

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 333 BRIDGE STREET City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01103 F Name and address of principal officer: SHANNON GUREK SAME AS C ABOVE	D Employer identification number 22-3089640 E Telephone number (413) 732-2858 G Gross receipts \$ 42,210,036. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.COMMUNITYFOUNDATION.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1991 M State of legal domicile: MA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ENRICH REGIONAL QUALITY OF LIFE BY ENCOURAGING PHILANTHROPY AND DEVELOPING AN ENDOWMENT CATALYST,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,896.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	38,420,759.	12,036,254.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,247.	297,557.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,248,904.	3,477,064.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			50,890,910.	15,810,875.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,946,433.	16,922,714.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,351,812.	2,827,228.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 909,919.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,565,156.	1,783,200.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,863,401.	21,533,142.
	19	Revenue less expenses. Subtract line 18 from line 12	32,027,509.	-5,722,267.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	263,677,089.	239,194,168.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,967,915.	23,725,012.
	22		237,709,174.	215,469,156.

Part II Signature Block

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

Sign Here	Signature of officer SHANNON GUREK, VP OF FINANCE & OPERATIONS Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA MCGOWAN	Preparer's signature PATRICIA MCGOWAN
	Firm's name COHNREZNICK LLP	Date 01/14/24
	Firm's address 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Check if self-employed <input type="checkbox"/> PTIN P00184514
		Firm's EIN 22-1478099
		Phone no. 959-200-7000

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 17,117,666. including grants of \$ 15,461,734.) (Revenue \$ 297,557.) COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED. APPROXIMATELY 443 PROJECTS FUNDED THROUGH THIS PROCESS. THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,667 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code:) (Expenses \$ 1,460,980. including grants of \$ 1,460,980.) (Revenue \$) COMMUNITY SCHOLARSHIP PROGRAM PROVIDES A CENTRALIZED APPLICATION PROCESS FOR SCHOLARSHIPS AND LOANS TO BENEFIT RESIDENTS OF WESTERN MASSACHUSETTS. AWARDS ARE BASED ON APPLICANTS' FINANCIAL NEED, ACADEMIC MERIT, RESPONSES TO QUESTIONS AND EXTRA CURRICULAR ACTIVITIES IN ACCORDANCE WITH THE TERMS OF THE INDIVIDUAL FUNDS.

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

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

4e Total program service expenses 18,578,646.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 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, box 6 of 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 OUTGOING PRESIDENT & CEO	40.00			X			237,314.	0.	41,361.	
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	40.00			X			155,533.	0.	30,362.	
(3) DENISE HURST VP OF COMMUNITY IMPACT	40.00					X	143,423.	0.	29,728.	
(4) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	40.00					X	137,619.	0.	29,828.	
(5) JOANNA BALLANTINE VP PHILANTHROPIC SERVICES	40.00					X	111,537.	0.	145.	
(6) SHANNON GUREK VP FINANCE & OPERATIONS 10/22	40.00			X			25,285.	0.	123.	
(7) AARON VEGA FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(8) ANNE PARADIS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(9) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(10) CHARLES D'AMOUR FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(11) CHRISTINA ROYAL FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(12) DAVID PINSKY OUTGOING TRUSTEE	1.00	X					0.	0.	0.	
(13) DOUG A. THEOBALD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) ELIZABETH SILLIN OUTGOING TRUSTEE	1.00	X					0.	0.	0.	
(15) GILLIAN HINKSON FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(16) GREGORY THOMAS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) KARIN GEORGE VICE CHAIR	1.00	X		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) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(19) MARK KEROACK FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(20) MARY ANN SPENCER OUTGOING TRUSTEE	1.00	X						0.	0.	0.
(21) MARY-BETH COOPER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(22) MAURICIA GEISSLER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(23) MEGAN BURKE PRESIDENT & CEO 01/23	40.00			X				0.	0.	0.
(24) NIKKI BURNETT FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(25) PAUL MURPHY CHAIR	5.00	X		X				0.	0.	0.
1b Subtotal								810,711.	0.	131,547.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								810,711.	0.	131,547.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK FOR GOOD P.O. BOX 92003, LAS VEGAS, NV 89193-2003	FUNDRAISING SOFTWARE SERVICES	145,000.
LINDAUER P.O. BOX 170310, BOSTON, MA 02117	EMPLOYMENT SEARCH SERVICES	129,334.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,695,101.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,341,153.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,318,316.			
	h	Total. Add lines 1a-1f		12,036,254.			
Program Service Revenue	2 a	ADMINISTRATION REVENUE	Business Code	561000	297,557.	297,557.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		297,557.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,305,225.		8,896.	
	4	Income from investment of tax-exempt bond proceeds				5,296,329.	
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					24,571,000.		
	b	Less: cost or other basis and sales expenses	7b	26,399,161.			
	c	Gain or (loss)	7c	-1,828,161.			
	d	Net gain or (loss)		-1,828,161.		-1,828,161.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		15,810,875.	297,557.	8,896.	3,468,168.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	16,922,714.	16,922,714.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	585,319.	234,128.	210,714.	140,477.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,790,327.	716,131.	644,518.	429,678.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,939.	40,376.	36,338.	24,225.
9 Other employee benefits	189,385.	75,754.	68,179.	45,452.
10 Payroll taxes	161,258.	64,503.	58,053.	38,702.
11 Fees for services (nonemployees):				
a Management	35,256.		35,256.	
b Legal	12,228.	12,228.		
c Accounting	51,395.		51,395.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	364,454.		364,454.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	577,437.	236,083.	315,988.	25,366.
12 Advertising and promotion	77,312.	8,425.	56,795.	12,092.
13 Office expenses	232,579.	80,683.	74,035.	77,861.
14 Information technology	121,287.	49,513.	33,780.	37,994.
15 Royalties				
16 Occupancy	194,596.	65,698.	63,361.	65,537.
17 Travel	11,307.	6,304.	2,314.	2,689.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	52,989.	13,746.	29,397.	9,846.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	52,360.	52,360.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	21,533,142.	18,578,646.	2,044,577.	909,919.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	4,630,914.	1	5,600,852.
	2 Savings and temporary cash investments	9,508,153.	2	5,503,572.
	3 Pledges and grants receivable, net	2,650,000.	3	2,500,000.
	4 Accounts receivable, net		4	387,158.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,838,520.	7	3,126,068.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,841.	9	76,888.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 258,330.		
	b Less: accumulated depreciation	10b 170,649.		
	11 Investments - publicly traded securities	240,995,049.	11	219,862,249.
	12 Investments - other securities. See Part IV, line 11	2,861,110.	12	2,049,700.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	263,677,089.	16	239,194,168.	
Liabilities	17 Accounts payable and accrued expenses	239,394.	17	236,122.
	18 Grants payable	1,012,413.	18	87,900.
	19 Deferred revenue		19	500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,716,108.	25	23,400,490.
	26 Total liabilities. Add lines 17 through 25	25,967,915.	26	23,725,012.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	72,787,907.	27	63,647,054.
	28 Net assets with donor restrictions	164,921,267.	28	151,822,102.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	237,709,174.	32	215,469,156.
33 Total liabilities and net assets/fund balances	263,677,089.	33	239,194,168.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,810,875.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,533,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,722,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	237,709,174.
5	Net unrealized gains (losses) on investments	5	-16,463,615.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-54,134.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	215,469,158.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

