

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)

2020

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 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

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	C Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 BRIDGE STREET City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01103 F Name and address of principal officer: BRUCE HILTUNEN SAME AS C ABOVE	D Employer identification number 22-3089640 E Telephone number (413) 732-2858 G Gross receipts \$ 50,939,853. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COMMUNITYFOUNDATION.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENRICH REGIONAL QUALITY OF LIFE BY ENCOURAGING PHILANTHROPY AND DEVELOPING AN ENDOWMENT CATALYST, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 24 6 Total number of volunteers (estimate if necessary) 6 150 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">30,322,706.</td> <td style="text-align: right;">24,025,871.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">300,203.</td> <td style="text-align: right;">220,456.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">8,020,851.</td> <td style="text-align: right;">22,596,412.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">38,643,760.</td> <td style="text-align: right;">46,842,739.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	30,322,706.	24,025,871.	9 Program service revenue (Part VIII, line 2g)	300,203.	220,456.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,020,851.	22,596,412.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,643,760.	46,842,739.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	30,322,706.	24,025,871.																								
9 Program service revenue (Part VIII, line 2g)	300,203.	220,456.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,020,851.	22,596,412.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,643,760.	46,842,739.																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">9,554,143.</td> <td style="text-align: right;">17,237,531.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,174,083.</td> <td style="text-align: right;">2,021,311.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 945,698.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,475,799.</td> <td style="text-align: right;">1,442,025.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">13,204,025.</td> <td style="text-align: right;">20,700,867.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">25,439,735.</td> <td style="text-align: right;">26,141,872.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,554,143.	17,237,531.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,174,083.	2,021,311.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 945,698.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,475,799.	1,442,025.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,204,025.	20,700,867.	19 Revenue less expenses. Subtract line 18 from line 12	25,439,735.	26,141,872.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,554,143.	17,237,531.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,174,083.	2,021,311.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 945,698.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,475,799.	1,442,025.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,204,025.	20,700,867.																								
19 Revenue less expenses. Subtract line 18 from line 12	25,439,735.	26,141,872.																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">163,110,259.</td> <td style="text-align: right;">231,278,704.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">18,965,937.</td> <td style="text-align: right;">23,607,482.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">144,144,322.</td> <td style="text-align: right;">207,671,222.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	163,110,259.	231,278,704.	21 Total liabilities (Part X, line 26)	18,965,937.	23,607,482.	22 Net assets or fund balances. Subtract line 21 from line 20	144,144,322.	207,671,222.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	163,110,259.	231,278,704.																								
21 Total liabilities (Part X, line 26)	18,965,937.	23,607,482.																								
22 Net assets or fund balances. Subtract line 21 from line 20	144,144,322.	207,671,222.																								

Part II Signature Block

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

Sign Here	Signature of officer BRUCE HILTUNEN, VP OF FINANCE & OPERATIONS Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name PATRICIA MCGOWAN	Preparer's signature PATRICIA MCGOWAN	Date 12/08/21	Check <input type="checkbox"/> if self-employed	PTIN P00184514
	Firm's name ▶ COHNREZNICK LLP		Firm's EIN ▶ 22-1478099		
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103			Phone no. 959-200-7000	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Form 990 (2020)

22-3089640 Page 2

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 \$ 17,015,680. including grants of \$ 15,996,331.) (Revenue \$ 220,456.) 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 2,338 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code:) (Expenses \$ 1,241,200. including grants of \$ 1,241,200.) (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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,256,880.

Form 990 (2020)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Form 990 (2020)

22-3089640 Page 3

Part IV Checklist of Required Schedules

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

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Form 990 (2020)

22-3089640 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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

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

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 on Schedule O)
- 19** Describe on 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
MASSACHUSETTS

Form 990 (2020)

22-3089640 Page 7

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) KATHARINE ALLAN ZOBEL PRESIDENT	40.00			X			225,965.	0.	41,952.	
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	40.00			X			158,958.	0.	28,138.	
(3) ELLEN LEUCHS VP PHILANTHROPIC SERVICES	40.00					X	140,877.	0.	17,202.	
(4) JAMES AYRES VP PROGRAMS & STRATEGY	40.00					X	124,202.	0.	25,830.	
(5) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					22,927.	0.	0.	
(6) AMY JAMROG FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(7) ANNE PARADIS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(8) CHRISTINA ROYAL FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(9) DAVID PINSKY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(10) DOUG A. THEOBALD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(11) ELIZABETH SILLIN OUTGOING CHAIR	5.00	X		X			0.	0.	0.	
(12) ELLEN BROUT LINDSEY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(13) GEORGE ARWADY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) GILLIAN HINKSON FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(15) KARIN GEORGE FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(16) KERRY DIETZ FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Form 990 (2020)

22-3089640 Page **8**

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) MARK KEROACK FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(19) MARY ANN SPENCER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(20) MARY-BETH COOPER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(21) MAURICIA GEISSLER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(22) NIKKI BURNETT FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(23) PAUL MURPHY CHAIR	5.00	X		X			0.	0.	0.	
1b Subtotal							672,929.	0.	113,122.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							672,929.	0.	113,122.	

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Form **990** (2020)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Form 990 (2020)

22-3089640 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,025,871.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,732,138.				
	h Total. Add lines 1a-1f			24,025,871.			
Program Service Revenue	2 a ADMINISTRATION REVENUE	Business Code					
		561000	220,456.	220,456.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			220,456.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,173,291.			3,173,291.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	23,520,235.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,097,114.				
	c Gain or (loss)	7c	19,423,121.				
d Net gain or (loss)			19,423,121.		19,423,121.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			46,842,739.	220,456.	0.	22,596,412.	

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Form 990 (2020)

22-3089640 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,237,531.	17,237,531.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	465,783.	123,200.	274,138.	68,445.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,231,387.	421,091.	342,428.	467,868.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,379.	26,155.	17,891.	30,333.
9 Other employee benefits	118,399.	39,934.	35,306.	43,159.
10 Payroll taxes	131,363.	42,425.	46,553.	42,385.
11 Fees for services (nonemployees):				
a Management	455,660.		455,660.	
b Legal	15,681.	5,645.	5,332.	4,704.
c Accounting	41,620.	14,983.	14,151.	12,486.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	436,848.	158,730.	146,610.	131,508.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	24,613.	8,948.	8,247.	7,418.
13 Office expenses	63,007.	30,114.	7,927.	24,966.
14 Information technology	178,347.	64,835.	59,760.	53,752.
15 Royalties				
16 Occupancy	119,810.	43,968.	39,448.	36,394.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,972.	717.	661.	594.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,506.	10,622.	10,032.	8,852.
23 Insurance	7,276.	2,619.	2,474.	2,183.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLICATIONS	35,339.	12,847.	11,841.	10,651.
b AUXILIARY EXPENSE	19,830.		19,830.	
c BAD DEBT	12,516.	12,516.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	20,700,867.	18,256,880.	1,498,289.	945,698.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Form 990 (2020)

22-3089640 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	4,461,163.	1	3,992,016.		
	2 Savings and temporary cash investments	2,520,469.	2	3,278,889.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net	3,331,695.	7	3,156,136.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	59,077.	9	51,315.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 258,330.				
	b Less: accumulated depreciation	10b 93,006.	138,930.	10c	165,324.	
	11 Investments - publicly traded securities	150,028,625.	11	218,613,450.		
	12 Investments - other securities. See Part IV, line 11	2,570,300.	12	2,021,574.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 33)	163,110,259.	16	231,278,704.			
Liabilities	17 Accounts payable and accrued expenses	193,759.	17	202,501.		
	18 Grants payable	864,280.	18	8,000.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,907,898.	25	23,396,981.		
	26 Total liabilities. Add lines 17 through 25	18,965,937.	26	23,607,482.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	35,850,793.	27	53,190,165.		
	28 Net assets with donor restrictions	108,293,529.	28	154,481,057.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	144,144,322.	32	207,671,222.		
33 Total liabilities and net assets/fund balances	163,110,259.	33	231,278,704.			

Form **990** (2020)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Form 990 (2020)

22-3089640 Page **12**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	46,842,739.
2 Total expenses (must equal Part IX, column (A), line 25)	2	20,700,867.
3 Revenue less expenses. Subtract line 2 from line 1	3	26,141,872.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,144,322.
5 Net unrealized gains (losses) on investments	5	37,067,996.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	317,034.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	207,671,224.

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?	2a		X
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?	2b	X	
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10581899.	11351717.	7044029.	30322706.	24025871.	83326222.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10581899.	11351717.	7044029.	30322706.	24025871.	83326222.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24434921.
6 Public support. Subtract line 5 from line 4.						58891301.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10581899.	11351717.	7044029.	30322706.	24025871.	83326222.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2188849.	2782385.	3038664.	3385597.	3173291.	14568786.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		3,899.	36,989.	62,706.	0.	103,594.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,100.				2,100.
11 Total support. Add lines 7 through 10						98000702.
12 Gross receipts from related activities, etc. (see instructions)					12	1,670,184.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	60.09 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	56.45 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 5 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 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF WESTERN

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.

DRAFT

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 (for example, 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 FASB 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 FASB 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 FASB 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) 2020

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule D (Form 990) 2020

22-3089640 Page 2

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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 Term 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

Table with 3 columns: Description, Yes, No. Rows 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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

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

Schedule D (Form 990) 2020

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER UNITRUST/ANNUITY	
(3) AGREEMENTS	1,585,465.
(4) AGENCY FUNDS	21,811,516.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,396,981.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule D (Form 990) 2020

22-3089640 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	83,772,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	37,067,996.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	317,032.	
e	Add lines 2a through 2d	2e		37,385,028.
3	Subtract line 2e from line 1	3		46,387,079.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	455,660.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		455,660.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		46,842,739.

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

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

1	Total expenses and losses per audited financial statements		1	20,245,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		20,245,208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	455,660.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		455,660.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		20,700,868.

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, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT 317,032.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DRAFT

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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	4,200.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	SUDAN RELIEF	7,600.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	CARIBBEAN RESILIENCE: DISASTER PREPAREDNESS	25,000.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES		10,800.
3 a Subtotal	0	0			47,600.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			47,600.

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

Schedule F (Form 990) 2020

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule F (Form 990) 2020

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	35,250.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EDUCATION	0.		0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,		10,800.		0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUDAN RELIEF	1,200.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOMINICAN REPUBLIC AND BELIZE	25,000.		0.		
		SOUTH ASIA	BHUTAN	4,200.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN		7,250.		0.		
		SUB-SAHARAN AFRICA		7,600.		0.		

