

**PUBLIC INSPECTION COPY**

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 2021 calendar year, or tax year beginning APR 1, 2021 and ending MAR 31, 2022

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature and Preparer information: Sign Here (Signature of officer, Date, Name and title); Paid (Preparer's name, signature, date, PTIN); Preparer Use Only (Firm's name, address, EIN, phone number).

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 14,733,666. including grants of \$ 13,762,783. ) (Revenue \$ 221,247. ) COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED. APPROXIMATELY 400 PROJECTS FUNDED THROUGH THIS PROCESS. THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,600 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code: ) (Expenses \$ 1,183,650. including grants of \$ 1,183,650. ) (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 15,917,316.

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 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> See instructions		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	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 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...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
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.
[X] Own website [ ] Another's website [X] 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
DIDI DE ALMEIDA - (413) 732-2858
333 BRIDGE STREET, SPRINGFIELD, MA 01103

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			238,155.	0.	43,724.	
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	40.00			X			163,140.	0.	32,273.	
(3) ELLEN LEUCHS VP PHILANTHROPIC SERVICES	40.00					X	168,673.	0.	16,213.	
(4) DAISY PEREIRA-TOSADO DIRECTOR OF PHILANTHROPY	40.00					X	104,949.	0.	26,833.	
(5) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					26,000.	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) ELLEN BROUT LINDSEY OUTGOING FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(12) GEORGE ARWADY OUTGOING FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(13) GILLIAN HINKSON FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) KARIN GEORGE FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(15) KERRY DIETZ OUTGOING FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(16) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) MARK KEROACK FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARY ANN SPENCER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(19) MARY-BETH COOPER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(20) MAURICIA GEISSLER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(21) NIKKI BURNETT FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(22) PAUL MURPHY CHAIR	5.00	X		X				0.	0.	0.
<b>1b Subtotal</b> .....								700,917.	0.	119,043.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								700,917.	0.	119,043.

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK FOR GOOD PO BOX 92003, LAS VEGAS, NV 89193	FUNDRAISING SOFTWARE SERVICES	112,600.

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response 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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,432,835.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	36,987,924.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,794,162.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		38,420,759.			
Program Service Revenue	<b>2 a</b>	ADMINISTRATION REVENUE	<b>Business Code</b>				
			561000	221,247.	221,247.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		221,247.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		4,398,897.		127,514.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				19,836,235.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	11,986,228.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	7,850,007.			
	<b>d</b>	Net gain or (loss)		7,850,007.		7,850,007.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		50,890,910.	221,247.	127,514.	12,121,390.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	14,946,433.	14,946,433.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	450,776.	52,027.	294,694.	104,055.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,521,246.	459,795.	672,272.	389,179.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,809.	25,478.	31,828.	20,503.
<b>9</b> Other employee benefits .....	169,384.	48,980.	77,594.	42,810.
<b>10</b> Payroll taxes .....	132,597.	35,030.	64,314.	33,253.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	475,075.	153,593.	228,537.	92,945.
<b>b</b> Legal .....	19,419.	6,214.	9,321.	3,884.
<b>c</b> Accounting .....	38,909.	12,451.	18,676.	7,782.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	487,724.		487,724.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	27,340.	8,829.	13,149.	5,362.
<b>13</b> Office expenses .....	84,803.	27,137.	40,705.	16,961.
<b>14</b> Information technology .....	115,973.	37,452.	55,776.	22,745.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	117,990.	37,757.	56,635.	23,598.
<b>17</b> Travel .....	167.	54.	80.	33.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,288.	1,062.	1,581.	645.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	38,822.	12,423.	18,635.	7,764.
<b>23</b> Insurance .....	7,852.	2,997.	3,923.	932.
<b>24</b> 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.)				
<b>a</b> AUXILIARY EXPENSE	105,500.	34,320.	50,819.	20,361.
<b>b</b> PUBLICATIONS	39,893.	12,883.	19,186.	7,824.
<b>c</b> BAD DEBT	2,401.	2,401.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	18,863,401.	15,917,316.	2,145,449.	800,636.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,992,016.	<b>1</b>	4,630,914.
	<b>2</b> Savings and temporary cash investments .....	3,278,889.	<b>2</b>	9,508,153.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	2,650,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,156,136.	<b>7</b>	2,838,520.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	51,315.	<b>9</b>	66,841.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 258,329.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 131,827.		
	<b>11</b> Investments - publicly traded securities .....	218,613,450.	<b>11</b>	240,995,049.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,021,574.	<b>12</b>	2,861,110.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	231,278,704.	<b>16</b>	263,677,089.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	202,501.	<b>17</b>	239,394.
	<b>18</b> Grants payable .....	8,000.	<b>18</b>	1,012,413.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,396,981.	<b>25</b>	24,716,108.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,607,482.	<b>26</b>	25,967,915.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	53,190,165.	<b>27</b>	72,787,907.
	<b>28</b> Net assets with donor restrictions .....	154,481,057.	<b>28</b>	164,921,267.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	207,671,222.	<b>32</b>	237,709,174.
<b>33</b> Total liabilities and net assets/fund balances .....	231,278,704.	<b>33</b>	263,677,089.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	50,890,910.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,863,401.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	32,027,509.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	207,671,222.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,861,002.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-128,555.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	237,709,174.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 [ ] An organization organized and operated exclusively to test for public safety.
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...
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11,351,717.	7,044,029.	30,322,706.	24,025,871.	38,420,759.	111,165,082.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11,351,717.	7,044,029.	30,322,706.	24,025,871.	38,420,759.	111,165,082.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						35,072,851.
<b>6 Public support.</b> Subtract line 5 from line 4.						76,092,231.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	11,351,717.	7,044,029.	30,322,706.	24,025,871.	38,420,759.	111,165,082.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,782,385.	3,038,664.	3,385,597.	3,173,291.	4,271,383.	16,651,320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	3,899.	36,989.	62,706.		127,514.	231,108.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,100.					2,100.
<b>11 Total support.</b> Add lines 7 through 10						128,049,610.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,519,393.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.42 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	60.09 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on 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.

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 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

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

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**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 .....	387	75
2 Aggregate value of contributions to (during year) .....	31,887,884.	1,810,633.
3 Aggregate value of grants from (during year) .....	8,160,391.	1,241,362.
4 Aggregate value at end of year .....	68,609,638.	23,351,155.
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) 2021

**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?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c 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:
- |                                                                                                                     | Yes    | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                                         | 3a(i)  |    |
| (ii) Related organizations                                                                                          | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,632.	4,109.	57,523.
d Equipment		196,697.	127,718.	68,979.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				126,502.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER UNITRUST/ANNUITY AGREEMENTS	1,364,953.
(3) AGENCY FUNDS	23,351,155.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,716,108.

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 ...



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	48,413,630.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,861,002.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-128,555.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-1,989,557.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	50,403,187.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	487,724.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	487,724.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	50,890,911.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	18,375,677.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	18,375,677.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	487,724.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	487,724.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	18,863,401.

**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, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT -128,555.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

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, FOOD & NUTRITION AND HUMAN SERVICES	51,746.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	GENERAL HEALTH	16,100.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	FOOD & NUTRITION, HUMAN SERVICES	41,500.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	FOOD & NUTRITION	625.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	HUMAN SERVICES, UKRAINE	50,250.
<b>3 a</b> Subtotal .....	0	0			160,221.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			160,221.