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

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS) and 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 described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
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 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,044,029.	30,322,706.	24,025,871.	38,420,759.	12,036,254.	111,849,619.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,044,029.	30,322,706.	24,025,871.	38,420,759.	12,036,254.	111,849,619.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,240,178.
6 Public support. Subtract line 5 from line 4.						77,609,441.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	7,044,029.	30,322,706.	24,025,871.	38,420,759.	12,036,254.	111,849,619.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,038,664.	3,385,597.	3,173,291.	4,271,383.	4,931,875.	18,800,810.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	36,989.	62,706.		127,514.	8,896.	236,105.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						130,886,534.
12 Gross receipts from related activities, etc. (see instructions)					12	1,435,610.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	59.30 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	59.42 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes 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 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Horizontal lines for supplemental information input.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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	243	74
2 Aggregate value of contributions to (during year)	4,925,935.	1,449,919.
3 Aggregate value of grants from (during year)	8,582,252.	1,016,923.
4 Aggregate value at end of year	61,323,571.	22,360,256.

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

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

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

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

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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) 2022

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.	61,632.	0.
d Equipment		196,698.	109,017.	87,681.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				87,681.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER UNITRUST/ANNUITY AGREEMENTS	1,040,234.
(3) AGENCY FUNDS	22,360,256.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,400,490.

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.

1	Total revenue, gains, and other support per audited financial statements		1	-1,071,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-16,463,615.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-54,134.	
e	Add lines 2a through 2d		2e	-16,517,749.
3	Subtract line 2e from line 1		3	15,446,421.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	364,454.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	364,454.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,810,875.

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

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

1	Total expenses and losses per audited financial statements		1	21,168,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	21,168,689.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	364,454.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	364,454.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	21,533,143.

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 ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

HAS CONCLUDED THAT, AS OF MARCH 31, 2023, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

FOUNDATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

FOR ALL YEARS ENDED ON OR AFTER MARCH 31, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT -54,134.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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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	FOOD & NUTRITION AND HUMAN SERVICES	23,100.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	GENERAL HEALTH	11,412.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	FOOD & NUTRITION, HUMAN SERVICES	1,100.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	FOOD & NUTRITION	37,550.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	HUMAN SERVICES	18,750.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ENVIRONMENTAL	500.
NORTH AMERICA	0	0	PROGRAM SERVICES	HUMAN SERVICES	1,000.
3 a Subtotal	0	0			93,412.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			93,412.