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

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)

DRAFT

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

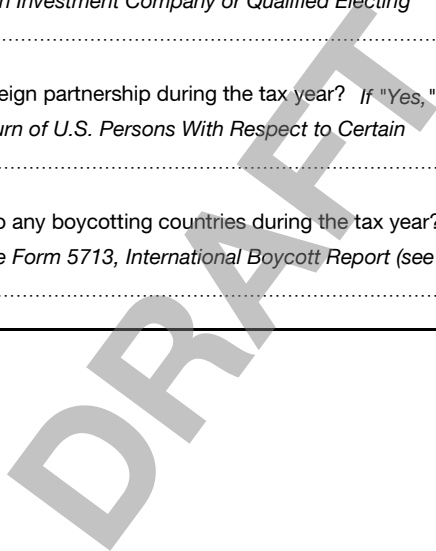
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign 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



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.

DRAFT

**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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Employer identification number
22-3089640

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	14,540.	0.			ARTS & CULTURE
ALICE'S KIDS P.O. BOX 60 MOUNT VERNON, VA 22121	45-2390871	501(C)(3)	10,000.	0.			HUMAN SERVICES
ALL OUR KIDS, INC. 3 LEBLANC DRIVE SOUTH HADLEY, MA 01075	35-2587544	501(C)(3)	10,000.	0.			ALL OUR KIDS, INC. - OPERATING 2020
ALL OUT ADVENTURES, INC. 297 PLEASANT STREET NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	30,200.	0.			OPERATING FUNDS
ALL SOULS CHURCH UNITARIAN UNIVERSALIST - 399 MAIN STREET - GREENFIELD, MA 01302	13-1782493	501(C)(3)	33,000.	0.			COVID GRANTS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 309 WAVERLEY OAKS ROAD - WALTHAM, MA 02452	04-2731194	501(C)(3)	35,200.	0.			COVID GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **364.**

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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CANCER SOCIETY, INC. P.O. BOX 720366 OKLAHOMA CITY, OK 73172	13-1788491	501(C)(3)	27,519.	0.			GENERAL HEALTH
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	178,500.	0.			SCHOLARSHIPS
AMERICAN NATIONAL RED CROSS 150 BROOKDALE DRIVE SPRINGFIELD, MA 01104	53-0196605	501(C)(3)	53,950.	0.			ANNUAL FUND; COVID-19 RESPONSE FUND AWARD ; DISASTER RELIEF; PIONEER VALLEY CHAPTER
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	11,950.	0.			SEE-HEAR-FEEL FILM
AMHERST COLLEGE TRUSTEES 220 SOUTH PLEASANT STREET AMHERST, MA 01002-5000	04-2103542	501(C)(3)	11,000.	0.			CLASS OF 1969 RESEARCH FUND; EMILY DICKINSON MUSEUM
AMHERST COMMUNITY CONNECTIONS 236 NORTH PLEASANT STREET AMHERST, MA 01004	80-0478844	501(C)(3)	50,100.	0.			OPERATING; MA COVID-19 RESPONSE
ANTIOCH COLLEGE CORPORATION P. O. BOX 148 YELLOW SPRINGS, OH 45387	26-1672457	501(C)(3)	18,750.	0.			MARTIE JENSEN ANTIOCH COLLEGE WORKS SCHOLARSHIP
ARISE, INC. 38 SCHOOL STREET SPRINGFIELD, MA 01105	04-2914511	501(C)(3)	80,422.	0.			UNDOING RACISM WORKSHOPS & WEBSITE, ; COVID GRANTS; SPRINGFIELD CLIMATE JUSTICE COALITION
ARMS LIBRARY ASSOCIATION, INC. 60 BRIDGE STREET SHELBURNE FALLS, MA 01370	04-2949510	501(C)(3)	10,000.	0.			EDUCATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ART GARDEN INC 4 UNION STREET SHELBURNE FALLS, MA 01370	45-2047838	501(C)(3)	20,500.	0.			OPERATING
ARTWERKS 4272 FREMONT AVENUE N SEATTLE, WA 98103	74-3123187	501(C)(3)	15,000.	0.			ARTS & CULTURE
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805	34-0714626	501(C)(3)	10,000.	0.			ASHBROOK CENTER
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	04-2105776	501(C)(3)	8,700.	0.			SCHOLARSHIP
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC. - 6855 RED ROAD - CORAL GABLES, FL 33143	59-1923401	501(C)(3)	20,000.	0.			GENERAL HEALTH
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	94,000.	0.			ANNUAL FUND; CAPITALS OF THE WORLD; SCHOLARSHIPS; FINISH LINE FUND ;BOLD WOMEN FUND ; NESPOR
BAYANIHAN ASSOCIATION OF AMERICA 146 HARKNESS AVENUE SPRINGFIELD, MA 01118	45-2498176	501(C)(3)	15,000.	0.			MA COVID-19 RESPONSE FUND
BAYSTATE HEALTH FOUNDATION, INC. 759 CHESTNUT ST SPRINGFIELD, MA 01199-1001	04-3549011	501(C)(3)	321,361.	0.			ANNUAL FUND; BMC GENERAL DONATIONS - ICU T-SHIRT FUND; COVID GRANTS; DEDICATION PLAQUE
BAYSTATE HEALTH, INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2105941	501(C)(3)	25,000.	0.			DIGITAL EQUITY ALLIANCE

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BEHAVIORAL HEALTH NETWORK, INC. 417 LIBERTY STREET SPRINGFIELD, MA 01104	04-2103756	501(C)(3)	135,000.	0.			COVID GRANTS
BENNINGTON COLLEGE CORPORATION ONE COLLEGE DRIVE BENNINGTON, VT 05201-6001	03-0179414	501(C)(3)	6,000.	0.			ANNUAL FUND; COVID-19 IMPACT FUND
BERKSHIRE CHILDREN & FAMILIES, INC. - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)(3)	40,777.	0.			A2Z SCIENCE & LEARNING STORE; JESSICA MULLINS C/O MAGICAL CHILD; SAM'S OUTDOOR OUTFITTERS VT; TO
BERKSHIRE COUNTY ARC INC 395 SOUTH STREET PITTSFIELD, MA 01202	04-2218928	501(C)(3)	10,000.	0.			MA COVID-19 RESPONSE FUND
BETHLEHEM HOUSE, INC. 33 KNIPFER AVENUE EASTHAMPTON, MA 01027	47-1694824	501(C)(3)	30,000.	0.			MA COVID-19 RESPONSE FUND
BIG BROTHERS-BIG SISTERS ASSOCIATION OF FRANKLIN COUNTY, INC. - 16 COURT SQUARE, 3RD FLOOR - GREENFIELD, MA 01302	04-2491950	501(C)(3)	30,000.	0.			OPERATING
BLUES TO GREEN, INC. 18 TUCKER ROAD HUNTINGTON, MA 01050	26-4764676	501(C)(3)	16,000.	0.			OPERATING
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	11,300.	0.			SCHOLARSHIPS
BOYS & GIRLS CLUB FAMILY CENTER, INC. - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	75,400.	0.			OPERATING; COVID-19 RESPONSE FUND AWARD ; CAMP FUNDING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501(C)(3)	133,940.	0.			COVID GRANTS; CAMP FUNDING
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086	04-2464259	501(C)(3)	105,000.	0.			COVID GRANTS; OPERATING
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501(C)(3)	19,725.	0.			SCHOLARSHIPS
BRIGHTSIDE, INC. P.O. BOX 9012 SPRINGFIELD, MA 01102-9012	04-2182395	501(C)(3)	6,475.	0.			HUMAN SERVICES
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	7,475.	0.			ANNUAL FUND
CANCER CONNECTION, INC. 41 LOCUST STREET, SUITE 1 NORTHAMPTON, MA 01060	04-3493483	501(C)(3)	31,050.	0.			OPERATING; MONTE'S BED IN; VALLEY GIVES DAY
CARING HEALTH CENTER, INC. 1049 MAIN STREET SPRINGFIELD, MA 01103	04-2620040	501(C)(3)	188,000.	0.			COVID GRANTS, OPERATING
CATHOLIC CHARITIES AGENCY OF THE DIOCESE OF SPRINGFIELD, MASSACHUSETTS - 65 ELLIOT STREET - SPRINGFIELD, MA 01102	86-1121553	501(C)(3)	100,000.	0.			COVID GRANTS
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLEN TOWN, PA 18104-6196	23-1365953	501(C)(3)	15,000.	0.			ANNUAL FUND; PARTNERS IN NURSING SCHOLARSHIP FUND

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CENTER FOR ECOTECHNOLOGY, INC. 112 ELM STREET PITTSFIELD, MA 01201-6533	04-2611726	501(C)(3)	26,000.	0.			ENVIRONMENTAL
CENTER FOR HUMAN DEVELOPMENT INC. 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	158,850.	0.			BIG BROTHER'S BIG SISTER'S; COVID GRANTS; NOT BREAD ALONE
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	124,350.	0.			12TH ANNUAL CITIZENSHIP EVENT; 30 POEMS; COVID GRANTS
CHARLEMONT FEDERATED CHURCH 175 MAIN STREET CHARLEMONT, MA 01339	04-6068963	501(C)(3)	14,500.	0.			COVID GRANTS; MINISTER'S DISCRETIONARY FUND
CHICOPEE BOYS AND GIRLS CLUB, INC. 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	30,000.	0.			COVID-19 RESPONSE FUND AWARD
CHILDRENS ADVOCACY CENTER OF FRANKLIN AND NORTH QUABBIN, INC. - 56 WISDOM WAY - GREENFIELD, MA 01301	47-4386987	501(C)(3)	25,000.	0.			OPERATING
CHINESE AMERICAN PLANNING COUNCIL, INC. - 150 ELIZABETH STREET - NEW YORK, NY 10012	13-6202692	501(C)(3)	10,100.	0.			COVID-19 RELIEF
CHRISTINA'S HOUSE 38 MADISON AVENUE SPRINGFIELD, MA 01105	36-4726957	501(C)(3)	40,000.	0.			MA COVID-19 RESPONSE FUND AWARD ; OPERATING
CITY OF NORTHAMPTON 210 MAIN STREET NORTHAMPTON, MA 01060	27-3994145	501(C)(3)	127,200.	0.			COVID-19 RELIEF