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Schedule F (Form 990) 2021

**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)
		HAITI; BAHAMAS; NICARAGUA; COSTA RICA; HONDURAS; UKRAINE; GUATEMALA;	FOOD & NUTRITION (HEALTH)	15,000.		0.		
		HAITI; BAHAMAS; NICARAGUA; COSTA RICA; HONDURAS; UKRAINE; GUATEMALA;	FOOD & NUTRITION (HEALTH)	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HUMAN SERVICES	9,400.		0.		
		UKRAINE	CIVIL RIGHTS (HUMSVCS)	5,750.		0.		
		UKRAINE	HUMAN SERVICES, CIVIL RIGHTS (HUMSVCS)	25,500.		0.		
		AFGANISTAN	FOOD & NUTRITION (HEALTH)	11,000.		0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	NEPAL RELIEF	36,898.		0.		
		DEM. REP. CONGO; BURKINA FASO; ETHIOPIA; KENYA; TANZANIA; NIGER	GENERAL HEALTH	15,000.		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 ..... 23

3 Enter total number of other organizations or entities ..... 23

**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)

**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.

Multiple horizontal lines for data entry.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
18 DEGREES, INC. 480 WEST STREET PITTSFIELD, MA 01201	04-2226238	501(C)(3)	30,152.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
3RD EYE YOUTH EMPOWERMENT, INC. 33 ARCH STREET NEW BEDFORD, MA 02740	04-3582197	501(C)(3)	50,000.	0.			ARTS & CULTURE
ABILITIES DANCE 2 STRATHMORE ROAD BROOKLINE, MA 02445	82-4468746	501(C)(3)	100,000.	0.			ARTS & CULTURE
ABORTION CARE NETWORK 1300 I ST NW WASHINGTON, DC 20005	26-1972058	501(C)(3)	10,000.	0.			GENERAL HEALTH
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	15,720.	0.			HISTORICAL PRES. (ARTCULT)
ALICE'S KIDS P.O. BOX 60 MOUNT VERNON, VA 22121	45-2390871	501(C)(3)	10,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 350.
- 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) 2021



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL OUR KIDS, INC. P. O. BOX 155 SOUTH HADLEY, MA 01075	35-2587544	501(C)(3)	15,100.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
ALL OUT ADVENTURES, INC. 297 PLEASANT STREET NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	10,000.	0.			HUMAN SERVICES
ALZHEIMER'S ASSOCIATION, MASSACHUSETTS/NEW HAMPSHIRE CHAPTER - 309 WAVERLEY OAKS ROAD - WALTHAM, MA 02452	13-3039601	501(C)(3)	16,300.	0.			GENERAL HEALTH
AMERICAN CANCER SOCIETY, INC. P.O. BOX 720366 OKLAHOMA CITY, OK 73172	13-1788491	501(C)(3)	30,763.	0.			HUMAN SERVICES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	5,650.	0.			HUMAN SERVICES
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	16,500.	0.			EDUCATION
AMERICAN NATIONAL RED CROSS 150 BROOKDALE DRIVE SPRINGFIELD, MA 01104	53-0196605	501(C)(3)	38,100.	0.			GENERAL HEALTH
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	39,900.	0.			ARTS & CULTURE
AMHERST COLLEGE TRUSTEES 101 CONVERSE HALL AMHERST, MA 01002	04-2103542	501(C)(3)	11,600.	0.			EDUCATION

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST COMMITTEE FOR A BETTER CHANCE - AC#2286 AMHERST COLLEGE P.O. BOX 5000 - AMHERST, MA 01002-5000	04-6193013	501(C)(3)	15,800.	0.			HUMAN SERVICES
AMHERST COMMUNITY CONNECTIONS 236 NORTH PLEASANT STREET AMHERST, MA 01004	80-0478844	501(C)(3)	6,100.	0.			HUMAN SERVICES
AMHERST COMMUNITY TELEVISION, INC. 246 COLLEGE STREET AMHERST, MA 01002	51-0204997	501(C)(3)	25,000.	0.			ARTS & CULTURE
AMNESTY INTERNATIONAL USA, INC. 311 WEST 43RD STREET NEW YORK, NY 10036	52-0851555	501(C)(3)	5,750.	0.			CIVIL RIGHTS (HUMSVCS)
ANGKOR DANCE TROUPE, INC. P. O. BOX 1553 LOWELL, MA 01853	22-3066416	501(C)(3)	100,000.	0.			ARTS & CULTURE
ANTIOCH COLLEGE CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	26-1672457	501(C)(3)	50,000.	0.			COLLEGE/UNIV (EDUCATION)
AQUINNAH CULTURAL CENTER, INC. 10 BLACK BROOK ROAD AQUINNAH, MA 02535	04-3390765	501(C)(3)	75,000.	0.			ARTS & CULTURE
ARISE, INC. 38 SCHOOL STREET SPRINGFIELD, MA 01105	04-2914511	501(C)(3)	116,526.	0.			HUMAN SERVICES
ART GARDEN, INC. 4 UNION STREET SHELBURNE FALLS, MA 01370	45-2047838	501(C)(3)	11,600.	0.			ARTS & CULTURE

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS EXTENSION INSTITUTE, INC. 221 HAMPSHIRE HOUSE AMHERST, MA 01003	04-2592184	501(C)(3)	30,000.	0.			ARTS & CULTURE
ATALLAH FOUNDATION CORP. 126 A PLEASANT VALLEY ST, SUITE 7 METHUEN, MA 01844	85-1145586	501(C)(3)	10,000.	0.			NON CLASSIFIABLE
AVAILABLE POTENTIAL ENTERPRISES, LTD. - 126 MAIN STREET - NORTHAMPTON, MA 01060	04-2685501	501(C)(3)	15,480.	0.			ARTS & CULTURE
BALLENISLES CHARITIES FOUNDATION, INC. - 100 BALLENISLES CIRCLE - PALM BEACH GARDENS, FL 33418	45-2653459	501(C)(3)	6,000.	0.			NON CLASSIFIABLE
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	112,250.	0.			COLLEGE/UNIV (EDUCATION)
BAYSTATE HEALTH FOUNDATION, INC. 759 CHESTNUT ST SPRINGFIELD, MA 01199-1001	04-3549011	501(C)(3)	187,561.	0.			GENERAL HEALTH
BAYSTATE NOBLE HOSPITAL CORPORATION - 115 WEST SILVER STREET - WESTFIELD, MA 01086	22-2537423	501(C)(3)	33,700.	0.			GENERAL HEALTH
BHUTAN FRIENDSHIP FOUNDATION 10544 WEST PICO BLVD. LOS ANGELES, CA 90064	95-4209489	501(C)(3)	8,350.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF FRANKLIN COUNTY - 16 COURT SQUARE - GREENFIELD, MA 01302	04-2491950	501(C)(3)	25,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)