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

Schedule F (Form 990) 2022

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)
		BHUTAN	HUMAN SERVICES	7,912.		0.		
		UKRAINE	HUMAN SERVICES	7,500.		0.		
		ASIA	ANIMAL RELIEF	20,000.		0.		
		ISRAEL	HUMAN SERVICES	12,000.		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 ▶ 47

3 Enter total number of other organizations or entities ▶

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

Schedule F (Form 990) 2022

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.

PART II, COLUMN (D):

REGION: ISRAEL / PALESTINIAN TERRITORIES

(D) PURPOSE OF GRANT: IMPROVING THE HEALTH OF MARGINALIZED ISRAELIS AND

ALL PALESTINIANS. PROVIDES FUNDING AND TECHNICAL ADVICE ON HEALTH TO BOTH

COMMUNITIES AND FOSTERS COOPERATION BETWEEN GROUPS.

REGION: UKRAINE

(D) PURPOSE OF GRANT: PLEASE USE THIS DONATION TOWARDS YOUR HELP FOR

UKRAINE INITIATIVE. THANK YOU.

REGION: VIETNAM

(D) PURPOSE OF GRANT: THANK YOU FOR YOUR WORK! AS IN THE PAST, PLEASE

ALLOCATE 50% TO YOUR TREE PROJECT IN VIETNAM AND 50% TO TRAPROCK'S WORK

AS NEEDED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
22-3089640

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3RD EYE YOUTH EMPOWERMENT, INC. 33 ARCH STREET NEW BEDFORD, MA 02740	04-3582197	501(C)(3)	50,000.	0.			ARTS & CULTURE
ABILITIES DANCE, INC. 2 STRATHMORE ROAD UNIT 3 BROOKLINE, MA 02445	82-4468746	501(C)(3)	100,000.	0.			ARTS & CULTURE
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	16,260.	0.			ARTS & CULTURE
ALIANZA DV SERVICES, INC. 208 RACE STREET P.O. BOX 1099 HOLYOKE, MA 01041	04-2716766	501(C)(3)	23,150.	0.			HUMAN SERVICES
ALICE'S KIDS P.O. BOX 60 MOUNT VERNON, VA 22121	45-2390871	501(C)(3)	10,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
ALL FARMERS, INC. PO BOX 3338 SPRINGFIELD, MA 01101-3338	83-1783247	501(C)(3)	68,000.	0.			GENERAL PURPOSE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 368
- 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) 2022

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
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. 3380 CHASTAIN MEADOWS PKY NW KENNESAW, GA 30144	13-1788491	501(C)(3)	31,671.	0.			GENERAL HEALTH
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MASSACHUSETTS - ONE CENTER PLAZA, SUITE 850 - BOSTON, MA 02108	23-7312949	501(C)(3)	6,540.	0.			CIVIL RIGHTS (HUMSVCS)
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	49,766.	0.			GENERAL SUPPORT
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	56,000.	0.			EDUCATION
AMERICAN RED CROSS CENTRAL-WESTERN MASSACHUSETTS CHAPTER - 2000 CENTURY DRIVE - WORCESTER, MA 01606	53-0196605	501(C)(3)	36,975.	0.			HUMAN SERVICES
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	39,300.	0.			ARTS & CULTURE
AMHERST COMMUNITY CONNECTIONS 236 NORTH PLEASANT STREET AMHERST, MA 01004	80-0478844	501(C)(3)	5,100.	0.			HOUSING
AMHERST COMMUNITY TELEVISION, INC. 101 UNIVERSITY DR STE B4 AMHERST, MA 01002	51-0204997	501(C)(3)	30,500.	0.			ARTS & CULTURE