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLARENDON EARLY EDUCATION SERVICES, INC. - 360 MERRIMACK STREET - LAWRENCE, MA 01843	04-2648114	501(C)(3)	124,400.	0.			COVID-19 RESPONSE FUND AWARD
CLASS ACTION NETWORK, INC. 30 GERMANIA STREET JAMAICA PLAIN, MA 02130	26-0091867	501(C)(3)	10,750.	0.			HUMAN SERVICES
CLEAR PATH FOR VETERANS NEW ENGLAND, INC. - P.O. BOX 2073 - DEVENS, MA 01434	82-0681735	501(C)(3)	20,000.	0.			COME HOME TO ACTON
CLINICAL & SUPPORT OPTIONS, INC. 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	178,700.	0.			FRIENDS OF THE HOMELESS; MA COVID-19 RESPONSE FUND
COLLABORATIVE RESOLUTIONS GROUP, INC. - 121 MONTAGUE ROAD - WENDELL, MA 01379	84-3280623	501(C)(3)	30,000.	0.			HUMAN SERVICES
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 01013-2839	04-2225850	501(C)(3)	95,975.	0.			SCHOLARSHIPS
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	177,120.	0.			CLOTHING FOR CHILDREN; COVID GRANTS
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER, INC. - 247 CABOT STREET - HOLYOKE, MA 01040	04-2962882	501(C)(3)	92,750.	0.			COVID GRANTS; OPERATING
COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY INCORPORATED - 102 MAIN STREET - GREENFIELD, MA 01301	04-3312968	501(C)(3)	115,000.	0.			OPERATING; COVID GRANTS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	69,250.	0.			LOCAL FOOD FOR ALL; MA COVID-19 RESPONSE FUND
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	85,450.	0.			COVID GRANTS
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	84,350.	0.			ANNUAL FUND; OPERATING ; HARMONY SPONSOR - SPRING GALA; SUMMER SCHOLARSHIP
COMMUNITY UPLIFTMENT PROGRAM, INC. 465 BELMONT AVENUE SPRINGFIELD, MA 01108	82-1727966	501(C)(3)	50,000.	0.			OPERATING ; COVID GRANTS
COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREENFIELD, MA - 451 MAIN STREET - GREENFIELD, MA 01301	04-2149363	501(C)(3)	10,250.	0.			HUMAN SERVICES
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - 577 CAREW STREET - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	11,600.	0.			ANNUAL FUND; TO HELP THE ELDERLY AND RETIRED SISTERS
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	8,200.	0.			HUMAN SERVICES
CONNECTICUT RIVER WATERSHED COUNCIL, INC. - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	13,650.	0.			ENVIRONMENTAL
CONSERVATION LAW FOUNDATION, INC. 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	5,500.	0.			PALMER BIOMASS PROJECT; SPRINGFIELD BIOMASS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	66,536.	0.			COOLEY DICKINSON COVID FUND; COVID-19 RESPONSE FUND; THE 1886 SOCIETY
COOLEY DICKINSON HOSPITAL 30 LOCUST ST. NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	60,500.	0.			CORONAVIRUS RESPONSE FUND
CRAIG'S DOORS, INC. 434 NORTH PLEASANT STREET AMHERST, MA 01002	45-2474862	501(C)(3)	11,200.	0.			COVID-19 RESPONSE FUND
CRIMINAL JUSTICE ORGANIZATION OF THE HAMPDEN COUNTY SHERIFF'S DEPARTMENT - 627 RANDALL ROAD - LUDLOW, MA 01056-1079	04-3278911	501(C)(3)	10,500.	0.			HSNI BACK TO SCHOOL EVENT
CUTCHINS PROGRAMS FOR CHILDREN AND FAMILIES, INC. - 78 POMEROY TERRACE - NORTHAMPTON, MA 01060	04-2604427	501(C)(3)	26,100.	0.			COVID-19 RESPONSE FUND
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - 171 UNION ST - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	55,350.	0.			MA COVID-19 RESPONSE FUND; NICKS NURSERY;
DANA-FARBER CANCER INSTITUTE, INC. P.O. BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	16,150.	0.			BREAST FRIEND FUND ; EMERGENCY RESPONSE FUND; JIMMY FUND
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	35,250.	0.			ANNUAL FUND; NAVAJO NATION. PROJECT
DRAMA STUDIO, INC. 41 OAKLAND STREET SPRINGFIELD, MA 01138	22-2822986	501(C)(3)	50,300.	0.			BUILDING FUND; ANNUAL FUND; OPERATING; GIVING TUESDAY

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS, INC. - P. O. BOX 15376 - SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	15,200.	0.			MA COVID-19 RESPONSE FUND
EAST LONGMEADOW SCHOLARSHIP FOUNDATION - P. O. BOX 66 - EAST LONGMEADOW, MA 01028	04-2592638	501(C)(3)	33,350.	0.			EDUCATION
EASTERN STATES EXPOSITION FOUNDATION, INC. - 1305 MEMORIAL AVENUE - WEST SPRINGFIELD, MA 01089	04-3567679	501(C)(3)	20,000.	0.			TRUSTEES MATCH
EASTHAMPTON COMMUNITY CENTER 12 CLARK STREET EASTHAMPTON, MA 01027	04-2497523	501(C)(3)	38,000.	0.			COVID GRANTS
ELLIE FUND 200 RESERVOIR STREET, SUITE 300 NEEDHAM, MA 02494	04-3280390	501(C)(3)	40,000.	0.			MA COVID-19 RESPONSE FUND
ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	67,250.	0.			OPERATING; LEAP CAMPAIGN; YOUTH TRUTH
ENLACE DE FAMILIAS DE HOLYOKE/HOLYOKE FAMILY NETWORK, INC. - 299 MAIN STREET - HOLYOKE, MA 01040	04-3470427	501(C)(3)	155,300.	0.			COVID GRANTS
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET DANVERS, MA 01923	04-3407816	501(C)(3)	9,900.	0.			INSTITUTE FOR TRUSTEES
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	25,200.	0.			HOLIDAY SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	12,979.	0.			HUMAN SERVICES
FILMMAKERS COLLABORATIVE, INC. 6 EASTMAN PLACE MELROSE, MA 02176	22-2778829	501(C)(3)	5,500.	0.			ARTS & CULTURE
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	8,810.	0.			GIVING TUESDAY
FIRST CONGREGATIONAL CHURCH OF ASHFIELD - 429 MAIN STREET - ASHFIELD, MA 01330	34-0714664	501(C)(3)	6,000.	0.			COVID-19 RESPONSE FUND AWARD
FITCHBURG STATE UNIVERSITY 160 PEARL STREET FITCHBURG, MA 01420-2697	04-2661048	501(C)(3)	8,250.	0.			SCHOLARSHIPS
FLORIDA INSTITUTE OF TECHNOLOGY 150 WEST UNIVERSITY BLVD MELBOURNE, FL 32901	59-6046500	501(C)(3)	11,650.	0.			SCHOLARSHIPS
FRAMINGHAM STATE UNIVERSITY 100 STATE STREET FRAMINGHAM, MA 01701-9101	04-2742666	501(C)(3)	8,525.	0.			SCHOLARSHIPS
FRANKLIN AND NORTH QUABBIN CHILDREN'S ADVOCACY CENTER, INC. - 56 WISDOM WAY - GREENFIELD, MA 01301	47-4386987	501(C)(3)	30,000.	0.			MA COVID-19 RESPONSE FUND
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORP. - 324 WELLS STREET - GREENFIELD, MA 01301	04-2678309	501(C)(3)	74,500.	0.			GREENING GREENFIELD; JUST ROOTS; SHELBURNE FALLS INITIATIVE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM, INC. - P.O. BOX 172 - GREENFIELD, MA 01302	22-3027098	501(C)(3)	40,000.	0.			COVID GRANTS
FRANKLIN COUNTY DIAL/SELF, INC. 196 FEDERAL STREET GREENFIELD, MA 01301	04-2619617	501(C)(3)	15,000.	0.			COVID-19 RESPONSE FUND
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	20,250.	0.			ENVIRONMENTAL
FRIENDS OF CHILDREN, INC. 245 RUSSELL STREET, SUITE 14 HADLEY, MA 01035	22-2952288	501(C)(3)	45,800.	0.			COVID-19 RESPONSE FUND; OPERATING; GENERAL USE
FRIENDS OF LIBERTAS ACADEMY CHARTER SCHOOL INC. - 146 CHESTNUT STREET - SPRINGFIELD, MA 01103	81-3371302	501(C)(3)	17,000.	0.			GENERAL SUPPORT
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,350.	0.			GENERAL SUPPORT
FRIENDS OF THE CHICOPEE SENIOR CITIZEN'S, INC. - 5 WEST MAIN STREET - CHICOPEE, MA 01020	04-2745060	501(C)(3)	25,000.	0.			MA COVID-19 RESPONSE FUND
FRIENDS OF VERITAS PREPARATORY CHARTER SCHOOL - 370 PINE STREET - SPRINGFIELD, MA 01105	27-3800650	501(C)(3)	11,500.	0.			GENERAL SUPPORT
FUTUREWORKS, INC. 95 LIBERTY STREET SPRINGFIELD, MA 01103	04-3580614	501(C)(3)	40,000.	0.			MASSHIRE-OPERATING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GANDARA MENTAL HEALTH CENTER, INC. 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)	250,500.	0.			COVID GRANTS; FROZEN YOGURT RUN; OPERATING
GIRLS INC. OF THE VALLEY P.O. BOX 6812 HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	53,668.	0.			ANNUAL FUND; CAMPAIGN; COVID-19 RESPONSE FUND; HER FUTURE OUR FUTURE CAPITAL CAMPAIGN
GIRLS ON THE RUN WESTERN MASSACHUSETTS - 16 CENTER STREET, SUITE 322 - NORTHAMPTON, MA 01060	47-3612764	501(C)(3)	21,300.	0.			5K ANNUAL SPONSOR; GOTR TEAM SPONSORSHIPS
GRACEMED HEALTH CLINIC, INC. 1150 NORTH BROADWAY STREET WICHITA, KS 67214	48-1159633	501(C)(3)	7,500.	0.			THOMAS DOCKING FUND
GRAY HOUSE, INC. 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	52,116.	0.			ADULT EDUCATION COLLABORATION FURNITURE; ANNUAL FUND; AS NEEDED; COVID-19 RESPONSE FUND;
GREATER SPRINGFIELD BUSINESS FOUNDATION, INC. - 1441 MAIN STREET - SPRINGFIELD, MA 01103	20-5465447	501(C)(3)	6,000.	0.			SPRINGFIELD WORKS - STRATEGIC COMMUNICATION
GREATER SPRINGFIELD HABITAT FOR HUMANITY - 268 COLD SPRING AVENUE - WEST SPRINGFIELD, MA 01089	04-2970982	501(C)(3)	45,750.	0.			OPERATING ; MA COVID-19 RESPONSE FUND
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	129,900.	0.			COVID GRANTS
GREATER WESTFIELD EMERGENCY FOOD PANTRY, INC. - 101 MEADOW STREET - WESTFIELD, MA 01085	04-3049616	501(C)(3)	6,000.	0.			COVID-19 RESPONSE FUND AWARD