Schedule I (Form 990)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF HAMPDEN COUNTY, INC. - 266 COLD SPRING AVENUE - WEST SPRINGFIELD, MA 01089	04-2800998	501(C)(3)	31,150.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BLACK MEN OF GREATER SPRINGFIELD, INC. - P.O. BOX 4342 - SPRINGFIELD, MA 01101-4342	04-3210338	501(C)(3)	11,000.	0.			HUMAN SERVICES
BLUES TO GREEN, INC. 18 TUCKER ROAD HUNTINGTON, MA 01050	26-4764676	501(C)(3)	21,500.	0.			ARTS & CULTURE
BOCA HELPING HANDS, INC. 1500 NW 1ST COURT BOCA RATON, FL 33432	31-1713631	501(C)(3)	5,500.	0.			HUMAN SERVICES
BOSTON DANCE ALLIANCE, INC. 30 ATHERTON STREET BOSTON, MA 02119	04-3064755	501(C)(3)	50,000.	0.			ARTS & CULTURE
BOYS & GIRLS CLUB FAMILY CENTER, INC. - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	57,400.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501(C)(3)	64,748.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086	04-2464259	501(C)(3)	37,200.	0.			HUMAN SERVICES
BRICK HOUSE COMMUNITY RESOURCE CENTER, INC. - 24 THIRD STREET - TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	25,000.	0.			HUMAN SERVICES

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTSIDE, INC. C/O FUND DEVELOPMENT SPRINGFIELD, MA 01102-9012	04-2182395	501(C)(3)	6,975.	0.			HUMAN SERVICES
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	7,975.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION - P.O. BOX 34080 - FULLERTON, CA 92834	33-0567945	501(C)(3)	10,000.	0.			COLLEGE/UNIV (EDUCATION)
CAMBRIDGE COLLEGE, INC. 500 RUTHERFORD AVENUE BOSTON, MA 02129	51-0163080	501(C)(3)	15,000.	0.			EDUCATION
CAMBRIDGE WOMEN'S CENTER C/O THE WOMEN'S EDUCATIONAL CENTER 25 MOUNT AUBURN STREET - CAMBRIDGE, MA 02	23-7131753	501(C)(3)	10,000.	0.			HUMAN SERVICES
CANCER CONNECTION, INC. 41 LOCUST STREET, SUITE 1 NORTHAMPTON, MA 01060	04-3493483	501(C)(3)	12,448.	0.			GENERAL HEALTH
CARING HEALTH CENTER, INC. 1049 MAIN STREET SPRINGFIELD, MA 01103-0000	04-2620040	501(C)(3)	82,000.	0.			GENERAL HEALTH
CASTLE OF OUR SKINS, INC. 539 TREMONT STREET STUDIO 206 BOSTON, MA 02116	83-4164245	501(C)(3)	133,333.	0.			ARTS & CULTURE
CATHOLIC CHARITIES AGENCY OF THE DIOCESE OF SPRINGFIELD - 65 ELLIOT STREET - SPRINGFIELD, MA 01105	86-1121553	501(C)(3)	44,800.	0.			HUMAN SERVICES

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104-6196	23-1365953	501(C)(3)	20,000.	0.			EDUCATION
CENTER FOR DISASTER PHILANTHROPY, INC. - ONE THOMAS CIRCLE, NW - WASHINGTON, DC 02005	45-5257937	501(C)(3)	25,500.	0.			HUMAN SERVICES
CENTER FOR ECOTECHNOLOGY 320 RIVERSIDE DRIVE, 1-A NORTHAMPTON, MA 01062	04-2611726	501(C)(3)	56,000.	0.			ENVIRONMENTAL
CENTER FOR HUMAN DEVELOPMENT INC. 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	51,150.	0.			HOUSING
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	126,850.	0.			HUMAN SERVICES
CHESTER THEATRE COMPANY 19 MAIN STREET CHESTER, MA 01011	22-3081088	501(C)(3)	35,300.	0.			ARTS & CULTURE
CHICOPEE BOYS AND GIRLS CLUB, INC. 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	25,000.	0.			HUMAN SERVICES
CHICOPEE CHILD DEVELOPMENT CENTER, INC. - 989 JAMES STREET - CHICOPEE, MA 01022	04-2456912	501(C)(3)	30,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
CITY OF NORTHAMPTON 212 MAIN STREET NORTHAMPTON, MA 01060	27-3994145	501(C)(3)	22,200.	0.			ECONOMIC DEVELOPMENT

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITYSPACE, INC. 50 PAYSON AVENUE EASTHAMPTON, MA 01027	26-0177968	501(C)(3)	10,000.	0.			ARTS & CULTURE
CLINICAL & SUPPORT OPTIONS, INC. 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	21,150.	0.			HOUSING
COLLABORATIVE FOR EDUCATIONAL SERVICES, INC. - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893	501(C)(3)	30,100.	0.			EDUCATION
COLLABORATIVE RESOLUTIONS GROUP, INC. - 121 MONTAGUE ROAD - WENDELL, MA 01379	84-3280623	501(C)(3)	10,000.	0.			NON CLASSIFIABLE
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 01013-2839	04-2225850	501(C)(3)	43,500.	0.			EDUCATION
COMMON WEALTH MURAL COLLABORATIVE 59 GRANBY HEIGHTS GRANBY, MA 01033	83-2022617	501(C)(3)	10,000.	0.			ARTS & CULTURE
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	72,960.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER, INC. - 247 CABOT STREET - HOLYOKE, MA 01040	04-2962882	501(C)(3)	65,764.	0.			EDUCATION
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	55,450.	0.			FOOD & NUTRITION (HEALTH)

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	6,715.	0.			HUMAN SERVICES
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	105,200.	0.			ARTS & CULTURE
COMMUNITY UPLIFTMENT PROGRAM, INC. 465 BELMONT AVENUE SPRINGFIELD, MA 01108	82-1727966	501(C)(3)	50,000.	0.			HUMAN SERVICES
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - 577 CAREW STREET - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	11,800.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	8,700.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONNECTICUT RIVER WATERSHED COUNCIL, INC. - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	14,100.	0.			ENVIRONMENTAL
CONWAY SCHOOL OF LANDSCAPE DESIGN, INC. - 88 VILLAGE HILL ROAD - NORTHAMPTON, MA 01060	04-2596491	501(C)(3)	15,000.	0.			EDUCATION
COOLEY DICKINSON HOSPITAL 30 LOCUST STREET NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	110,688.	0.			GENERAL HEALTH
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	53,023.	0.			GENERAL HEALTH



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY S2009 SCHURMAN HALL ITHACA, NY 14853	15-0532082	501(C)(3)	13,000.	0.			EDUCATION
CROSSROADS FUND 3411 WEST DIVERSEY AVENUE #20 CHICAGO, IL 60647	36-3092907	501(C)(3)	7,500.	0.			HUMAN SERVICES
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - P.O. BOX 6307 - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	15,758.	0.			ANIMAL RELATED (HUMSVCS)
DAVENPORT CHILD CARE, INC. P.O. BOX 235 CHESTERFIELD, MA 01012	04-3544834	501(C)(3)	25,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	36,898.	0.			GENERAL HEALTH
DOUBLE EDGE THEATRE PRODUCTIONS, INC. FS FOROHKETEAU CULTURAL CENTER - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	143,500.	0.			ARTS & CULTURE
DOWNTOWN AMHERST FOUNDATION 35 SOUTH PLEASANT STREET AMHERST, MA 01002	84-3052133	501(C)(3)	20,000.	0.			ARTS & CULTURE
DRAMA STUDIO, INC 41 OAKLAND STREET SPRINGFIELD, MA 01138	22-2822986	501(C)(3)	39,040.	0.			ARTS & CULTURE
DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS, INC. - P. O. BOX 15376 - SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	22,950.	0.			HUMAN SERVICES