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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)	75,000.	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)	69,622.	0.			HUMAN SERVICES
ART FOR THE SOUL ART GALLERY, INC. 235 STATE STREET, HR10 SPRINGFIELD, MA 01103	45-2068344	501(C)(3)	30,000.	0.			ARTS & CULTURE
ART GARDEN, INC. 4 UNION STREET SHELBURNE FALLS, MA 01370	45-2047838	501(C)(3)	21,000.	0.			ARTS & CULTURE
ARTS EXTENSION INSTITUTE, INC. 221 HAMPSHIRE HOUSE, 131 COUNTY CIRCLE, UMASS AMHERST - AMHERST, MA 01003	04-2592184	501(C)(3)	30,000.	0.			ARTS & CULTURE
ASHFIELD COMMUNITY PRESCHOOL, INC. 103 BAPTIST CORNER ROAD P.O. BOX 19 ASHFIELD, MA 01330	22-2580763	501(C)(3)	30,000.	0.			EDUCATION
ATHOL SANTA FUND, INC. P.O. BOX 293 ATHOL, MA 01331	85-3552753	501(C)(3)	12,927.	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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BALLENISLES CHARITIES FOUNDATION, INC. - 100 BALLEENISLES CIRCLE - PALM BEACH GARDENS, FL 33418	45-2653459	501(C)(3)	7,000.	0.			GENERAL SUPPORT
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC. - 91500 OVERSEAS HWY - TAVERNIER, FL 33070	59-1923401	501(C)(3)	45,000.	0.			GENERAL HEALTH
BARRINGTON STAGE COMPANY, INC. 122 NORTH STREET PITTSFIELD, MA 01201	04-3263298	501(C)(3)	5,500.	0.			ARTS & CULTURE
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	44,750.	0.			EDUCATION
BAYSTATE HEALTH FOUNDATION, INC. 280 CHESTNUT STREET SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	167,956.	0.			GENERAL HEALTH
BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	50,000.	0.			HUMAN SERVICES
BAYSTATE NOBLE HOSPITAL CORPORATION - 115 WEST SILVER STREET P.O. BOX 1634 - WESTFIELD, MA 01086	22-2537423	501(C)(3)	33,800.	0.			GENERAL HEALTH
BETH ABRAHAM SYNAGOGUE 305 SUGAR CAMP CIRCLE DAYTON, OH 45409	31-0550821	501(C)(3)	6,114.	0.			RELIGIOUS/CHURCH (HUMSVCS)
BHUTAN FRIENDSHIP FOUNDATION 10544 WEST PICO BLVD. LOS ANGELES, CA 90064	95-4209489	501(C)(3)	7,912.	0.			HUMAN SERVICES

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BLUES TO GREEN, INC. 18 TUCKER ROAD HUNTINGTON, MA 01050	26-4764676	501(C)(3)	56,500.	0.			ARTS & CULTURE
BOMBYX CENTER FOR ARTS & EQUITY 130 PINE STREET FLORENCE, MA 01062	87-3501029	501(C)(3)	30,000.	0.			ARTS & CULTURE
BOSTON DANCE ALLIANCE, INC. 19 CLARENDON STREET BOSTON, MA 02116	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)	32,400.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501(C)(3)	30,524.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET P.O. BOX 128 - WESTFIELD, MA 01086	04-2464259	501(C)(3)	77,200.	0.			HUMAN SERVICES
BRIGHTSIDE, INC 114 WOODLAND ST HARTFORD, CT 06105	04-2182395	501(C)(3)	7,220.	0.			GENERAL HEALTH
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET P.O. BOX 1039 - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	10,720.	0.			DISABILITY (HUMSVCS)
CAMBRIDGE WOMEN'S CENTER 25 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	23-7131753	501(C)(3)	15,000.	0.			GENERAL HEALTH

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CARING HEALTH CENTER, INC. 1049 MAIN STREET SPRINGFIELD, MA 01103-0000	04-2620040	501(C)(3)	86,000.	0.			GENERAL HEALTH
CASTLE OF OUR SKINS, INC. BOSTON CENTER FOR THE ARTS 539 TREMONT STREET STUDIO 206 - BOSTON, MA 02116	83-4164245	501(C)(3)	133,333.	0.			ARTS & CULTURE
CATHEDRAL IN THE NIGHT MINISTRY 867 NORTH PLEASANT STREET AMHERST, MA 01002	46-1428682	501(C)(3)	7,000.	0.			HUMAN SERVICES
CATHOLIC CHARITIES AGENCY OF THE DIOCESE OF SPRINGFIELD - 65 ELLIOT STREET - SPRINGFIELD, MA 01105	86-1121553	501(C)(3)	50,000.	0.			HUMAN SERVICES
CATIE'S CLOSET, INC. 19 SCHOOL STREET DRACUT, MA 01826	27-2531953	501(C)(3)	10,000.	0.			HUMAN SERVICES
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104-6196	23-1365953	501(C)(3)	20,000.	0.			COLLEGE/UNIV (EDUCATION)
CENTER FOR ECOTECHNOLOGY 320 RIVERSIDE DRIVE, 1-A NORTHAMPTON, MA 01062	04-2611726	501(C)(3)	40,740.	0.			ENVIRONMENTAL
CENTER FOR HUMAN DEVELOPMENT, INC. 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	53,300.	0.			HUMAN SERVICES
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	76,800.	0.			HUMAN SERVICES