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - ONE COLLEGE DRIVE, 270 MAIN STREET - GREENFIELD, MA 01301-9922	04-2449856	501(C)(3)	94,350.	0.			COVID GRANTS; SCHOLARSHIPS
GROW FOOD NORTHAMPTON, INC. 221 PINE STREET, #349 FLORENCE, MA 01062	01-0959428	501(C)(3)	73,700.	0.			LOCAL ROOTS CARE; COVID GRANTS
HAMPSHIRE COMMUNITY UNITED WAY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	36,500.	0.			COMMUNITY REVITALIZATION FUND; DENTAL ITEMS RELATED TO REFUGEES; VDDS CHALLENGE MATCH
HAMPSHIRE REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION - 286 PROSPECT STREET - NORTHAMPTON, MA 01060	04-2105887	501(C)(3)	60,048.	0.			COVID-19 RESPONSE FUND AWARD; OPERATING
HAPPIER VALLEY COMEDY, INC. 1 MILL VALLEY ROAD, SUITE B HADLEY, MA 01035	47-4942147	501(C)(3)	20,000.	0.			OPERATING
HEALING ACROSS THE DIVIDES, INC. 72 LAUREL PARK NORTHAMPTON, MA 01060-1196	20-1948432	501(C)(3)	5,860.	0.			HUMAN SERVICES
HEALTH LAW ADVOCATES, INC. ONE FEDERAL STREET, 5TH FLOOR BOSTON, MA 02110	04-3298116	501(C)(3)	45,000.	0.			COVID GRANTS
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	04-3804600	501(C)(3)	10,000.	0.			GENERAL HEALTH
HEATH AGRICULTURAL SOCIETY, INC. 9 HOSMER ROAD HEATH, MA 01346	04-2607187	501(C)(3)	15,575.	0.			GENERAL HEALTH

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HIGHLAND-VALLEY ELDER SERVICES INC 320 RIVERSIDE DR, SUITE B FLORENCE, MA 01062	04-2563340	501(C)(3)	40,000.	0.			COVID GRANTS
HILLTOWN COMMUNITY HEALTH CENTERS, INC. - 58 OLD NORTH ROAD - WORTHINGTON, MA 01098	04-2161484	501(C)(3)	60,000.	0.			COVID GRANTS
HILLTOWN LAND TRUST, INC. 332 BULLITT ROAD ASHFIELD, MA 01330	22-2831145	501(C)(3)	9,750.	0.			ENVIRONMENTAL
HILLTOWN YOUTH PERFORMING ARTS PROGRAM, INC. - 49 CONWAY STREET - SHELBURNE FALLS, MA 01370	84-2220127	501(C)(3)	10,000.	0.			COVID-19 RESPONSE FUND
HISPANIC RESOURCES, INC. 425 UNION STREET, BOX 2 WEST SPRINGFIELD, MA 01089	04-2939018	501(C)(3)	17,000.	0.			VOICES FROM INSIDE; OPERATING
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	10,450.	0.			CAPITAL CAMPAIGN; REHABILITATION CAMPAIGN
HITCHCOCK CENTER FOR THE ENVIRONMENT, INC. - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	8,850.	0.			CLIMATE STORIES PROJECT
HOLYOKE CHICOPEE SPRINGFIELD HEAD START, INC. - 30 MADISON AVENUE - SPRINGFIELD, MA 01105	04-2466767	501(C)(3)	14,500.	0.			COVID RELIEF FOR UNDERSERVED POPULATION
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	117,900.	0.			MA COVID-19 RESPONSE FUND AWARD; SOBON ENDOWMENT FUND, SCHOLARSHIPS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HOLYOKE HEALTH CENTER, INC. 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	501(C)(3)	83,000.	0.			COVID GRANTS
HOLYOKE MEDICAL CENTER, INC. 575 BEECH STREET HOLYOKE, MA 01040	22-2520073	501(C)(3)	50,100.	0.			COVID-19 RESPONSE FUND AWARD
HOLYOKE YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. - 171 PINE STREET - HOLYOKE, MA 01040	04-2192693	501(C)(3)	60,000.	0.			COVID GRANTS ; CAMP FUNDING
HOME CITY DEVELOPMENT, INC. 261 OAK GROVE AVENUE SPRINGFIELD, MA 01109	04-6190467	501(C)(3)	115,000.	0.			COVID GRANTS
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED - 1365 ENFIELD STREET - ENFIELD, CT 06082-4925	06-0882297	501(C)(3)	125,820.	0.			GENERAL HEALTH
HOMEWORK HOUSE, INC. 54 NORTH SUMMER STREET HOLYOKE, MA 01040	56-2666698	501(C)(3)	34,600.	0.			OPERATING
HOSPICE OF FRANKLIN COUNTY, INC. 329 CONWAY STREET, SUITE 2 GREENFIELD, MA 01301	20-1611913	501(C)(3)	10,000.	0.			HUMAN SERVICES
IGLESIA TABERNACULO DE GOZO 1590 SUMNER AVE SPRINGFIELD, MA 01118	45-1603157	501(C)(3)	22,000.	0.			COVID-19 RESPONSE FUND AWARDS
IMANI TEMPLE, INC. 264 SALEM STREET MALDEN, MA 02148	04-2681320	501(C)(3)	14,000.	0.			COVID GRANTS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
INSTITUTE FOR DEMOCRATIC EDUCATION AND CULTURE (DBA - SPEAKOUT) - P.O. BOX 22748 - OAKLAND, CA 94609	94-3292755	501(C)(3)	60,000.	0.			ALL MY RELATIONS
INSTITUTE FOR THE NEXT JEWISH FUTURE INJF - 5472 S EVERETT AVENUE - CHICAGO, IL 60615	27-5071401	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	15,450.	0.			HUMAN SERVICES
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	76,050.	0.			COVID RELIEF FOR UNDERSERVED POPULATION; GIVING VOICE SPONSORSHIP LEADING VOICE; OPERATING
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - 125 MAIDEN LANE - NEW YORK, NY 10038	13-1845455	501(C)(3)	25,500.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	7,250.	0.			GENERAL SUPPORT
JACKSON STREET SCHOOL PARENT TEACHER ORGANIZATION, INC. - 120 JACKSON STREET - NORTHAMPTON, MA 01060	04-3062374	501(C)(3)	8,300.	0.			EDUCATION
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS, INC. - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	127,200.	0.			COVID GRANTS
JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	50,833.	0.			COVID-19 RESPONSE FUND AWARDS; ANNUAL FUND; HEALTHY COMMUNITY EMERGENCY FOOD FUND; MEL

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
JGS LIFECARE CORPORATION 770 CONVERSE STREET LONGMEADOW, MA 01106	04-2129128	501(C)(3)	21,850.	0.			ANNUAL FUND - STAND BY ME; COVID RESPONSE; PROJECT TRANSFORMATION CAMPAIGN
JOHNSON MEMORIAL HOSPITAL 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	06-0646696	501(C)(3)	27,700.	0.			GENERAL HEALTH
JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	80,500.	0.			BARREL WASHER; OPERATING; COVID-19 RESPONSE FUND AWARD
KARUNA CENTER FOR PEACEBUILDING, INC. - 447 WEST STREET - AMHERST, MA 01002-2933	04-3437359	501(C)(3)	6,700.	0.			GENERAL SUPPORT
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	84,800.	0.			VALLEY LAND CONSERVATION; WHATELY WOODS PROJECT
KRIPALU CENTER FOR YOGA & HEALTH 57 INTERLAKEN ROAD STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	7,500.	0.			EDUCATION
LEADERSHIP PIONEER VALLEY, INC. 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-2125214	501(C)(3)	35,000.	0.			LPV PLAN FORWARD
LEVERETT CRAFTSMEN & ARTISTS INCORPORATED - 13 MONTAGUE ROAD - LEVERETT, MA 01054	04-2423554	501(C)(3)	20,000.	0.			COVID-19 RECOVERY
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	156,450.	0.			OPERATING ; COVID GRANTS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	7,375.	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
LONGMEADOW ADULT COMMUNITY CENTER FUND INC. - 231 MAPLE ROAD - LONGMEADOW, MA 01106	83-2862544	501(C)(3)	201,900.	0.			GYM
LONGMEADOW HISTORICAL SOCIETY 697 LONGMEADOW STREET LONGMEADOW, MA 01106	04-6068202	501(C)(3)	10,200.	0.			ANNUAL FUND; OPERATING
LORRAINE'S SOUP KITCHEN AND PANTRY, INC. - 170 PENDEXTER AVENUE - CHICOPEE, MA 01013	04-2616751	501(C)(3)	31,000.	0.			COVID GRANTS
LOVIN SPOONFULS INC. 1304 COMMONWEALTH AVENUE, SUITE E BOSTON, MA 02134	27-1810597	501(C)(3)	45,000.	0.			MA COVID-19 RESPONSE FUND
LUDLOW BOYS & GIRLS CLUB, INC. 91 CLAUDIA'S WAY LUDLOW, MA 01056	04-2089767	501(C)(3)	50,000.	0.			COVID-19 RESPONSE FUND ; OPERATING; CAMP FUNDING
MADISON QUAKERS, INC. P.O. BOX 1461 MADISON, WI 53701-1461	39-2004266	501(C)(3)	10,000.	0.			HUMAN SERVICES
MAKE-IT-SPRINGFIELD, INC. 168 WORTHINGTON STREET SPRINGFIELD, MA 01103	82-4633337	501(C)(3)	10,000.	0.			COVID-19 RESPONSE FUND AWARDS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MANNA SOUP KITCHEN 48 ELM STREET NORTHAMPTON, MA 01060	33-1064237	501(C)(3)	63,200.	0.			COVID-19 RESPONSE FUND AWARDS
MARTIN LUTHER KING, JR. FAMILY SERVICES, INC. - 106 WILBRAHAM ROAD - SPRINGFIELD, MA 01139	04-2647035	501(C)(3)	122,000.	0.			COVID-19 RESPONSE FUND AWARDS; OPERATING
MARY LYON EDUCATION FUND, INC. P.O. BOX 184 SHELBURNE FALLS, MA 01370	22-3112593	501(C)(3)	40,000.	0.			COVID GRANTS; REMOTE LEARNING INTERNET ACCESS PROGRAM
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 SOUTH GREAT ROAD - LINCOLN, MA 01773	04-2104702	501(C)(3)	45,629.	0.			ARCADIA WILDLIFE SANCTUARY'S TEACHING PAVILION; FOR MASS AUDUBON ARCADIA;
MASSACHUSETTS BAIL FUND, INC. 2161 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	82-4924766	501(C)(3)	6,000.	0.			BAIL RELIEF; MASSACHUSETTS BAIL FUND
MASSACHUSETTS FOUNDATION FOR HUMANITIES - 66 BRIDGE STREET - NORTHAMPTON, MA 01060	22-2504778	501(C)(3)	10,000.	0.			BRIDGE STREET FUND; CLEMENTE ONLINE ACCESS FUND
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501(C)(3)	6,000.	0.			FAUSTMAN T1D RESEARCH; MGH DICKERSON LAB
MASSACHUSETTS MILITARY SUPPORT FOUNDATION, INC. - 2412 MEETINGHOUSE WAY - WEST BARNSTABLE, MA 02668	82-1605363	501(C)(3)	45,000.	0.			COVID GRANTS
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION, INC. - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	91,000.	0.			ARTIST WORKING CAPITAL PROGRAM;; ASSETS FOR ARTISTS; COVID-19 RESPONSE FUND; VALLEY