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

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EASTERN STATES EXPOSITION FOUNDATION, INC. - 1305 MEMORIAL AVENUE - WEST SPRINGFIELD, MA 01089	04-3567679	501(C)(3)	20,500.	0.			NON CLASSIFIABLE
EASTHAMPTON LEARNING FOUNDATION P.O. BOX 1100 EASTHAMPTON, MA 01027	04-3324788	501(C)(3)	37,200.	0.			EDUCATION
EDC 413WORKS, INC. 1441 MAIN STREET SPRINGFIELD, MA 01103	86-1491313	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
ELEVATED THOUGHT, INC. 15 UNION STREET LAWRENCE, MA 01840	27-3519031	501(C)(3)	166,667.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
EMPOWERMENT THROUGH THE ARTS 236 NORTH PLEASANT STREET, SUITE 10 AMHERST, MA 01002	85-1059888	501(C)(3)	10,000.	0.			ARTS & CULTURE
ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	5,750.	0.			ARTS & CULTURE
ENLACE DE FAMILIAS DE HOLYOKE/HOLYOKE FAMILY NETWORK, INC. - 299 MAIN STREET, STREET LEVEL - HOLYOKE, MA 01040	04-3470427	501(C)(3)	115,100.	0.			HUMAN SERVICES
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	10,750.	0.			ENVIRONMENTAL
ESSEX COUNTY COMMUNITY FOUNDATION 175 ANDOVER STREET DANVERS, MA 01923	04-3407816	501(C)(3)	19,000.	0.			HUMAN SERVICES

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FAMILIES FIRST PARENTING PROGRAMS, INC. - 50 HUNT STREET - WATERTOWN, MA 02472	04-3413397	501(C)(3)	15,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
FCNL EDUCATION FUND 245 SECOND STREET, NE WASHINGTON, DC 20002	52-1254489	501(C)(3)	8,000.	0.			EDUCATION
FEEDING AMERICA 161 NORTH CLARK STREET CHICAGO, IL 60601	36-3673599	501(C)(3)	6,000.	0.			FOOD & NUTRITION (HEALTH)
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	13,943.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	16,203.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIVE COLLEGES, INCORPORATED 97 SPRING STREET AMHERST, MA 01002	04-6134696	501(C)(3)	30,000.	0.			EDUCATION
FOREST PARK ZOOLOGICAL SOCIETY, INC. - P. O. BOX 80295 - SPRINGFIELD, MA 01138	04-6145635	501(C)(3)	25,200.	0.			EDUCATION
FOUR RIVERS EDUCATIONAL FOUNDATION, INC. - 248 COLRAIN ROAD - GREENFIELD, MA 01301	33-1011059	501(C)(3)	10,000.	0.			EDUCATION
FRACTURED ATLAS, INC. 156 OVERLOOK DRIVE FLORENCE, MA 01062	11-3451703	501(C)(3)	13,500.	0.			EDUCATION

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FRANK NEWHALL LOOK MEMORIAL PARK, INC. - 300 NORTH MAIN STREET - FLORENCE, MA 01062	04-3580572	501(C)(3)	5,488.	0.			RECREATION (HEALTH)
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORP. - 324 WELLS STREET - GREENFIELD, MA 01301	04-2678309	501(C)(3)	33,500.	0.			NON CLASSIFIABLE
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM, INC. - P.O. BOX 172 - GREENFIELD, MA 01302	22-3027098	501(C)(3)	10,000.	0.			FOOD & NUTRITION (HEALTH)
FRANKLIN COUNTY DIAL/SELF, INC. 196 FEDERAL STREET GREENFIELD, MA 01301	04-2619617	501(C)(3)	15,000.	0.			HUMAN SERVICES
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	33,039.	0.			ENVIRONMENTAL
FRIENDS OF CHILDREN, INC. 245 RUSSELL STREET, SUITE 14 HADLEY, MA 01035	22-2952288	501(C)(3)	10,550.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
FRIENDS OF GRANDMOTHER'S GARDEN, INC. - P.O. BOX 1432 - WESTFIELD, MA 01086-1432	04-3267287	501(C)(3)	15,500.	0.			RECREATION (HEALTH)
FRIENDS OF HOSPICE HOUSE, INC. DBA HOSPICE OF THE FISHER HOME - 1165 NORTH PLEASANT STREET - AMHERST, MA 01002	54-2136099	501(C)(3)	8,888.	0.			HUMAN SERVICES
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,700.	0.			GENERAL HEALTH

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FRIENDS OF THE HAMPDEN FREE PUBLIC LIBRARY, INC. - 625 MAIN STREET - HAMPDEN, MA 01036	20-0843631	501(C)(3)	20,040.	0.			LIBRARY (EDU)
FRIENDS OF THE PELHAM FREE PUBLIC LIBRARY INC. - 2 SOUTH VALLEY ROAD - PELHAM, MA 01002	04-3077516	501(C)(3)	20,000.	0.			LIBRARY (EDU)
FRONT PORCH ARTS COLLECTIVE OF BOSTON - 560 HARRISON AVENUE - BOSTON, MA 02118	85-3300505	501(C)(3)	133,333.	0.			ARTS & CULTURE
GANDARA MENTAL HEALTH CENTER, INC. 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)	72,000.	0.			HUMAN SERVICES
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS, INC. - 301 KELLY WAY - HOLYOKE, MA 01040	04-2103856	501(C)(3)	30,500.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
GIRLS INC. OF THE VALLEY P.O. BOX 6812 HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	18,900.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
GIRLS ON THE RUN WESTERN MASSACHUSETTS - 16 CENTER STREET, SUITE 322 - NORTHAMPTON, MA 01060	47-3612764	501(C)(3)	28,265.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
GLENMEADOW, INC. 24 TABOR CROSSING LONGMEADOW, MA 01106	04-2105937	501(C)(3)	5,050.	0.			ELDERLY (HUMSVCS)
GRACE EPISCOPAL CHURCH 14 BOLTWOOD AVENUE AMHERST, MA 01002	04-2104256	501(C)(3)	6,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)

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GRAY HOUSE, INC. 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	11,450.	0.			HUMAN SERVICES
GREATER LOWELL COMMUNITY FOUNDATION, INC. - 100 MERRIMACK, STREET #202 - LOWELL, MA 01852	04-3401997	501(C)(3)	50,000.	0.			ARTS & CULTURE
GREATER SPRINGFIELD HABITAT FOR HUMANITY - 268 COLD SPRING AVENUE - WEST SPRINGFIELD, MA 01089	04-2970982	501(C)(3)	5,850.	0.			HOUSING
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	15,900.	0.			HUMAN SERVICES
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - ONE COLLEGE DRIVE - GREENFIELD, MA 01301	04-2449856	501(C)(3)	208,900.	0.			COLLEGE/UNIV (EDUCATION)
GROW FOOD NORTHAMPTON, INC. 221 PINE STREET, #349 FLORENCE, MA 01062	01-0959428	501(C)(3)	6,050.	0.			GENERAL HEALTH
HAMPSHIRE COMMUNITY UNITED WAY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	10,800.	0.			HUMAN SERVICES
HAMPSHIRE REGIONAL YMCA 286 PROSPECT STREET NORTHAMPTON, MA 01060	04-2105887	501(C)(3)	55,048.	0.			GENERAL HEALTH
HEALING ACROSS THE DIVIDES, INC. P.O. BOX 217 HATFIELD, MA 01038	20-1948432	501(C)(3)	7,710.	0.			HUMAN SERVICES