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CHARLEMONT FEDERATED CHURCH 175 MAIN STREET P.O. BOX 248 CHARLEMONT, MA 01339	04-2749787	501(C)(3)	10,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CHESTER THEATRE COMPANY 19 MAIN STREET P.O. BOX 722 CHESTER, MA 01011	22-3081088	501(C)(3)	9,900.	0.			ARTS & CULTURE
CHRISTINA'S HOUSE, INC. 38 MADISON AVENUE SPRINGFIELD, MA 01105	36-4726957	501(C)(3)	30,000.	0.			HUMAN SERVICES
CITY OF NORTHAMPTON 212 MAIN STREET NORTHAMPTON, MA 01060	04-6001406	501(C)(3)	25,700.	0.			ENVIRONMENTAL
CITYSPACE, INC. 50 PAYSON AVENUE EASTHAMPTON, MA 01027	26-0177968	501(C)(3)	32,500.	0.			ARTS & CULTURE
CLARKE SCHOOL FOR THE DEAF 45 ROUND HILL ROAD NORTHAMPTON, MA 01060-2199	04-2104008	501(C)(3)	30,900.	0.			EDUCATION
CLASSCRITS INC 725 HERTEL AVE UNIT 526 BUFFALO, NY 14207-7021	82-1713227	501(C)(3)	15,000.	0.			EDUCATION
CLINICAL & SUPPORT OPTIONS, INC. 8 ATWOOD DRIVE SUITE 301 NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	18,250.	0.			HUMAN SERVICES
COLLABORATIVE FOR EDUCATIONAL SERVICES, INC. - 97 HAWLEY STREET - NORTHAMPTON, MA 01060	04-2562893	501(C)(3)	30,000.	0.			EDUCATION

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

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COLLABORATIVE RESOLUTIONS GROUP, INC. - PO BOX 931 - GREENFIELD, MA 01302	84-3280623	501(C)(3)	30,000.	0.			GENERAL SUPPORT
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 01013-2839	04-2225850	501(C)(3)	52,500.	0.			EDUCATION
COMMON CAPITAL, INC. 1780 MAIN STREET SPRINGFIELD, MA 01103	22-3051402	501(C)(3)	30,000.	0.			GENERAL PURPOSE
COMMON WEALTH MURAL COLLABORATIVE P.O. BOX 4391 SPRINGFIELD, MA 01101-4391	83-2022617	501(C)(3)	31,000.	0.			ARTS & CULTURE
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	144,926.	0.			HUMAN SERVICES
COMMUNITY FOUNDATION OF EASTERN CONNECTICUT - P.O. BOX 769 68 FEDERAL STREET - NEW LONDON, CT 06320	06-1080097	501(C)(3)	9,909.	0.			GENERAL SUPPORT
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	74,200.	0.			ENVIRONMENTAL
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	6,550.	0.			CIVIL RIGHTS (HUMSVCS)
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	69,200.	0.			ARTS & CULTURE

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

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CONGREGATION B'NAI ISRAEL 253 PROSPECT STREET NORTHAMPTON, MA 01060	04-6052052	501(C)(3)	46,140.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - 577 CAREW STREET - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	11,500.	0.			ELDERLY (HUMSVCS)
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	9,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONNECTICUT RIVER WATERSHED COUNCIL, INC. - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	13,500.	0.			ENVIRONMENTAL
CONWAY HISTORICAL SOCIETY, INC. 50 MAIN STREET P.O. BOX 174 CONWAY, MA 01341	04-1205110	501(C)(3)	5,800.	0.			ARTS & CULTURE
CONWAY SCHOOL OF LANDSCAPE DESIGN, INC. - 88 VILLAGE HILL ROAD - NORTHAMPTON, MA 01060	04-2596491	501(C)(3)	53,000.	0.			EDUCATION
COOLEY DICKINSON HOSPITAL 30 LOCUST STREET NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	31,134.	0.			GENERAL HEALTH
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET P.O. BOX 5001 - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	58,632.	0.			EDUCATION
CULTURAL IMAGES GROUP, INC. P. O. BOX 148 NORTHAMPTON, MA 01061	22-2584962	501(C)(3)	12,600.	0.			GENERAL SUPPORT

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DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - P.O. BOX 6307 - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	17,488.	0.			ANIMAL RELATED (HUMSVCS)
DAVENPORT CHILD CARE, INC. P.O. BOX 235 387 MAIN ROAD CHESTERFIELD, MA 01012	04-3544834	501(C)(3)	30,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	38,732.	0.			GENERAL HEALTH
DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	152,800.	0.			ARTS & CULTURE
DRAMA STUDIO, INC. 41 OAKLAND STREET P.O. BOX 80892 SPRINGFIELD, MA 01138	22-2822986	501(C)(3)	28,825.	0.			ARTS & CULTURE
DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS, INC. - P. O. BOX 15376 - SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	32,800.	0.			HUMAN SERVICES
EARTHJUSTICE 50 CALIFORNIA ST. SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	5,750.	0.			ENVIRONMENTAL
EAST LONGMEADOW SCHOLARSHIP FOUNDATION - P. O. BOX 66 - EAST LONGMEADOW, MA 01028	04-2592638	501(C)(3)	10,000.	0.			EDUCATION
EASTERN STATES EXPOSITION FOUNDATION, INC. - 1305 MEMORIAL AVENUE - WEST SPRINGFIELD, MA 01089	04-3567679	501(C)(3)	20,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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EASTHAMPTON LEARNING FOUNDATION P.O. BOX 1100 EASTHAMPTON, MA 01027	04-3324788	501(C)(3)	38,400.	0.			EDUCATION
ELEVATED THOUGHT, INC. 15 UNION STREET LAWRENCE, MA 01841	27-3519031	501(C)(3)	166,667.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	31,800.	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)	262,310.	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 SUITE 101 DANVERS, MA 01923	04-3407816	501(C)(3)	27,430.	0.			HUMAN SERVICES
FAMILIES FIRST PARENTING PROGRAMS, INC. - 50 HUNT STREET - WATERTOWN, MA 02472	04-3413397	501(C)(3)	30,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET P.O. BOX 264 - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	14,311.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	8,570.	0.			RELIGIOUS/CHURCH (HUMSVCS)