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MASSART - MASSACHUSETTS COLLEGE OF ART AND DESIGN FOUNDATION, INC. - 621 HUNTINGTON AVENUE - BOSTON, MA 02115-5882	04-2742359	501(C)(3)	6,000.	0.			SCHOLARSHIPS
MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	18,600.	0.			ECONOMIC DEVELOPMENT
MCKNIGHT COMMUNITY DEVELOPMENT CORPORATION - 1030 WORTHINGTON STREET - SPRINGFIELD, MA 01109	04-3207383	501(C)(3)	20,000.	0.			MCKNIGHT CDC UMBRELLA-OPERATING 2020
MENTAL HEALTH ASSOCIATION, INC. 995 WORTHINGTON STREET SPRINGFIELD, MA 01109	04-6197938	501(C)(3)	91,500.	0.			COVID GRANTS; GRIT; MHA WELLNESS GOLF CLASSIC
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97208-2669	91-1148123	501(C)(3)	6,000.	0.			GENERAL SUPPORT
MERCY HOSPITAL, INC. 271 CAREW STREET SPRINGFIELD, MA 01102-9012	04-3398280	501(C)(3)	26,000.	0.			COVID-19 RESPONSE FUND ; EMERGENCY DEPARTMENT EXPANSION FUND
MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845	04-2103731	501(C)(3)	6,400.	0.			SCHOLARSHIPS
MISSION CHURCH OF THE LIVING GOD IN CHRIST - P. O. BOX 90611 - SPRINGFIELD, MA 01139	20-3897287	501(C)(3)	7,000.	0.			COVID-19 RESPONSE FUND AWARD
MONTAGUE CATHOLIC SOCIAL MINISTRIES, INC. - 41-43 THIRD STREET - TURNERS FALLS, MA 01376	04-3274078	501(C)(3)	90,000.	0.			COVID GRANTS; OPERATING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	16,300.	0.			VALLEY GIVES DAY
MULTICULTURAL COMMUNITY SERVICES OF THE PIONEER VALLEY, INC. - 1000 WILBRAHAM ROAD - SPRINGFIELD, MA 01109	04-2667829	501(C)(3)	42,000.	0.			MA COVID-19 RESPONSE FUND
MUSICA FRANKLIN INC 180 SMEAD HILL RD COLRAIN, MA 01340	81-0682911	501(C)(3)	17,500.	0.			OPERATING
NAMI WESTERN MASSACHUSETTS, INC. 324A SPRINGFIELD STREET AGAWAM, MA 01001	04-2783175	501(C)(3)	10,000.	0.			COVID-19 RESPONSE FUND AWARD
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & W. MA, INC. - 820A PROSPECT HILL ROAD - WINDSOR, CT 06095	14-1937658	501(C)(3)	19,000.	0.			ANNUAL FUND
NATIONAL DOMESTIC WORKERS ALLIANCE, INC. - 243 5TH AVENUE - NEW YORK, NY 10016	35-2420942	501(C)(3)	10,000.	0.			CORONAVIRUS CARE FUND
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
NEIGHBORS HELPING NEIGHBORS, INC. 30 CAREW ST SOUTH HADLEY, MA 01075	45-4928566	501(C)(3)	13,000.	0.			COVID GRANTS
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVENUE BOSTON, MA 02120	04-2103612	501(C)(3)	50,000.	0.			DEPARTMENT OF MEDICINE CHAIR

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEW ENGLAND LEARNING CENTER FOR WOMEN IN TRANSITION, INC. - P.O. BOX 520 - GREENFIELD, MA 01302-0520	04-2616922	501(C)(3)	45,750.	0.			MA COVID-19 RESPONSE FUND
NEW ENGLAND PUBLIC MEDIA, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	148,806.	0.			MURROW SOCIETY, ANNUAL FUND; WGBY AND NEPR; GENERAL FUND; NEW VOICES CAMPAIGN; 50TH
NEW ISRAEL FUND P.O. BOX 177 LEWISTON, ME 04243-0177	94-2607722	501(C)(3)	10,800.	0.			GENERAL SUPPORT
NEW NORTH CITIZENS' COUNCIL 2455 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501(C)(3)	185,000.	0.			COVID GRANTS
NORTH QUABBIN CITIZEN ADVOCACY, INC. - 135 EAST MAIN STREET - ORANGE, MA 01364	04-3218759	501(C)(3)	20,000.	0.			OPERATING
NORTHAMPTON ACADEMY OF MUSIC, INC. 274 MAIN STREET NORTHAMPTON, MA 01060	04-2266004	501(C)(3)	56,500.	0.			OPERATING
NORTHAMPTON ARTS COUNCIL, INC. 240 MAIN STREET, #1 NORTHAMPTON, MA 01060	05-0523540	501(C)(3)	30,250.	0.			FOUR SUNDAYS IN FEBRUARY; OPERATING
NORTHAMPTON CENTER FOR THE ARTS, INC. - 33 HAWLEY STREET - NORTHAMPTON, MA 01060	22-2570778	501(C)(3)	80,500.	0.			MONTHLY DONORS MATCH; OPERATING; CAPITAL CAMPAIGN; WORKROOM PROJECT/ARTS TRUST
NORTHAMPTON EDUCATION FOUNDATION INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	35,545.	0.			ANNUAL FUND; ENDOWMENT NEWSLETTER PRODUCTION 2020