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HEALING RACISM INSTITUTE OF PIONEER VALLEY - ONE MONARCH PLACE - SPRINGFIELD, MA 01144-1300	84-4944655	501(C)(3)	155,200.	0.			HUMAN SERVICES
HEATH AGRICULTURAL SOCIETY, INC. 9 HOSMER ROAD HEATH, MA 01346	04-2607187	501(C)(3)	17,607.	0.			GENERAL HEALTH
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	1,000,000.	0.			COLLEGE/UNIV (EDUCATION)
HILLTOWN VILLAGE, INC. DBA IT TAKES A VILLAGE - 2 EAST MAIN STREET - HUNTINGTON, MA 01050	47-1394720	501(C)(3)	15,000.	0.			HUMAN SERVICES
HIPPOCRATES HEALTH INSTITUTE, INC. 1466 HIPPOCRATES WAY WEST PALM BEACH, FL 33411	65-0125982	501(C)(3)	14,000.	0.			HUMAN SERVICES
HISTORIC DEERFIELD, INC. 84 B OLD MAIN STREET DEERFIELD, MA 01342	04-2262880	501(C)(3)	10,500.	0.			ARTS & CULTURE
HITCHCOCK CENTER FOR THE ENVIRONMENT, INC. - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	19,500.	0.			ENVIRONMENTAL
HOLYOKE CHICOPEE SPRINGFIELD HEAD START, INC. - 30 MADISON AVENUE - SPRINGFIELD, MA 01105	04-2466767	501(C)(3)	25,000.	0.			HUMAN SERVICES
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	81,788.	0.			EDUCATION

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HOLYOKE YMCA, INC. 171 PINE STREET HOLYOKE, MA 01040	04-2192693	501(C)(3)	55,000.	0.			HUMAN SERVICES
HOME CITY DEVELOPMENT, INC. 261 OAK GROVE AVENUE SPRINGFIELD, MA 01109	04-6190467	501(C)(3)	154,000.	0.			HUMAN SERVICES
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED - 1365 ENFIELD STREET - ENFIELD, CT 06082-4925	06-0882297	501(C)(3)	135,660.	0.			ELDERLY (HUMSVCS)
HUMAN SERVICE FORUM P.O. BOX 366 HOLYOKE, MA 01041	45-2897765	501(C)(3)	25,000.	0.			HUMAN SERVICES
HYDE SQUARE TASK FORCE, INC. 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	166,667.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
INSTITUTE FOR THE MUSICAL ARTS P.O. BOX 867 GOSHEN, MA 01032	94-3054129	501(C)(3)	20,100.	0.			ARTS & CULTURE
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	16,550.	0.			RELIGIOUS/CHURCH (HUMSVCS)
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	90,300.	0.			HUMAN SERVICES
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	9,400.	0.			CIVIL RIGHTS (HUMSVCS)



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JACOB'S PILLOW DANCE FESTIVAL, INC. - 358 GEORGE CARTER ROAD - BECKET, MA 01223	04-6002993	501(C)(3)	10,000.	0.			ARTS & CULTURE
JEAN APPOLON EXPRESSIONS, INC. 33 HUBBARD STREET MALDEN, MA 02148	46-1897622	501(C)(3)	166,667.	0.			ARTS & CULTURE
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS, INC. - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	146,650.	0.			HUMAN SERVICES
JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	13,300.	0.			RELIGIOUS/CHURCH (HUMSVCS)
JGS LIFECARE CORPORATION 770 CONVERSE STREET LONGMEADOW, MA 01106	04-2129128	501(C)(3)	10,500.	0.			GENERAL HEALTH
JOHNSON MEMORIAL HOSPITAL 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	06-0646696	501(C)(3)	29,500.	0.			GENERAL HEALTH
JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS, INC. - 1500 MAIN STREET, SUITE 217 - SPRINGFIELD, MA 01115	04-2088304	501(C)(3)	25,000.	0.			EDUCATION
JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	12,700.	0.			GENERAL HEALTH
KARUNA CENTER FOR PEACEBUILDING, INC. - 447 WEST STREET - AMHERST, MA 01002-2933	04-3437359	501(C)(3)	12,850.	0.			HUMAN SERVICES

Schedule I (Form 990)

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KENTS HILL SCHOOL 1614 MAIN STREET KENTS HILL, ME 04349	01-0211532	501(C)(3)	10,000.	0.			EDUCATION
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	266,553.	0.			ENVIRONMENTAL
KINGSWOOD OXFORD SCHOOL INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688	501(C)(3)	6,200.	0.			EDUCATION
KISTNER FOUNDATION, INC. 4 NORMAN ROAD ASHFIELD, MA 01330	04-3508318	501(C)(3)	85,000.	0.			EDUCATION
KRIPALU CENTER FOR YOGA & HEALTH P.O. BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	20,000.	0.			EDUCATION
LAB/SHUL 131 VARICK STREET NEW YORK, NY 10013	46-3877785	501(C)(3)	10,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
LAKE SUNAPEE PROTECTIVE ASSOCIATION - 63 MAIN STREET - SUNAPEE, NH 03782	02-6011969	501(C)(3)	10,000.	0.			ENVIRONMENTAL
LEADERSHIP PIONEER VALLEY, INC. 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-2125214	501(C)(3)	11,450.	0.			EDUCATION
LEA'S FOUNDATION FOR LEUKEMIA RESEARCH, INC. - 522 COTTAGE GROVE ROAD - BLOOMFIELD, CT 06002	06-1520923	501(C)(3)	10,000.	0.			GENERAL HEALTH

Schedule I (Form 990)

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LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	21,550.	0.			ELDERLY (HUMSVCS)
LIGHTHOUSE HOLYOKE 208 RACE STREET HOLYOKE, MA 01040	47-2357416	501(C)(3)	31,000.	0.			HUMAN SERVICES
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	7,975.	0.			LIBRARY (EDU)
LINK TO LIBRARIES, INC. 2 WILBRAHAM ROAD HAMPDEN, MA 01036	26-3155657	501(C)(3)	20,350.	0.			LIBRARY (EDU)
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. - 181 PARK AVENUE - WEST SPRINGFIELD, MA 01089	22-2867371	501(C)(3)	27,100.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MAKE-IT-SPRINGFIELD 168 WORTHINGTON STREET SPRINGFIELD, MA 01103	82-4633337	501(C)(3)	25,000.	0.			HUMAN SERVICES
MARTIN LUTHER KING, JR. FAMILY SERVICES, INC. - 106 WILBRAHAM ROAD - SPRINGFIELD, MA 01109	04-2647035	501(C)(3)	165,350.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MARY LYON EDUCATION FUND, INC. P.O. BOX 184 SHELBURNE FALLS, MA 01370	22-3112593	501(C)(3)	32,500.	0.			EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	48,693.	0.			ENVIRONMENTAL