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FIRST CHURCHES OF NORTHAMPTON 129 MAIN STREET NORTHAMPTON, MA 01060	04-6062700	501(C)(3)	5,500.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CONGREGATIONAL CHURCH OF ASHFIELD, MA - P.O. BOX 519 429 MAIN STREET - ASHFIELD, MA 01330	04-6001518	501(C)(3)	15,000.	0.			RELIGIOUS/CHURCH
FLORENCE CONGREGATIONAL CHURCH 130 PINE STREET FLORENCE, MA 01062	75-6050443	501(C)(3)	15,000.	0.			RELIGIOUS/CHURCH
FORESTDALE CEMETERY ASSOCIATION 304 CABOT STREET HOLYOKE, MA 01040	04-1336160	501(C)(3)	7,331.	0.			GENERAL SUPPORT
FRACTURED ATLAS, INC. P.O. BOX 55 HEARTSDALE, NY 10503-0055	11-3451703	501(C)(3)	6,000.	0.			ARTS & CULTURE
FRACTURED ATLAS, INC. P. O. BOX 55 HEARTSDALE, NY 10503	11-3451703	501(C)(3)	25,000.	0.			ARTS & CULTURE
FRANK NEWHALL LOOK MEMORIAL PARK, INC. - 300 NORTH MAIN STREET - FLORENCE, MA 01062	04-3580572	501(C)(3)	6,044.	0.			ARTS & CULTURE
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORPORATION [CDC] - 324 WELLS STREET - GREENFIELD, MA 01301	04-2678309	501(C)(3)	93,500.	0.			ENVIRONMENTAL
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET P.O. BOX 450 SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	37,750.	0.			ENVIRONMENTAL

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

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FRIENDS OF GRANDMOTHER'S GARDEN, INC. - P.O. BOX 1432 - WESTFIELD, MA 01086-1432	04-3267287	501(C)(3)	16,300.	0.			ARTS & CULTURE
FRIENDS OF LIBERTAS ACADEMY CHARTER SCHOOL INC. - 146 CHESTNUT STREET - SPRINGFIELD, MA 01103	81-3371302	501(C)(3)	6,000.	0.			PRIVATE SCHOOL (EDUCATION)
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,750.	0.			GENERAL HEALTH
FRIENDS OF THE HOMELESS, A CSO PROGRAM - 755 WORTHINGTON STREET - SPRINGFIELD, MA 01105	04-2206041	501(C)(3)	7,033.	0.			HUMAN SERVICES
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)	52,000.	0.			HUMAN SERVICES
GIRLS INC. OF THE VALLEY P.O. BOX 6812 HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	76,821.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
GIRLS ON THE RUN WESTERN MASSACHUSETTS - 16 CENTER STREET, SUITE 318 - NORTHAMPTON, MA 01060	47-3612764	501(C)(3)	22,500.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)

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GIVE MUSIC, INC. 83 MAPLE STREET SPRINGFIELD, MA 01105	04-3468467	501(C)(3)	25,000.	0.			ARTS & CULTURE
GIVEDIRECTLY, INC. P.O. BOX 3221 NEW YORK, NY 10008	27-1661997	501(C)(3)	10,640.	0.			GENERAL SUPPORT
GLENMEADOW, INC. 24 TABOR CROSSING LONGMEADOW, MA 01106	04-2105937	501(C)(3)	12,500.	0.			ELDERLY (HUMSVCS)
GRACE EPISCOPAL CHURCH 14 BOLTWOOD AVENUE AMHERST, MA 01002	04-2104256	501(C)(3)	8,400.	0.			RELIGIOUS/CHURCH (HUMSVCS)
GRAY HOUSE, INC. 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	80,200.	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)	11,850.	0.			HOUSING
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	16,400.	0.			ELDERLY (HUMSVCS)
GREATER WESTFIELD EMERGENCY FOOD PANTRY, INC. - 101 MEADOW STREET - WESTFIELD, MA 01085	04-3049616	501(C)(3)	33,000.	0.			HUMAN SERVICES

