET PALMER, MA 01069-9685	38-3655028	501(C)(3)	50,000.	0.			HUMAN SERVICES
SPRINGFIELD BOYS & GIRLS CLUB, INC. - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	9,300.	0.			HUMAN SERVICES
SPRINGFIELD CULTURAL PARTNERSHIP INCORPORATED - 127 STATE STREET - SPRINGFIELD, MA 01103	81-2515358	501(C)(3)	20,000.	0.			ARTS & CULTURE
SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	22,720.	0.			GENERAL HEALTH
SPRINGFIELD LIBRARY FOUNDATION, INC. - 220 STATE STREET - SPRINGFIELD, MA 01103	20-1207636	501(C)(3)	152,000.	0.			EDUCATION
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	35,702.	0.			ARTS & CULTURE
SPRINGFIELD OPERATIONS ECS INC. 1500 MAIN STREET SPRINGFIELD, MA 01115-5395	82-3148338	501(C)(3)	190,367.	0.			EDUCATION
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION, INC. - 721 STATE STREET - SPRINGFIELD, MA 01108	04-2374279	501(C)(3)	20,000.	0.			EDUCATION

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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 RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	19,045.	0.			HOUSING
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	52,377.	0.			ARTS & CULTURE
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01101-9000	22-2612044	501(C)(3)	9,250.	0.			EDUCATION
ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062	39-1377056	501(C)(3)	6,030.	0.			HUMAN SERVICES
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	100,520.	0.			HUMAN SERVICES
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	19,600.	0.			HUMAN SERVICES
ST. PATRICK PARISH 30 MAIN STREET SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)	10,000.	0.			HUMAN SERVICES
ST. PAUL LUTHERAN CHURCH 181 ELM STREET EAST LONGMEADOW, MA 01028	04-2388464	501(C)(3)	30,475.	0.			HUMAN SERVICES
ST. PETER AND ST. PAUL ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	17,000.	0.			HUMAN SERVICES

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ST. STANISLAUS BASILICA 40 CYMAN DRIVE CHICOPEE, MA 01013	04-2111408	501(C)(3)	10,000.	0.			HUMAN SERVICES
ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	45-2463232	501(C)(3)	21,900.	0.			EDUCATION
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVE WESTFIELD, MA 01086	04-2131404	501(C)(3)	32,250.	0.			ENVIRONMENTAL; ARTS & CULTURE
SURVIVAL CENTERS, INC. 138 SUNDERLAND ROAD NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	5,400.	0.			HUMAN SERVICES
TECH FOUNDRY, INC. 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-4389001	501(C)(3)	8,000.	0.			ECONOMIC DEVELOPMENT
THE FOOD BANK OF WESTERN MASSACHUSETTS INC. - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038-0160	04-2751023	501(C)(3)	211,700.	0.			GENERAL HEALTH; HUMAN SERVICES
THE LITERACY PROJECT, INC. 15 BANK ROW, SUITE C GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	7,730.	0.			EDUCATION
THE PERFORMANCE PROJECT, INC. P.O. BOX 5195 SPRINGFIELD, MA 01101	30-0157803	501(C)(3)	7,000.	0.			ARTS & CULTURE
THE SALVATION ARMY - GREENFIELD CORPS - 72 CHAPMAN STREET - GREENFIELD, MA 01301	22-2406433	501(C)(3)	10,000.	0.			HUMAN SERVICES

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THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	26,415.	0.			GENERAL HEALTH
THE UNITED ARC INC. 294 AVENUE A TURNERS FALLS, MA 01376	04-2267562	501(C)(3)	9,000.	0.			HUMAN SERVICES
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	15,600.	0.			EDUCATION
TOLLAND VOLUNTEER FIRE DEPARTMENT, INC. - 2006 WEST GRANVILLE ROAD - TOLLAND, MA 01034	26-3372827	501(C)(3)	7,500.	0.			GENERAL HEALTH
TOWN OF AGAWAM, 36 MAIN STREET AGAWAM, MA 01001	04-6001065		34,010.	0.			NON CLASSIFIABLE
TOWN OF WHATELY 4 SANDY LANE SOUTH DEERFIELD, MA 01373	04-6001364		7,750.	0.			NON CLASSIFIABLE
TRAUMA INSTITUTE AND CHILD TRAUMA INSTITUTE, INC. - 285 PROSPECT STREET - NORTHAMPTON, MA 01060	56-2517474	501(C)(3)	10,000.	0.			HUMAN SERVICES
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	16,250.	0.			EDUCATION
TSNE MISSIONWORKS 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	8,500.	0.			GENERAL HEALTH; ECONOMIC DEVELOPMENT

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UNITED WAY OF FRANKLIN COUNTY, INC. - 51 DAVIS STREET #2 - GREENFIELD, MA 01301	04-2212894	501(C)(3)	26,000.	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
UNITED WAY OF PIONEER VALLEY, INC. 1441 MAIN STREET SPRINGFIELD, MA 01103	04-2152680	501(C)(3)	23,610.	0.			HUMAN SERVICES
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	29,200.	0.			HUMAN SERVICES
VALLEY RADIO READING SERVICE, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103	26-2305426	501(C)(3)	10,000.	0.			HUMAN SERVICES
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604-0001	14-1338587	501(C)(3)	10,000.	0.			EDUCATION
VHS, INC. 4 MILL AND MAIN PLACE, SUITE 510 MAYNARD, MA 01754	04-3560189	501(C)(3)	22,500.	0.			EDUCATION
WARREN J. PLAUT CHARITABLE TRUST P.O. BOX 296 GRANBY, MA 01033	04-6609717	501(C)(3)	8,500.	0.			HUMAN SERVICES
WELLSPRING COOPERATIVE CORPORATION 143 MAIN STREET SPRINGFIELD, MA 01105	46-5509253	501(C)(3)	12,000.	0.			ECONOMIC DEVELOPMENT