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	99,100.	0.			ANNUAL GIFT; COVID GRANT; OPERATING'
NORTHEAST SUSTAINABLE ENERGY ASSOCIATION, INC. - 50 MILES STREET - GREENFIELD, MA 01301	23-7437161	501(C)(3)	12,500.	0.			COOLER COMMUNITIES
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	37,850.	0.			SCHOLARSHIPS
NORTHWESTERN CHILDREN'S ADVOCACY PROJECT, INC. - 593 ELM ST - NORTHAMPTON, MA 01060-2871	04-3457848	501(C)(3)	25,250.	0.			MA COVID-19 RESPONSE FUND
NOTRE DAME LOYALTY & ENDOWMENT FUND, INC. - 24 RICARDO STREET - WEST HAVEN, CT 06516-2446	22-2566751	501(C)(3)	15,000.	0.			THE STAN MCLAUGHLIN SCHOLARSHIP
NUESTRAS RAICES, INC. 329 MAIN STREET HOLYOKE, MA 01040	04-3182556	501(C)(3)	25,000.	0.			MA COVID-19 RESPONSE FUND
NUEVA ESPERANZA, INC. 401 MAIN STREET HOLYOKE, MA 01040	04-2774010	501(C)(3)	7,000.	0.			HUMAN SERVICES
ORPHAN VOICE, INC. P.O. BOX 910410 LEXINGTON, KY 40591	61-1503075	501(C)(3)	15,000.	0.			ENDURING VOICES 2020
OUR LADY OF THE BLESSED SACRAMENT PARISH - 127 HOLYOKE ROAD - WESTFIELD, MA 01085	04-2204700	501(C)(3)	11,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OUT NOW, INC. P.O. BOX 5321 SPRINGFIELD, MA 01101	04-3441348	501(C)(3)	10,000.	0.			GENERAL SUPPORT; TRANS ASYLUM SEEKER NETWORK
PAN-MASSACHUSETTS CHALLENGE TRUST 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	5,100.	0.			PMC BICYCLE RIDE 202
PARTNERS FOR A HEALTHIER COMMUNITY, INC. - 127 STATE STREET, 4TH FLOOR - SPRINGFIELD, MA 01101-4895	04-3342182	501(C)(3)	75,000.	0.			COMMUNITY HEALTH NEEDS ASSESSMENT; MA COVID-19 RESPONSE FUND AWARD
PARTNERS FOR COMMUNITY, INC. 11-13 HAMPDEN STREET SPRINGFIELD, MA 01103	04-3397486	501(C)(3)	55,000.	0.			COVID GRANTS
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	40,000.	0.			GENERAL HEALTH
PATHLIGHT INC. 220 BROOKDALE DRIVE SPRINGFIELD, MA 01104	04-2210685	501(C)(3)	68,700.	0.			HERVE & THERESE FAFARD MEMORIAL EMERGENCY FUND; MA COVID-19 RESPONSE FUND AWARD
PAUL TAYLOR DANCE FOUNDATION, INC. 551 GRAND STREET NEW YORK, NY 10012	13-2665475	501(C)(3)	10,000.	0.			ARTS & CULTURE
PEACE DEVELOPMENT FUND, INC. P.O. BOX 1280 AMHERST, MA 01004-1280	04-2738794	501(C)(3)	5,250.	0.			WESTERN MASS. ASYLUM SUPPORT NETWORK
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET BOSTON, MA 02110	04-2457605	501(C)(3)	35,000.	0.			CAPACITY BUILDING PROGRAMS FOR NONPROFITS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER VALLEY CHRISTIAN ACADEMY 965 PLUMTREE ROAD SPRINGFIELD, MA 01119	04-2502941	501(C)(3)	6,500.	0.			EDUCATION
PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 4 - FLORENCE, MA 01062	04-3049506	501(C)(3)	29,900.	0.			GENERAL USE; OPERATING
PIONEER VALLEY POWER PACKS, INC. 73 BARRETT STREET, #3076 NORTHAMPTON, MA 01060	82-3247268	501(C)(3)	7,000.	0.			COVID-19 RESPONSE FUND AWARD
PIONEER VALLEY PROJECT, INC. 45 MAPLE STREET SPRINGFIELD, MA 01105	04-3343623	501(C)(3)	55,000.	0.			MA COVID-19 RESPONSE FUND; OPERATING
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	61,500.	0.			EDUCATION
PIONEER VALLEY WORKERS CENTER 20 HAMPTON AVE, STE. 200 NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	281,000.	0.			COVID RELIEF; 413 UNDOCU-WORKER SOLIDARITY FUND; THE 413 UNDOCU-WORKER SOLIDARITY
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	9,500.	0.			PRESIDENT'S CIRCLE - ANNUAL GIFT
POPE FRANCIS HIGH SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	37,900.	0.			OPERATIONS
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BOULEVARD SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	11,000.	0.			PRAGER UNIVERSITY FOUNDATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
PROJECT NEW HOPE, INC. 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	27-4555998	501(C)(3)	15,000.	0.			MA COVID-19 RESPONSE FUND AWARD
PROJECT-13, INC. 1913 NORTHAMPTON STREET HOLYOKE, MA 01040	27-0644072	501(C)(3)	7,000.	0.			COVID-19 RESPONSE FUND AWARD
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	7,400.	0.			SCHOLARSHIPS
PROVIDENCE MINISTRIES FOR THE NEEDY, INC. - 51 HAMILTON STREET - HOLYOKE, MA 01041	04-2898893	501(C)(3)	123,150.	0.			COVID-19 GRANTS; KATE'S KITCHEN AND MARGARET'S PANTRY
QUABBIN MEDIATION, INC. 13 SOUTH MAIN STREET ORANGE, MA 01364	04-3429086	501(C)(3)	25,000.	0.			OPERATING
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVENUE HAMDEN, CT 06518	06-0646701	501(C)(3)	21,000.	0.			CENTRAL EUROPEAN INSTITUTE; SCHOLARSHIPS
RETHINK FOOD NYC INC. 63 FLUSHING AVENUE BROOKLYN, NY 11205	82-1632259	501(C)(3)	6,000.	0.			GENERAL SUPPORT
REVITALIZE COMMUNITY DEVELOPMENT CORPORATION - 1145 MAIN STREET, SUITE 107 - SPRINGFIELD, MA 01103	04-3172737	501(C)(3)	94,000.	0.			COVID GRANTS
RIGHT TO THE CITY ALLIANCE, INC. 388 ATLANTIC AVENUE BROOKLYN, NY 11217	94-3462187	501(C)(3)	25,000.	0.			COVID-19 RESPONSE FUND ; SPRINGFIELD NO ONE LEAVES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RIVER VALLEY COUNSELING CENTER, INC. - 6 ISABELLA STREET - HOLYOKE, MA 01041	04-2174657	501(C)(3)	55,000.	0.			COVID GRANTS
RIVERA AND RIVERA ACT AGAINST FORECLOSURE, INC. - 1214 MAIN STREET, SUITE 33 - SPRINGFIELD, MA 01103	45-2459884	501(C)(3)	60,000.	0.			COVID RELIEF FOR UNDERSERVED POPULATION
RIVERSIDE INDUSTRIES, INC. ONE COTTAGE STREET EASTHAMPTON, MA 01027	04-2438444	501(C)(3)	45,000.	0.			OPERATING
ROCHESTER INSTITUTE OF TECHNOLOGY ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623-5603	16-0743140	501(C)(3)	13,600.	0.			SCHOLARSHIPS
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809-2921	05-0277222	501(C)(3)	5,550.	0.			SCHOLARSHIPS
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 76 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-3437398	501(C)(3)	38,400.	0.			ANNUAL CATHOLIC APPEAL
RONALD MC DONALD HOUSE CHARITIES OF CONNECTICUT AND WESTERN MASSACHUSETTS - 860 HOWARD AVENUE, SUITE A - NEW HAVEN, CT 06519	04-2971480	501(C)(3)	5,360.	0.			ANNUAL FUND; LIGHTS OF LOVE
ROOT STUDIO, INC. 51 11TH STREET TURNERS FALLS, MA 01376	82-3580865	501(C)(3)	7,750.	0.			COVID-19 RESPONSE FUND AWARD
ROOTS OF REFORM JUDAISM, INC. 15 NEWBURY STREET BOSTON, MA 02116	26-1670104	501(C)(3)	15,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RURAL DEVELOPMENT, INC. 241 MILLERS FALLS ROAD MONTAGUE, MA 01376-1604	22-3139262	501(C)(3)	50,000.	0.			COVID-19 RESPONSE FUND AWARD
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	123,900.	0.			COVID GRANTS; HOT CHOCOLATE CHALLENGE; OPERATING; UNRESTRICTED; VALLEY
SAINT MICHAEL'S COLLEGE ONE WINOOSKI PARK, BOX 256 COLCHESTER, VT 05446-9970	03-0179403	501(C)(3)	163,550.	0.			SCHOLARSHIPS
SAINT THERESA'S CHURCH 9 EAST PARKVIEW DRIVE SOUTH HADLEY, MA 01075-2103	04-3437398	501(C)(3)	8,000.	0.			HUMAN SERVICES
SEA EDUCATION ASSOCIATION, INC. P.O. BOX 6 WOODS HOLE, MA 02543	04-2702102	501(C)(3)	6,500.	0.			CAMPAIGN FUND; LAUNCHING LEADERS
SEEDS OF SOLIDARITY EDUCATION CENTER, INC. - 165 CHESTNUT HILL ROAD - ORANGE, MA 01364	04-3517520	501(C)(3)	7,600.	0.			COVID-19 RESPONSE FUND AWARD ; VALLEY GIVES DAY; ZIMBABWE PROJECT
SENIOR CENTER FOUNDATION P.O. BOX 464 SHELBURNE FALLS, MA 01370	47-1468558	501(C)(3)	10,000.	0.			HUMAN SERVICES
SERVICENET INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	141,750.	0.			COVID GRANTS; SHELTER SUNDAY
SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501(C)(3)	13,500.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SMITH COLLEGE COLLEGE HALL 201 NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	16,285.	0.			SCHOLARSHIPS
SNOW FARM - THE NEW ENGLAND CRAFT PROGRAM, INC. - 5 CLARY ROAD - WILLIAMSBURG, MA 01096	06-3547767	501(C)(3)	30,800.	0.			OPERATING EXPENSES - COVID RELIEF
SOCIETY OF OUR LADY OF THE MOST HOLY TRINITY - P.O. BOX 4116 - CORPUS CHRISTI, TX 78469	43-1096193	501(C)(3)	6,000.	0.			MISSION - DETROIT HOUSE OF STUDIES
SOJOURNER TRUTH SCHOOL FOR SOCIAL CHANGE LEADERSHIP - 208 RACE STREET - HOLYOKE, MA 01040	83-2203475	501(C)(3)	29,000.	0.			WHERE NEEDED
SOMALI-BANTU COMMUNITY OF SPRINGFIELD, INC. - 191 CHESTNUT STREET, SUITE 2D2 - SPRINGFIELD, MA 01138	22-3968789	501(C)(3)	50,000.	0.			COVID GRANTS; OPERATING
SOUTH END COMMUNITY CENTER, INC. 99 MARBLE STREET SPRINGFIELD, MA 01105	04-2103854	501(C)(3)	90,000.	0.			COVID GRANTS ; CAMP FUNDING; OPERATING
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 28 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	52-2084289	501(C)(3)	21,340.	0.			ARTS & CULTURE
SOUTH MIDDLESEX OPPORTUNITY COUNCIL, INC. - 7 BISHOP ST - FRAMINGHAM, MA 01702	52-1084599	501(C)(3)	90,500.	0.			COVID GRANTS; ANNUAL FUND
SPIRIT IN ACTION 514 ROSE HILL ROAD ASHEVILLE, NC 28803	38-3655028	501(C)(3)	70,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SPRING OF HOPE CHURCH OF GOD IN CHRIST, INC. - 35 ALDEN STREET - SPRINGFIELD, MA 01109	62-1242019	501(C)(3)	7,000.	0.			COVID-19 RESPONSE FUND AWARD
SPRINGFIELD BOYS & GIRLS CLUB, INC. - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	50,150.	0.			ANNUAL FUND; COVID-19 RESPONSE FUND AWARD ; CAMP FUNDING; OPERATING; VIRTUAL FESTIVAL OF TREES
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	40,700.	0.			SCHOLARSHIPS
SPRINGFIELD DAY NURSERY CORPORATION - 1095 MAIN STREET, FLOOR 2 - SPRINGFIELD, MA 01103	04-2103855	501(C)(3)	114,370.	0.			MA COVID-19 RESPONSE FUND; QUARANTEA; SQUARE ONE - OPERATING; TEA PARTY
SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	22,000.	0.			BE OUR BEST CAPITAL CAMPAIGN; CAMP IN A BOX; IMAGINE CAMPAIGN; REIMAGINE
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	26,805.	0.			GENERAL FUND; WILLIAM RICE LEADERSHIP
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION, INC. - 721 STATE STREET - SPRINGFIELD, MA 01108	04-2374279	501(C)(3)	210,000.	0.			COVID GRANTS
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	77,279.	0.			ANNUAL FUND; COLDEST DAY; MA COVID-19 RESPONSE FUND; SUMMER OF HOPE
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET SPRINGFIELD, MA 01103-1406	04-2210746	501(C)(3)	109,530.	0.			ANNUAL FUND; MUSICIANS RELIEF FUND; OPERATING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01101-9000	22-2612044	501(C)(3)	128,350.	0.			SCHOLARSHIPS, UNRESTRICTED FUND
SPRINGFIELD VIETNAMESE CULTURAL ASSOCIATION, INC. - 433 BELMONT AVENUE - SPRINGFIELD, MA 01108	47-5507747	501(C)(3)	15,000.	0.			COVID-19 RESPONSE FUND AWARD
SS PETER AND PAUL RUSSIAN ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	8,000.	0.			HUMAN SERVICES
ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062	04-2144499	501(C)(3)	6,475.	0.			HUMAN SERVICES
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	130,680.	0.			HUMAN SERVICES
ST. JOHN'S CONGREGATIONAL CHURCH 45 HANCOCK STREET SPRINGFIELD, MA 01109	39-0806430	501(C)(3)	7,000.	0.			COVID-19 RESPONSE FUND AWARD - PHASE 2
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	20,550.	0.			HUMAN SERVICES
ST. MARY'S PARISH 30 BARTLETT STREET WESTFIELD, MA 01085	04-2124328	501(C)(3)	25,500.	0.			MA COVID-19 RESPONSE FUND AWARD; ST. MARY'S HIGH SCHOOL
ST. PATRICK PARISH 30 MAIN STREET SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)	10,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. PAUL LUTHERAN CHURCH 181 ELM STREET EAST LONGMEADOW, MA 01028	04-2388464	501(C)(3)	32,750.	0.			HUMAN SERVICES
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)	22,600.	0.			EDUCATION
ST. VINCENT DE PAUL SOCIETY 30 BARTLETT STREET WESTFIELD, MA 01085	20-8985783	501(C)(3)	15,000.	0.			MA COVID-19 RESPONSE FUND
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVENUE WESTFIELD, MA 01086	04-2131404	501(C)(3)	15,479.	0.			BENCH DONATION
STAVROS CENTER FOR INDEPENDENT LIVING, INC. - 210 OLD FARM ROAD - AMHERST, MA 01002	51-0172014	501(C)(3)	75,000.	0.			MA COVID-19 RESPONSE FUND
STRONG LITTLE SOULS 113 ELAINE DRIVE PITTSFIELD, MA 01201	84-4692020	501(C)(3)	15,000.	0.			COVID-19 RESPONSE FUND AWARD
SUFFOLK UNIVERSITY 73 TREMONT STREET BOSTON, MA 02108	04-2133255	501(C)(3)	5,300.	0.			SCHOLARSHIPS
SUNSHINE VILLAGE INC 75 LITWIN LANE CHICOPEE, MA 01020	04-6190469	501(C)(3)	65,000.	0.			MA COVID-19 RESPONSE FUND AWARD; REOPENING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SURVIVAL CENTERS, INC. P.O. BOX 9629 NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	173,950.	0.			AMHERST SURVIVAL CENTER; COVID GRANTS; SENIOR MOBILE NUTRITION PROGRAM; THE AMHERST CLUB;
SURVIVOR JOURNEYS, INC. P.O. BOX 60471 LONGMEADOW, MA 01116-2826	47-3109711	501(C)(3)	50,250.	0.			GENERAL HEALTH
SYRACUSE UNIVERSITY 900 S. CROUSE AVENUE SYRACUSE, NY 13244	15-0532081	501(C)(3)	5,750.	0.			SCHOLARSHIP
TAPESTRY HEALTH SYSTEMS, INC. 296 NONOTUCK STREET, SUITE 2 FLORENCE, MA 01062	23-7303142	501(C)(3)	23,750.	0.			GENERAL SUPPORT; MA COVID-19 RESPONSE FUND AWARD; VALLEY GIVES DAY
TEMPLE BETH EL - STAMFORD 350 ROXBURY ROAD STAMFORD, CT 06902	22-1725667	501(C)(3)	25,000.	0.			CAPITAL FUND
THE CHILDREN'S STUDY HOME, INC. 44 SHERMAN STREET SPRINGFIELD, MA 01109	04-2105939	501(C)(3)	14,800.	0.			COVID-19 RESPONSE FUND AWARD
THE COMMUNITY SURVIVAL CENTER, INC. - 240 MAIN STREET - INDIAN ORCHARD, MA 01151	22-2704108	501(C)(3)	27,000.	0.			COVID GRANTS
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038-9773	04-2751023	501(C)(3)	236,250.	0.			ANNUAL FUND; CAPITAL CAMPAIGN; COVID GRANTS; FOOD INSECURITY; WILL BIKE 4 FOOD; GENERAL USE
THE GARDNER GROUP, INC. 219 BRAGG HILL ROAD WESTMINSTER, MA 01473	04-3214678	501(C)(3)	190,000.	0.			MA COVID-19 RESPONSE FUND