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MASSACHUSETTS FOUNDATION FOR HUMANITIES - 66 BRIDGE STREET - NORTHAMPTON, MA 01060	22-2504778	501(C)(3)	7,000.	0.			ARTS & CULTURE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501(C)(3)	106,500.	0.			GENERAL HEALTH
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION, INC. - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	84,000.	0.			ARTS & CULTURE
MASSACHUSETTS PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND, INC. - 294 WASHINGTON STREET - BOSTON, MA 02108	04-2670284	501(C)(3)	25,000.	0.			HUMAN SERVICES
MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	19,400.	0.			EMPLOYMENT (ECONDEV)
MERCY HOSPITAL, INC. GIFTS PROCESSING CENTER HARTFORD, CT 06132	04-3398280	501(C)(3)	9,998.	0.			GENERAL HEALTH
MICHAEL E. SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION - P.O. BOX 847 - SOUTH HADLEY, MA 01075	04-3558819	501(C)(3)	20,000.	0.			EDUCATION
MONTAGUE CATHOLIC SOCIAL MINISTRIES, INC. - 41-43 THIRD STREET - TURNERS FALLS, MA 01376	04-3274078	501(C)(3)	84,000.	0.			HUMAN SERVICES
MOTHERWOMAN, INC. DBA WOMEN OF COLOR HEALTH EQUITY COLLECTIVE - P. O. BOX 3477 - SPRINGFIELD, MA 01101	14-1866590	501(C)(3)	12,000.	0.			HUMAN SERVICES

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MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	33,700.	0.			ENVIRONMENTAL
MUSICA FRANKLIN, INC. 324 MAIN STREET GREENFIELD, MA 01301	81-0682911	501(C)(3)	25,000.	0.			ARTS & CULTURE
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & W. MA, INC. - 820A PROSPECT HILL ROAD - WINDSOR, CT 06095	14-1937658	501(C)(3)	13,500.	0.			HUMAN SERVICES
NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION, INC. - 520 8TH AVENUE, SUITE 302 - NEW YORK, NY 10018	13-6161108	501(C)(3)	40,000.	0.			ARTS & CULTURE
NEW ENGLAND CENTER FOR CIRCUS ARTS 14 WINTER STREET MONTPELIER, VT 05602	26-0495118	501(C)(3)	10,000.	0.			ARTS & CULTURE
NEW ENGLAND LEARNING CENTER FOR WOMEN IN TRANSITION, INC. - P.O. BOX 520 - GREENFIELD, MA 01302-0520	04-2616922	501(C)(3)	12,250.	0.			EDUCATION
NEW ENGLAND PUBLIC MEDIA, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	377,447.	0.			ARTS & CULTURE
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176-0358	94-2607722	501(C)(3)	11,200.	0.			RELIGIOUS/CHURCH (HUMSVCS)
NEW NORTH CITIZENS' COUNCIL 2455 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501(C)(3)	161,000.	0.			HUMAN SERVICES

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NORTHAMPTON ACADEMY OF MUSIC, INC. 274 MAIN STREET NORTHAMPTON, MA 01060	04-2266004	501(C)(3)	6,600.	0.			ARTS & CULTURE
NORTHAMPTON CENTER FOR THE ARTS, INC. - P.O. BOX 366 - NORTHAMPTON, MA 01060	22-2570778	501(C)(3)	30,500.	0.			ARTS & CULTURE
NORTHAMPTON COMMUNITY ARTS TRUST P.O. BOX 366 NORTHAMPTON, MA 01061	27-2576586	501(C)(3)	26,100.	0.			ARTS & CULTURE
NORTHAMPTON COMMUNITY MUSIC CENTER, INC. - 139 SOUTH STREET - NORTHAMPTON, MA 01060	04-3428393	501(C)(3)	203,100.	0.			ARTS & CULTURE
NORTHAMPTON EDUCATION FOUNDATION, INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	113,400.	0.			EDUCATION
NORTHAMPTON PARENTS CENTER, INC. 297 MAIN STREET NORTHAMPTON, MA 01060	04-2993539	501(C)(3)	7,000.	0.			HUMAN SERVICES
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	10,800.	0.			HUMAN SERVICES
NORTHFIELD MOUNT HERMON SCHOOL ONE LAMPLIGHTER WAY MOUNT HERMON, MA 01354	04-2109865	501(C)(3)	78,467.	0.			EDUCATION
NORTHWESTERN CHILDREN'S ADVOCACY PROJECT, INC. - 593 ELM STREET - NORTHAMPTON, MA 01060-2871	04-3457848	501(C)(3)	13,700.	0.			HUMAN SERVICES

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ONEHOLYOKE COMMUNITY DEVELOPMENT CORPORATION - 70 LYMAN STREET - HOLYOKE, MA 01040	23-7168031	501(C)(3)	25,000.	0.			HOUSING
ORPHAN VOICE, INC. P.O. BOX 910410 LEXINGTON, KY 40591	61-1503075	501(C)(3)	7,500.	0.			HUMAN SERVICES
PARENT VILLAGES 393 BELMONT AVENUE SPRINGFIELD, MA 01138	83-3840814	501(C)(3)	10,000.	0.			HUMAN SERVICES
PARTNERS FOR A HEALTHIER COMMUNITY, INC. - 127 STATE STREET, 4TH FLOOR - SPRINGFIELD, MA 01101-4895	04-3342182	501(C)(3)	25,000.	0.			GENERAL HEALTH
PARTNERS IN HEALTH: A NONPROFIT CORPORATION - 800 BOYLSTON STREET - BOSTON, MA 02199	04-3567502	501(C)(3)	22,148.	0.			GENERAL HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	15,000.	0.			GENERAL HEALTH
PATHLIGHT, INC. 220 BROOKDALE DRIVE SPRINGFIELD, MA 01104	04-2210685	501(C)(3)	110,500.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
PAUL TAYLOR DANCE FOUNDATION, INC. 551 GRAND STREET NEW YORK, NY 10012	13-2665475	501(C)(3)	10,000.	0.			ARTS & CULTURE
PHILANTHROPY MASSACHUSETTS 3280 WASHINGTON STREET JAMAICA PLAIN, MA 02130	04-2457605	501(C)(3)	10,000.	0.			EDUCATION

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PIONEER VALLEY CHRISTIAN ACADEMY 965 PLUMTREE ROAD SPRINGFIELD, MA 01119	04-2502941	501(C)(3)	6,950.	0.			EDUCATION
PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 4 - FLORENCE, MA 01062	04-3049506	501(C)(3)	21,650.	0.			HOUSING
PIONEER VALLEY PROJECT, INC. 45 MAPLE STREET SPRINGFIELD, MA 01105	04-3343623	501(C)(3)	6,000.	0.			HUMAN SERVICES
PIONEER VALLEY REGIONAL VENTURES CENTER, INC. - 60 CONGRESS STREET, FLOOR 1 - SPRINGFIELD, MA 01104	04-3560951	501(C)(3)	25,000.	0.			HUMAN SERVICES
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	70,000.	0.			EDUCATION
PIONEER VALLEY WORKERS CENTER, INC. - 20 HAMPTON AVENUE, SUITE 200 - NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	208,250.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - P.O. BOX 97166 - WASHINGTON, DC 20090-7166	13-1644147	501(C)(3)	26,050.	0.			GENERAL HEALTH
POCUMTUCK VALLEY MEMORIAL ASSOCIATION - 224 AVERY BROOK ROAD - SHELBURNE FALLS, MA 01370	04-2147607	501(C)(3)	12,800.	0.			HUMAN SERVICES
POPE FRANCIS HIGH SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	38,750.	0.			EDUCATION