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WESTERN MASSACHUSETTS COUNCIL, INC., BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	17,430.	0.			HUMAN SERVICES; EDUCATION
WESTERN MASSACHUSETTS TRAINING CONSORTIUM, INC. - 187 HIGH STREET - HOLYOKE, MA 01040	23-7450656	501(C)(3)	45,000.	0.			HUMAN SERVICES; GENERAL HEALTH
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	16,600.	0.			ARTS & CULTURE
WGBH EDUCATIONAL FOUNDATION 44 HAMPDEN STREET SPRINGFIELD, MA 01103	04-2104397	501(C)(3)	75,770.	0.			ARTS & CULTURE; EDUCATION
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	508,357.	0.			EDUCATION
WILLIE ROSS SCHOOL FOR THE DEAF, INC. - 32 NORWAY STREET - LONGMEADOW, MA 01106	04-2430193	501(C)(3)	19,600.	0.			EDUCATION
WOMANSHELTER COMPANERAS, INC. P.O. BOX 1099 HOLYOKE, MA 01041	04-2716766	501(C)(3)	16,900.	0.			HUMAN SERVICES; HOUSING
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN STREET, SUITE 1006 - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	15,200.	0.			HUMAN SERVICES
WOMEN'S INSTITUTE FOR LEADERSHIP DEVELOPMENT, INC. - 108 MYRTLE STREET - QUINCY, MA 02171	04-3132500	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT

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**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	777	1,438,239.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

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MASSACHUSETTS**

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**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) BRUCE HILTUNEN VP FINANCE & OPERATIONS	(i)	129,018.	10,000.	258.	12,639.	7,528.	159,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHARINE ALLAN ZOBEL PRESIDENT	(i)	174,796.	35,000.	359.	19,253.	18,260.	247,668.	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)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE EXECUTIVE TEAM EARNED BOARD APPROVED BONUS DURING CALENDAR YEAR 2018  
WHICH WERE REPORTED ON THEIR W2'S.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

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

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	42	2,339,093.	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**

	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) 2018

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

SCHEDULE M, PART I, COLUMN (B):

AMOUNT IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS</b>	Employer identification number <b>22-3089640</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 AND COORDINATOR FOR CHARITABLE ACTIVITIES, AND PROMOTING EFFICIENCY IN  
 THE MANAGEMENT OF CHARITABLE FUNDS.

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

Name of the organization <b>COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS</b>	Employer identification number <b>22-3089640</b>
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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. THIS PROCESS WAS MOST RECENTLY COMPLETED IN MARCH 2019.

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:  
CHANGE IN SPLIT INTEREST AGREEMENT 146,656.

FORM 990, 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.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**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.	CFWMA

**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) 2018

COMMUNITY FOUNDATION OF WESTERN

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

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

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

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

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

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

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

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

**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)			



COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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

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

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

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Area with horizontal lines for supplemental information.

**EXTENDED TO FEBRUARY 18, 2020**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>333 BRIDGE STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SPRINGFIELD, MA 01103</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>22-3089640</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>900099</b></p>
--	-----------------------------	---	---

<p><b>C</b> Book value of all assets at end of year  <b>153,197,188.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ BRUCE HILTUNEN Telephone number ▶ 413-732-2858

<b>Part I Unrelated Trade or Business Income</b>		<b>(A) Income</b>		<b>(B) Expenses</b>		<b>(C) Net</b>	
<b>1a</b> Gross receipts or sales							
<b>b</b> Less returns and allowances	<b>c</b> Balance	<b>1c</b>					
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>					
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>					
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>	23,082.				23,082.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>					
<b>c</b> Capital loss deduction for trusts		<b>4c</b>					
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>	13,907.				13,907.
<b>6</b> Rent income (Schedule C)		<b>6</b>					
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>					
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>					
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>					
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>					
<b>11</b> Advertising income (Schedule J)		<b>11</b>					
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>					
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	36,989.				36,989.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)							
<b>15</b> Salaries and wages		<b>15</b>					3,036.
<b>16</b> Repairs and maintenance		<b>16</b>					
<b>17</b> Bad debts		<b>17</b>					
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>					
<b>19</b> Taxes and licenses		<b>19</b>					
<b>20</b> Charitable contributions (See instructions for limitation rules) <u>STATEMENT 3</u>		<b>20</b>					0.
<b>21</b> Depreciation (attach Form 4562)		<b>21</b>					
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>					
<b>23</b> Depletion		<b>23</b>					
<b>24</b> Contributions to deferred compensation plans		<b>24</b>					
<b>25</b> Employee benefit programs		<b>25</b>					
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>					
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>					
<b>28</b> Other deductions (attach schedule) <u>SEE STATEMENT 2</u>		<b>28</b>					43,331.
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>					46,367.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>					-9,378.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>					
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>					-9,378.

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Form 990-T (2018)

22-3089640

Page 2

<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-9,378.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-9,378.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-9,378.

<b>Part IV Tax Computation</b>			
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	0.
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	2,500.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	2,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,500.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 2,500.   <b>Refunded</b>	55	0.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

<b>Sign Here</b>	Signature of officer	Date	VP OF FINANCE & OPERATIONS	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA MCGOWAN	PATRICIA MCGOWAN	01/27/20		P00184514
	Firm's name	Firm's EIN		22-1478099	
	350 CHURCH STREET, 12TH FLOOR			Phone no. 959-200-7000	
	HARTFORD, CT 06103				

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

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

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

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

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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