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE LITERACY PROJECT, INC. 15 BANK ROW, SUITE C GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	7,910.	0.			COVID RELIEF FOR UNDERSERVED POPULATION
THE PERFORMANCE PROJECT, INC. P.O. BOX 1173 NORTHAMPTON, MA 01060	30-0157803	501(C)(3)	38,000.	0.			COVID-19 RESPONSE FUND AWARD; OPERATING; UBUNTU PROGRAM; WHERE NEEDED
THE SALVATION ARMY - GREENFIELD/HOLYOKE CORPS - 72 CHAPMAN STREET - GREENFIELD, MA 01301	22-2406433	501(C)(3)	111,000.	0.			COVID GRANTS
THE SALVATION ARMY - SPRINGFIELD CORPS - 170 PEARL STREET - SPRINGFIELD, MA 01101	13-5562351	501(C)(3)	76,000.	0.			COVID RELIEF GRANTS; TOY FOR JOY
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	62,377.	0.			COVID-19 RESPONSE FUND AWARD; DONOR DEVELOPMENT
THE UNITED ARC INC. 294 AVENUE A TURNERS FALLS, MA 01376	04-2267562	501(C)(3)	15,000.	0.			COVID-19 RESPONSE FUND AWARD
THE WESTFIELD STATE FOUNDATION, INC. - 577 WESTERN AVENUE - WESTFIELD, MA 01085	04-2701694	501(C)(3)	20,000.	0.			MA COVID-19 RESPONSE FUND AWARD
THOMAS AQUINAS COLLEGE 231 MAIN STREET NORTHFIELD, MA 01360	94-1698615	501(C)(3)	200,000.	0.			EDUCATION
THOMAS J. O'CONNOR ANIMAL CONTROL AND ADOPTION CENTER FOUNDATION, - 66 INDUSTRY AVE, SUITE 3 - SPRINGFIELD, MA 01104	20-5722841	501(C)(3)	5,750.	0.			HUMAN SERVICES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	19,100.	0.			FLORIDA RIGHTS RESTORATION COALITION; FOR MOVEMENT VOTER PROJECT; MOVEMENT VOTER
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	15,100.	0.			ANNUAL FUND
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	501(C)(3)	42,059.	0.			AGAWAM PUBLIC LIBRARY FOR EXPENSES AND PROGRAMS, AND FOR BUSINESS AND FINANCIAL BOOKS, TAPES,
TOWN OF SUNDERLAND 12 SCHOOL STREET SUNDERLAND, MA 01375	04-3372001	501(C)(3)	25,000.	0.			TO SUNDERLAND MA FIRE DEPARTMENT TO BE USED FOR AIR PACK ENSEMBLES, MASKS AND AIR BOTTLES
TREEHOUSE FOUNDATION, INC. ONE TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	73,000.	0.			COVID GRANTS; HEROES YOUTH LEADERSHIP; STIR UP SOME LOVE; OPERATING
TRICKLE UP PROGRAM, INC. 104 WEST 27TH STREET, 12TH FLOOR NEW YORK, NY 10001	06-1043042	501(C)(3)	10,000.	0.			HUMAN SERVICES
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	8,600.	0.			SCHOLARSHIPS
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	57,425.	0.			SCHOLARSHIPS
TRUSTEES OF TUFTS COLLEGE OFFICE OF THE PRESIDENT MEDFORD, MA 02155	04-2103634	501(C)(3)	5,600.	0.			SCHOLARSHIPS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TSNE MISSIONWORKS 89 SOUTH STREET BOSTON, MA 02111-2679	04-2261109	501(C)(3)	59,500.	0.			COVID GRANTS, ; CLPP: CIVIL LIBERTIES & PUBLIC POLICY; GARDENING THE COMMUNITY; GENERAL
UNITARIAN SOCIETY OF NORTHAMPTON AND FLORENCE - 220 MAIN STREET - NORTHAMPTON, MA 01060	04-2160539	501(C)(3)	14,750.	0.			SANCTUARY FUND
UNITED CHURCH OF CHRIST 98 COVENTRY LANE LONGMEADOW, MA 01106	45-0341811	501(C)(3)	39,200.	0.			FOR MAINTENANCE OF IT'S MEETING HOUSE AND ORGAN
UNITED SERVICE ORGANIZATION OF PIONEER VALLEY - 250 JENKINS STREET, BOX 17 - CHICOPEE, MA 01022	04-3142143	501(C)(3)	5,100.	0.			ANNUAL FUND; MA COVID-19 RESPONSE FUND
UNITED WAY OF FRANKLIN COUNTY, INC. - 51 DAVIS STREET - GREENFIELD, MA 01301	04-2212894	501(C)(3)	83,500.	0.			MA COVID-19 RESPONSE FUND AWARD; MERGER OF UWFC AND UWHC
UNITED WAY OF MARTIN COUNTY, INC. 10 S.E. CENTRAL PARKWAY, SUITE 101 STUART, FL 34994	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)	50,548.	0.			ANNUAL FUND; MA COVID-19 RESPONSE FUND
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION, INC. - 374 WHITMORE ADMIN. BUILDING - AMHERST, MA 01003-8380	54-2084125	501(C)(3)	289,216.	0.			SCHOLARSHIPS
UNIVERSITY OF MASSACHUSETTS DARTMOUTH FOUNDATION INC. - 285 OLD WESTPORT ROAD - NORTH DARTMOUTH, MA 02747-2300	23-7336988	501(C)(3)	14,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RHODE ISLAND 35 CAMPUS AVENUE KINGSTON, RI 02881-1303	05-6000522	501(C)(3)	6,800.	0.			SCHOLARSHIPS
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	177,900.	0.			COVID-19 RESPONSE FUND AWARD; OPERATING
VALLEY EDUCATIONAL ASSOCIATES INC PO BOX 46 HATFIELD, MA 01038	04-2763735	501(C)(3)	40,000.	0.			OPERATING
VALLEY OPPORTUNITY COUNCIL, INC. 35 MT. CARMEL AVENUE CHICOPEE, MA 01013	04-2692763	501(C)(3)	194,000.	0.			COVID GRANTS
VALLEY RADIO READING SERVICE, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103	26-2305426	501(C)(3)	30,300.	0.			COVID-19 RESPONSE FUND AWARD; OPERATING
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604-0001	14-1338587	501(C)(3)	12,000.	0.			SCHOLARSHIPS
VIABILITY INC. 5 FRANKLIN STREET NORTHAMPTON, MA 01060	51-0178661	501(C)(3)	50,500.	0.			MA COVID-19 RESPONSE FUND
WALES COMMUNITY PANTRY 85 MAIN STREET WALES, MA 01081-9777	42-1611946	501(C)(3)	10,000.	0.			COVID GRANTS
WAY FINDERS, INC. 322 MAIN STREET SPRINGFIELD, MA 01105	04-2518368	501(C)(3)	81,000.	0.			AFFORDABLE HOUSING AND PREVENTING HOMELESSNESS; COVID GRANTS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WENDELL GOOD NEIGHBORS INCORPORATED - 6 CENTER STREET - WENDELL, MA 01379	90-1112677	501(C)(3)	10,000.	0.			COVID-19 GRANTS
WESLEYAN UNIVERSITY 229 HIGH STREET MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	8,600.	0.			SCHOLARSHIPS
WEST SPRINGFIELD BOYS & GIRLS CLUB, INC. - 615 MAIN STREET - WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	55,000.	0.			COVID-19 RESPONSE FUND AWARD ; CAMP FUNDING; OPERATING
WESTERN MASSACHUSETTS COUNCIL, INC., BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	23,500.	0.			COVID-19 RESPONSE FUND AWARD
WESTERN MASSACHUSETTS TRAINING CONSORTIUM, INC. - 187 HIGH STREET - HOLYOKE, MA 01040	23-7450656	501(C)(3)	111,500.	0.			COVID GRANTS; PEOPLE'S MEDICINE PROJECT; SALASIN PROJECT
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	04-2108376	501(C)(3)	110,760.	0.			SCHOLARSHIPS
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	15,100.	0.			ARTS & CULTURE
WESTFIELD STATE UNIVERSITY 577 WESTERN AVENUE WESTFIELD, MA 01086-1630	04-2701694	501(C)(3)	100,950.	0.			SCHOLARSHIPS
WESTMASS ELDERCARE INC. 4 VALLEY MILL ROAD HOLYOKE, MA 01040	04-2545848	501(C)(3)	59,600.	0.			COVID GRANTS; MEALS ON WHEELS; RAINBOW SUPPER CLUB