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PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FLOOR NEW YORK, NY 10014-4893	13-2602882	501(C)(3)	10,000.	0.			HUMAN SERVICES
RICK'S PLACE, INC. 85 POST OFFICE PARK, SUITE 8521 WILBRAHAM, MA 01095	26-2817386	501(C)(3)	10,775.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
RIVERA & RIVERA ACT AGAINST FORECLOSURE, INC. - 924 MAIN STREET - SPRINGFIELD, MA 01103	45-2459884	501(C)(3)	35,000.	0.			HUMAN SERVICES
ROCA, INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	34,250.	0.			HUMAN SERVICES
ROLAND PARK COMMUNITY FOUNDATION, INC. - P.O. BOX 16214 - BALTIMORE, MD 21210	52-1479924	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ROMAN CATHOLIC BISHOP OF SPRINGFIELD, A CORPORATION SOLE - 65 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-2106751	501(C)(3)	5,600.	0.			HUMAN SERVICES
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 76 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-3437398	501(C)(3)	10,400.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	9,000.	0.			HUMAN SERVICES
SAINT MARY'S HIGH SCHOOL 37 BARTLETT STREET WESTFIELD, MA 01085	APPLIED FOR	501(C)(3)	10,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)

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SAINT MICHAEL'S COLLEGE 1 WINOOSKI PARK COLCHESTER, VT 05439	03-0179403	501(C)(3)	100,000.	0.			COLLEGE/UNIV (EDUCATION)
SAINT PETER AND SAINT PAUL RUSSIAN ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	8,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SAINT THERESA'S CHURCH 9 EAST PARKVIEW DRIVE SOUTH HADLEY, MA 01075-2103	04-3437398	501(C)(3)	7,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SEEDS OF SOLIDARITY EDUCATION CENTER, INC. - 165 CHESTNUT HILL ROAD - ORANGE, MA 01364	04-3517520	501(C)(3)	10,600.	0.			EDUCATION
SELF-EVIDENT EDUCATION, INC. 156 OVERLOOK DRIVE FLORENCE, MA 01062	86-2243014	501(C)(3)	18,500.	0.			EDUCATION
SERVICENET INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	11,000.	0.			MENTAL HEALTH (HEALTH)
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	48,400.	0.			GENERAL HEALTH
SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	11,583.	0.			COLLEGE/UNIV (EDUCATION)
SMITH VOCATIONAL AND AGRICULTURAL HIGH SCHOOL - 80 LOCUST STREET - NORTHAMPTON, MA 01060	04-6001406	501(C)(3)	543,429.	0.			EDUCATION

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SOJOURNER TRUTH SCHOOL FOR SOCIAL CHANGE LEADERSHIP - 649 STATE STREET - SPRINGFIELD, MA 01109	84-3630405	501(C)(3)	24,100.	0.			EDUCATION
SOMALI-BANTU COMMUNITY OF SPRINGFIELD, INC. - P. O. BOX 80151 - SPRINGFIELD, MA 01138	22-3968789	501(C)(3)	58,000.	0.			HUMAN SERVICES
SOUTH END COMMUNITY CENTER, INC. 99 MARBLE STREET SPRINGFIELD, MA 01105-2209	04-2103854	501(C)(3)	25,000.	0.			HUMAN SERVICES
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 28 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	52-2084289	501(C)(3)	26,060.	0.			HISTORICAL PRES. (ARTCULT)
SOUTHEAST ASIAN COALITION OF CENTRAL MASS, INC. - 484 MAIN STREET - WORCESTER, MA 01608	04-3393955	501(C)(3)	166,667.	0.			HUMAN SERVICES
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	12,800.	0.			HUMAN SERVICES
SPIRIT IN ACTION 514 ROSE HILL ROAD ASHEVILLE, NC 28803	38-3655028	501(C)(3)	20,000.	0.			HUMAN SERVICES
SPRING OF HOPE CHURCH OF GOD IN CHRIST - 35 ALDEN STREET - SPRINGFIELD, MA 01109	62-1242019	501(C)(3)	30,000.	0.			HUMAN SERVICES
SPRINGFIELD BOYS & GIRLS CLUB, INC. - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	38,410.	0.			HUMAN SERVICES

Schedule I (Form 990)

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SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	13,200.	0.			EDUCATION
SPRINGFIELD CULTURAL PARTNERSHIP INCORPORATED - 127 STATE STREET - SPRINGFIELD, MA 01103	81-2515358	501(C)(3)	15,000.	0.			ARTS & CULTURE
SPRINGFIELD DAY NURSERY CORPORATION - 1095 MAIN STREET, FLOOR 2 - SPRINGFIELD, MA 01103	04-2103855	501(C)(3)	35,103.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	33,080.	0.			GENERAL HEALTH
SPRINGFIELD MUSEUMS CORPORATION 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	25,273.	0.			ARTS & CULTURE
SPRINGFIELD PUBLIC SCHOOLS 415 STATE STREET SPRINGFIELD, MA 01105	04-6001415	501(C)(3)	9,028.	0.			EDUCATION
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	25,268.	0.			HUMAN SERVICES
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET, SUITE 121 SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	45,510.	0.			ARTS & CULTURE
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01101-9000	22-2612044	501(C)(3)	75,000.	0.			EDUCATION

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ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062	04-2144499	501(C)(3)	6,975.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	139,640.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	22,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. PATRICK PARISH 30 MAIN STREET SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)	10,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. PAUL LUTHERAN CHURCH 181 ELM STREET EAST LONGMEADOW, MA 01028	04-2388464	501(C)(3)	35,125.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. STANISLAUS BASILICA ST. STANISLAUS PARISH OFFICE 40 CYM CHICOPEE, MA 01013	04-2111408	501(C)(3)	24,900.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	45-2463232	501(C)(3)	13,500.	0.			EDUCATION
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVENUE WESTFIELD, MA 01086	04-2131404	501(C)(3)	13,943.	0.			RECREATION (HEALTH)
SURVIVAL CENTERS, INC. P.O. BOX 9629 NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	11,300.	0.			HUMAN SERVICES

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TAPESTRY HEALTH SYSTEMS, INC. 1985 MAIN STREET SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	7,300.	0.			GENERAL HEALTH
TEACH WESTERN MASS, INC. 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	30,000.	0.			EDUCATION
TECH FOUNDRY, INC. 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-4389001	501(C)(3)	25,000.	0.			EDUCATION
THE FELLS 456 ROUTE 103A NEWBURY, NH 03255	04-3345078	501(C)(3)	8,800.	0.			HISTORICAL PRES. (ARTCULT)
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 97 NORTH HATFIELD ROAD - HATFIELD, MA 01038-9773	04-2751023	501(C)(3)	336,550.	0.			FOOD & NUTRITION (HEALTH)
THE HUMANE LEAGUE P.O. BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	10,000.	0.			ANIMAL RELATED (HUMSVCS)
THE LITERACY LAB 1400 16TH STREET NW, SUITE. 410 WASHINGTON, DC 20036	27-1777117	501(C)(3)	20,000.	0.			EDUCATION
THE LITERACY PROJECT, INC. 15 BANK ROW, SUITE C GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	43,536.	0.			EDUCATION
THE LOOP LAB, INC. 872 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	82-3829806	501(C)(3)	166,667.	0.			EMPLOYMENT (ECONDEV)