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GREATER WORCESTER COMMUNITY FOUNDATION, INC. - 370 MAIN STREET - WORCESTER, MA 01608-1738	04-2572276	501(C)(3)	26,625.	0.			HUMAN SERVICES
GREEK ORTHODOX CHURCH OF ST. LUKE PO BOX 381 EAST LONGMEADOW, MA 01028	04-2620669	501(C)(3)	5,500.	0.			RELIGIOUS/CHURCH (HUMSVCS)
GREENFIELD COMMUNITY COLLEGE ONE COLLEGE DRIVE GREENFIELD, MA 01301	04-2449856	501(C)(3)	338,150.	0.			EDUCATION
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - ONE COLLEGE DRIVE - GREENFIELD, MA 01301	04-2449856	501(C)(3)	322,400.	0.			EDUCATION
GROW FOOD NORTHAMPTON, INC. 221 PINE STREET, #349 FLORENCE, MA 01062	01-0959428	501(C)(3)	91,350.	0.			GENERAL HEALTH
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 322 W LAMAR STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	10,000.	0.			HOUSING
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - 40 WALL STREET - NEW YORK, NY 10005	13-1656651	501(C)(3)	10,191.	0.			GENERAL HEALTH
HAMPSHIRE COMMUNITY UNITED WAY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	15,700.	0.			HUMAN SERVICES
HAPPIER VALLEY COMEDY, INC. 1 MILL VALLEY ROAD, SUITE B HADLEY, MA 01035	47-4942147	501(C)(3)	20,000.	0.			ARTS & CULTURE

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HEALING ACROSS THE DIVIDES, INC. P.O. BOX 217 HATFIELD, MA 01038	20-1948432	501(C)(3)	9,640.	0.			GENERAL HEALTH
HEALING RACISM INSTITUTE OF PIONEER VALLEY - ONE MONARCH PLACE - SPRINGFIELD, MA 01144-1300	84-4944655	501(C)(3)	8,000.	0.			HUMAN SERVICES
HEATH AGRICULTURAL SOCIETY, INC. 9 HOSMER ROAD HEATH, MA 01346	04-2607187	501(C)(3)	17,166.	0.			FOOD & NUTRITION (HEALTH)
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	501,000.	0.			COLLEGE/UNIV (EDUCATION)
HILLTOWN YOUTH PERFORMING ARTS PROGRAM, INC. - 49 CONWAY STREET - SHELBURNE FALLS, MA 01370	84-2220127	501(C)(3)	30,000.	0.			ARTS & CULTURE
HIPPOCRATES HEALTH INSTITUTE, INC. 1466 HIPPOCRATES WAY WEST PALM BEACH, FL 33411	65-0125982	501(C)(3)	15,000.	0.			FOOD & NUTRITION (HEALTH)
HISPANIC-AMERICAN LIBRARY, INC. 55 FRANK B. MURRAY STREET SPRINGFIELD, MA 01103	04-3252935	501(C)(3)	30,000.	0.			EDUCATION
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	18,691.	0.			ARTS & CULTURE
HITCHCOCK CENTER FOR THE ENVIRONMENT - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	7,200.	0.			ENVIRONMENTAL

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HM HUTCHINGS FAMILY LIFE CENTER, INC. - 649 STATE STREET - SPRINGFIELD, MA 01109	04-3415498	501(C)(3)	30,000.	0.			HUMAN SERVICES
HOLYOKE CHICOPEE SPRINGFIELD HEAD START, INC. - 30 MADISON AVENUE - SPRINGFIELD, MA 01105	04-2466767	501(C)(3)	13,500.	0.			HUMAN SERVICES
HOLYOKE CIVIC SYMPHONY ORCHESTRA, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	22-3183469	501(C)(3)	15,000.	0.			ARTS & CULTURE
HOLYOKE COMMUNITY COLLEGE 303 HOMESTEAD AVENUE HOLYOKE, MA 01040	23-7181691	501(C)(3)	12,500.	0.			COLLEGE/UNIV (EDUCATION)
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	16,644.	0.			COLLEGE/UNIV (EDUCATION)
HOME CITY DEVELOPMENT, INC. 261 OAK GROVE AVENUE SPRINGFIELD, MA 01109	04-6190467	501(C)(3)	65,000.	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)	136,740.	0.			ELDERLY (HUMSVCS)
HOMEGROWN NATIONAL PARK, INC. P.O. BOX 1106 SHARON, CT 06069	86-1228991	501(C)(3)	10,000.	0.			ENVIRONMENTAL
HUMAN SERVICE FORUM P.O. BOX 366 HOLYOKE, MA 01041	45-2897765	501(C)(3)	40,000.	0.			HUMAN SERVICES

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HYDE SQUARE TASK FORCE, INC. 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	166,667.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
IMAGINE NORTH CAROLINA FIRST P.O. BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	25,000.	0.			CIVIL RIGHTS (HUMSVCS)
INSTITUTE FOR THE MUSICAL ARTS P.O. BOX 867 GOSHEN, MA 01032	94-3054129	501(C)(3)	30,600.	0.			ARTS & CULTURE
INSTITUTE FOR THE NEXT JEWISH FUTURE INJF - 5472 S EVERETT AVENUE - CHICAGO, IL 60615	27-5071401	501(C)(3)	30,000.	0.			RELIGIOUS/CHURCH
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	17,050.	0.			RELIGIOUS/CHURCH (HUMSVCS)
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	62,400.	0.			HUMAN SERVICES
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	7,000.	0.			HUMAN SERVICES
JEAN APPOLON EXPRESSIONS, INC. 33 HUBBARD STREET MALDEN, MA 02148	46-1897622	501(C)(3)	166,667.	0.			ARTS & CULTURE
JEWISH COMMUNITY OF AMHERST, INC. 742 MAIN STREET AMHERST, MA 01002	04-2394315	501(C)(3)	5,800.	0.			RELIGIOUS/CHURCH (HUMSVCS)