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	6,870.	0.			EDUCATION
WILLIE ROSS SCHOOL FOR THE DEAF, INC. - 32 NORWAY STREET - LONGMEADOW, MA 01106	04-2430193	501(C)(3)	5,278.	0.			EDUCATION
WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVENUE EASTHAMPTON, MA 01027	04-1975990	501(C)(3)	12,500.	0.			ANNUAL FOUNDER'S DAY FUND
WOMANSHELTER COMPANERAS, INC. 208 RACE STREET HOLYOKE, MA 01041	04-2716766	501(C)(3)	80,450.	0.			COVID GRANTS; OPERATING
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN STREET - SPRINGFIELD, MA 01103-6105	04-3342411	501(C)(3)	20,050.	0.			ANNUAL FUND; AS NEEDED; ; LEADERSHIP DEVELOPEMNT; MARTHA RICHARD'S TRIBUTE; RIPPLE EFFECT CAMPAIGN
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	12,450.	0.			SCHOLARSHIPS
WORK OPPORTUNITY CENTER INC. 1094 SUFFIELD STREET AGAWAM, MA 01001	04-2467188	501(C)(3)	40,000.	0.			OPERATING
WORKSHOP 13 INC 13 CHURCH STREET WARE, MA 01082	47-1200425	501(C)(3)	25,000.	0.			OPERATING
WORLD FOOD PROGRAM USA 1725 EYE STREET NW WASHINGTON, DC 20006	13-3843435	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule I (Form 990)

22-3089640

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

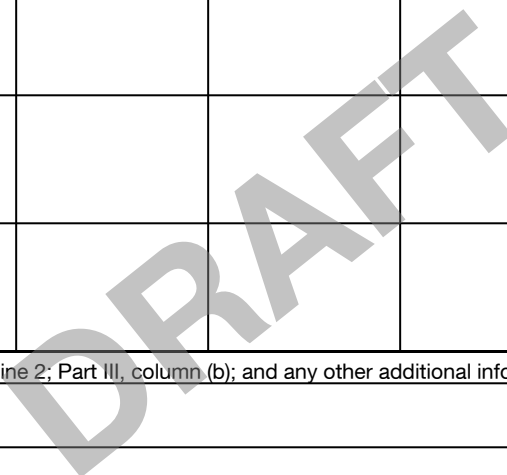
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRENEGADE FOUNDATION 159 PEARL STREET, SUITE 76 ESSEX JUNCTION, VT 05452	82-5112971	501(C)(3)	15,000.	0.			MA COVID-19 RESPONSE FUND
YALE UNIVERSITY P.O.BOX 208229 NEW HAVEN, CT 06520-8220	06-0646973	501(C)(3)	6,400.	0.			SCHOLARSHIPS
YMCA CAMP BELKNAP, INC. P.O. BOX 1546 WOLFEBORO, NH 03894	04-3356887	501(C)(3)	27,000.	0.			ANNUAL GIFT; ANUAL FUND; SUSTAIN THE JOY CAMPAIGN
YMCA OF GREATER SPRINGFIELD 1500 MAIN STREET SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	79,435.	0.			ANNUAL FUND; COVID GRANTS; CAMP FUNDING
YMCA OF GREATER WESTFIELD, INC. 67 COURT STREET WESTFIELD, MA 01085	04-2126585	501(C)(3)	56,000.	0.			COVID GRANTS; USE WHERE NEEDED MOST
YOUNG @ HEART CHORUS, INC. 30 NORTH MAPLE STREET FLORENCE, MA 01062	04-2862189	501(C)(3)	20,500.	0.			OPERATING
YWCA OF WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118-2213	04-2103858	501(C)(3)	105,600.	0.			COVID GRANTS

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance



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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BAY PATH UNIVERSITY

**(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUND; CAPITALS OF THE WORLD;
SCHOLARSHIPS; FINISH LINE FUND ;BOLD WOMEN FUND ; NESPOR FAMILY FUND;**

NAME OF ORGANIZATION OR GOVERNMENT: BERKSHIRE CHILDREN & FAMILIES, INC.

**(H) PURPOSE OF GRANT OR ASSISTANCE: A2Z SCIENCE & LEARNING STORE;
JESSICA MULLINS C/O MAGICAL CHILD; SAM'S OUTDOOR OUTFITTERS VT; TO ONCE**

UPON A CHILD

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GRAY HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ADULT EDUCATION COLLABORATION FURNITURE; ANNUAL FUND; AS NEEDED; COVID-19 RESPONSE FUND; FILL THE PLATE; OPERATING

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE FUND AWARDS; ANNUAL FUND; HEALTHY COMMUNITY EMERGENCY FOOD FUND; MEL & ANN FELDMAN MEMORIAL HEART FUND; RACHELS TABLE

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS AUDUBON SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ARCADIA WILDLIFE SANCTUARY'S TEACHING PAVILION; FOR MASS AUDUBON ARCADIA; BIRD-A-THON; BEAR HOLE; PATTEN HILL;

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTIST WORKING CAPITAL PROGRAM;; ASSETS FOR ARTISTS; COVID-19 RESPONSE FUND; VALLEY CREATES ASSET FOR ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT: NEW ENGLAND PUBLIC MEDIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MURROW SOCIETY, ANNUAL FUND; WGBY AND NEPR; GENERAL FUND; NEW VOICES CAMPAIGN; 50TH ANNIVERSARY CAPITAL CAMPAIGN

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PIONEER VALLEY WORKERS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID RELIEF; 413 UNDOCU-WORKER
SOLIDARITY FUND; THE 413 UNDOCU-WORKER SOLIDARITY FUND

NAME OF ORGANIZATION OR GOVERNMENT: SAFE PASSAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID GRANTS; HOT CHOCOLATE
CHALLENGE; OPERATING; UNRESTRICTED; VALLEY GIVES DAY

NAME OF ORGANIZATION OR GOVERNMENT: SURVIVAL CENTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AMHERST SURVIVAL CENTER; COVID
GRANTS; SENIOR MOBILE NUTRITION PROGRAM; THE AMHERST CLUB; UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

THE FOOD BANK OF WESTERN MASSACHUSETTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL FUND; CAPITAL CAMPAIGN; COVID
GRANTS; FOOD INSECURITY; WILL BIKE 4 FOOD; GENERAL USE ; GIVING TUESDAY;
THE AMHERST

NAME OF ORGANIZATION OR GOVERNMENT: TIDES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FLORIDA RIGHTS RESTORATION
COALITION; FOR MOVEMENT VOTER PROJECT; MOVEMENT VOTER FUND

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF AGAWAM

(H) PURPOSE OF GRANT OR ASSISTANCE: AGAWAM PUBLIC LIBRARY FOR EXPENSES
AND PROGRAMS, AND FOR BUSINESS AND FINANCIAL BOOKS, TAPES, DVD'S, AND
LARGE PRINT MYSTERIES AND THRILLERS; AGAWAM SENIOR CENTER'S ACTIVITIES
FUND.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TSNE MISSIONWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID GRANTS, ; CLPP: CIVIL

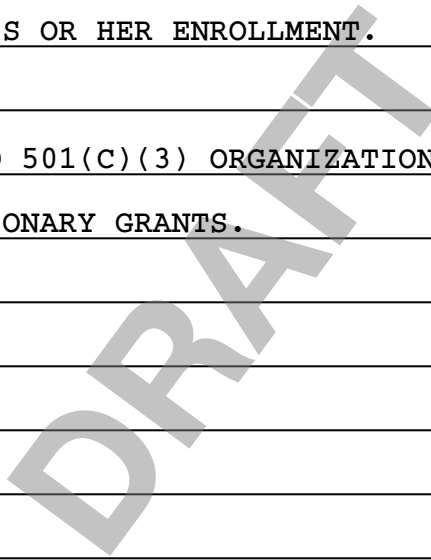
LIBERTIES & PUBLIC POLICY; GARDENING THE COMMUNITY; GENERAL SUPPORT;

GIVING TUESDAY

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2020

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule J (Form 990) 2020

22-3089640

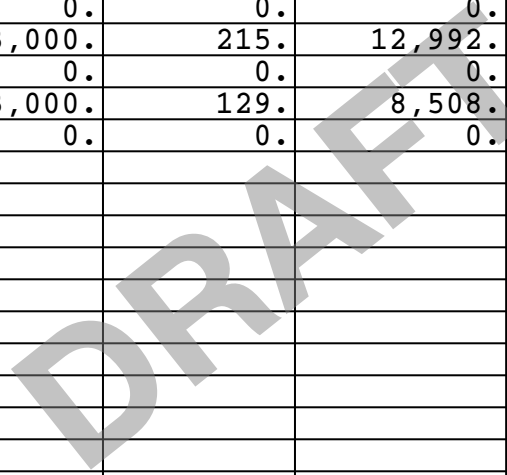
Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHARINE ALLAN ZOBEL PRESIDENT	(i)	188,590.	37,000.	375.	20,748.	21,204.	267,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	(i)	140,493.	18,000.	465.	14,606.	13,532.	187,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLEN LEUCHS VP PHILANTHROPIC SERVICES	(i)	127,662.	13,000.	215.	12,992.	4,210.	158,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES AYRES VP PROGRAMS & STRATEGY	(i)	121,073.	3,000.	129.	8,508.	17,322.	150,032.	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)							



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 BONUSES DURING CALENDAR YEAR 2020
WHICH WERE REPORTED ON THEIR W2'S.

DRAFT

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BECKY PACKARD	TRUSTEE	22,927.	COMPENSATIO		X

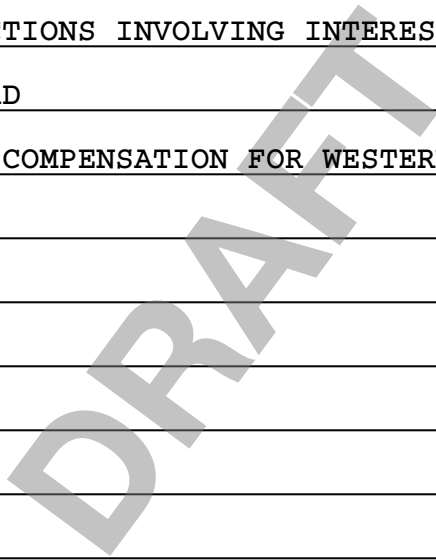
Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BECKY PACKARD

(D) DESCRIPTION OF TRANSACTION: COMPENSATION FOR WESTERN MASS COMPLETES STUDY



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to 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	52	3,732,138.	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 V, 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) 2020

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):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

DRAFT

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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 EXCLUDING SCHEDULE B 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 COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
--	---

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 2020.

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 VII
COMPENSATION PAID TO BOD MEMBER BECKY PACKARD IS FOR OUTSIDE WORK.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN SPLIT INTEREST AGREEMENT 317,034.

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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) 2020