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THE PERFORMANCE PROJECT, INC. 1365 MAIN STREET SPRINGFIELD, MA 01103	30-0157803	501(C)(3)	31,500.	0.			ARTS & CULTURE
THE SALVATION ARMY - SPRINGFIELD CORPS - 170 PEARL STREET - SPRINGFIELD, MA 01101	13-5562351	501(C)(3)	8,200.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
THE UNITED ARC, INC. 294 AVENUE A TURNERS FALLS, MA 01376	04-2267562	501(C)(3)	6,200.	0.			HUMAN SERVICES
THE WESTFIELD STATE FOUNDATION, INC. - 577 WESTERN AVENUE - WESTFIELD, MA 01085	04-2701694	501(C)(3)	27,500.	0.			EDUCATION
THEATREZONE, INC. D/B/A APOLLINAIRE THEATRE - 189 WINNISIMMET STREET - CHELSEA, MA 02150	04-3341328	501(C)(3)	75,000.	0.			ARTS & CULTURE
THOMAS J. O'CONNOR ANIMAL CONTROL AND ADOPTION CENTER FOUNDATION, INC. - 66 INDUSTRY AVE, SUITE 3 - SPRINGFIELD, MA 01104	20-5722841	501(C)(3)	6,250.	0.			HUMAN SERVICES
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	9,000.	0.			GENERAL SUPPORT
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	10,150.	0.			EDUCATION
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	501(C)(3)	45,383.	0.			HUMAN SERVICES

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TOWN OF WHATELY 4 SANDY LANE SOUTH DEERFIELD, MA 01373	04-6001364	501(C)(3)	75,000.	0.			LIBRARY (EDU)
TRANSGENDER LAW CENTER P.O. BOX 70976 OAKLAND, CA 94612	05-0544006	501(C)(3)	10,000.	0.			HUMAN SERVICES
TREEHOUSE FOUNDATION, INC. 1 TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	33,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
TRICKLE UP PROGRAM, INC. 104 WEST 27TH STREET, 12TH FLOOR NEW YORK, NY 10001	06-1043042	501(C)(3)	10,000.	0.			ECONOMIC DEVELOPMENT
TRINITY HEALTH - NEW ENGLAND 95 WOODLAND STREET HARTFORD, CT 06105	06-1450168	501(C)(3)	500,000.	0.			GENERAL HEALTH
TRUSTEES OF FORBES LIBRARY 20 WEST STREET NORTHAMPTON, MA 01060	04-6004208	501(C)(3)	301,248.	0.			LIBRARY (EDU)
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	9,988.	0.			COLLEGE/UNIV (EDUCATION)
TRUSTEES OF SMITH ACADEMY 277 WEST STREET NORTH HATFIELD, MA 01066	04-2785440	501(C)(3)	11,200.	0.			COLLEGE/UNIV (EDUCATION)
TSNE MISSIONWORKS 89 SOUTH STREET BOSTON, MA 02111-2679	04-2261109	501(C)(3)	14,300.	0.			ENVIRONMENTAL



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	11,000.	0.			FOOD & NUTRITION (HEALTH)
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)	13,931.	0.			HUMAN SERVICES
UNIVERSITY OF MASSACHUSETTS - RECORDS & GIFT PROCESSING - MEMORIAL HALL 134 HICKS WAY - AMHERST, MA 01003-9270	04-3167352	501(C)(3)	15,000.	0.			EDUCATION
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION, INC. - W.E.B. DUBOIS LIBRARY - AMHERST, MA 01003	54-2084125	501(C)(3)	29,990.	0.			COLLEGE/UNIV (EDUCATION)
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET BUILDING 111-3 SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	91,800.	0.			HUMAN SERVICES
VALLEY OPPORTUNITY COUNCIL, INC. 35 MT. CARMEL AVENUE CHICOPEE, MA 01013	04-2692763	501(C)(3)	113,000.	0.			HUMAN SERVICES
WAY FINDERS 1780 MAIN STREET SPRINGFIELD, MA 01103	04-2518368	501(C)(3)	34,000.	0.			HUMAN SERVICES
WEST CUMMINGTON CONGREGATIONAL CHURCH - 27 WEST MAIN STREET - CUMMINGTON, MA 01026	90-0141066	501(C)(3)	6,000.	0.			HUMAN SERVICES

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SPRINGFIELD BOYS & GIRLS CLUB, INC. - 615 MAIN STREET - WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	25,000.	0.			HUMAN SERVICES
WESTERN MASSACHUSETTS COUNCIL, INC., BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	6,975.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
WESTERN MASSACHUSETTS TRAINING CONSORTIUM, INC. - 187 HIGH STREET, SUITE 202 - HOLYOKE, MA 01040	23-7450656	501(C)(3)	45,000.	0.			HUMAN SERVICES
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	04-2108376	501(C)(3)	37,380.	0.			EDUCATION
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	15,700.	0.			HISTORICAL PRES. (ARTCULT)
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	7,143.	0.			EDUCATION
WILLIE ROSS SCHOOL FOR THE DEAF, INC. - 32 NORWAY STREET - LONGMEADOW, MA 01106	04-2430193	501(C)(3)	22,800.	0.			EDUCATION
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 1350 MAIN STREET - SPRINGFIELD, MA 01103-6105	04-3342411	501(C)(3)	53,790.	0.			HUMAN SERVICES
WOOLMAN HILL, INC. 107 KEETS ROAD DEERFIELD, MA 01342	04-2197159	501(C)(3)	10,000.	0.			ENVIRONMENTAL

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	27-3521132	501(C)(3)	15,000.	0.			FOOD & NUTRITION (HEALTH)
WORLD FOOD PROGRAM USA 1725 EYE STREET NW WASHINGTON, DC 20006	13-3843435	501(C)(3)	20,000.	0.			FOOD & NUTRITION (HEALTH)
YMCA CAMP BELKNAP, INC. P.O. BOX 1546 WOLFEBORO, NH 03894	04-3356887	501(C)(3)	25,000.	0.			HUMAN SERVICES
YMCA OF GREATER SPRINGFIELD P.O. BOX 15329 SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	64,030.	0.			HUMAN SERVICES
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREENFIELD, MA - 451 MAIN STREET - GREENFIELD, MA 01301	04-2149363	501(C)(3)	27,250.	0.			HUMAN SERVICES

**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 I, LINE 2:

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

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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)	187,805.	50,000.	350.	21,619.	22,105.	281,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	(i)	137,790.	25,000.	350.	15,137.	17,136.	195,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLEN LEUCHS VP PHILANTHROPIC SERVICES	(i)	117,577.	25,000.	26,096.	13,064.	3,149.	184,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4A:

ELLEN LEUCHS RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$25,846 WHEN HER  
EMPLOYMENT WITH THE COMMUNITY FOUNDATION ENDED.

PART I, LINE 7:

THE EXECUTIVE TEAM EARNED BONUSES DURING CALENDAR YEAR 2021 WHICH WERE  
REPORTED ON THEIR W2'S.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2021

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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.

Table with 4 main columns: (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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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	26,000.	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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	3,794,162.	STOCK MARKET QUOTATION
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) 2021

**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.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 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

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

Schedule O (Form 990) 2021

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 XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN SPLIT INTEREST AGREEMENT -128,555.

FORM 990, PART XII, LINE 2C:  
THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**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) 2021

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

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

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

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

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

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

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

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

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



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

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

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