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JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS, INC. - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	83,114.	0.			HUMAN SERVICES
JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	15,800.	0.			RELIGIOUS/CHURCH (HUMSVCS)
JOHN HAY ESTATE AT THE FELLOWS 456 ROUTE 103A NEWBURY, NH 03255	04-3345078	501(C)(3)	10,000.	0.			ARTS & CULTURE
JOHNSON MEMORIAL HOSPITAL (SAINT FRANCIS FOUNDATION) - 95 WOODLAND STREET, 2ND FLOOR - HARTFORD, CT 06105	06-1450168	501(C)(3)	30,320.	0.			GENERAL HEALTH
JONES LIBRARY, INC. 43 AMITY STREET AMHERST, MA 01002	04-2104358	501(C)(3)	10,850.	0.			LIBRARY (EDU)
JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	150,400.	0.			FOOD & NUTRITION (HEALTH)
KARUNA CENTER FOR PEACEBUILDING, INC. - PO BOX 727 - GREENFIELD, MA 01302	04-3437359	501(C)(3)	11,750.	0.			CIVIL RIGHTS (HUMSVCS)
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	727,752.	0.			ENVIRONMENTAL
KINGSWOOD OXFORD SCHOOL INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688	501(C)(3)	6,300.	0.			PRIVATE SCHOOL (EDUCATION)

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KISTNER FOUNDATION, INC. 4 NORMAN ROAD ASHFIELD, MA 01330	04-3508318	501(C)(3)	40,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
KOSCIUSZKO FOUNDATION, INC. 15 EAST 65TH STREET NEW YORK, NY 10065	13-1628179	501(C)(3)	12,500.	0.			CIVIL RIGHTS (HUMSVCS)
KRIPALU CENTER FOR YOGA & HEALTH P.O. BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	25,000.	0.			GENERAL HEALTH
LAHEY CLINIC FOUNDATION, INC. 330 BROOKLINE AVE BOSTON, MA 02215	04-2323457	501(C)(3)	25,000.	0.			GENERAL HEALTH
LAKE SUNAPEE PROTECTIVE ASSOCIATION - 63 MAIN STREET - SUNAPEE, NH 03782	02-6011969	501(C)(3)	18,000.	0.			ENVIRONMENTAL
LAUNCHSPACE INC. 131 WEST MAIN STREET, SUITE 342 ORANGE, MA 01364	81-4826723	501(C)(3)	30,000.	0.			ENVIRONMENTAL
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	317,654.	0.			ELDERLY (HUMSVCS)
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	8,220.	0.			LIBRARY (EDU)
LOCAL ACCESS TO VALLEY ARTS 38 FOREST AVENUE GREENFIELD, MA 01301	94-3135091	501(C)(3)	24,000.	0.			ARTS & CULTURE

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MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. - 133 FEDERAL STREET, 2ND FLOOR - BOSTON, MA 02110	22-2867371	501(C)(3)	10,100.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MAKE-A-WISH FOUNDATION OF WESTERN & CENTRAL MASSACHUSETTS - 181 PARK AVENUE - WEST SPRINGFIELD, MA 01089	22-2867371	501(C)(3)	10,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MAKE-IT-SPRINGFIELD 168 WORTHINGTON STREET SPRINGFIELD, MA 01103	82-4633337	501(C)(3)	31,000.	0.			HUMAN SERVICES
MARY LYON FOUNDATION P.O. BOX 184 SHELBURNE FALLS, MA 01370	22-3112593	501(C)(3)	25,250.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MASSACHUSETTS AUDUBON SOCIETY, INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	23,561.	0.			EDUCATION
MASSACHUSETTS DENTAL SOCIETY FOUNDATION, INC. - TWO WILLOW STREET - SOUTHBOROUGH, MA 01745-1027	04-3466040	501(C)(3)	10,000.	0.			GENERAL HEALTH
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	04-1564655	501(C)(3)	7,500.	0.			GENERAL HEALTH
MASSACHUSETTS MILITARY SUPPORT FOUNDATION INC - 117 ROUTE 6A - SANDWICH, MA 02563	82-1605363	501(C)(3)	300,000.	0.			HUMAN SERVICES
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION INC - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	91,700.	0.			ARTS & CULTURE

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MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	19,400.	0.			EDUCATION
MERCY FOR ANIMALS 1150 CONRAD COURT HAGERSTOWN, MD 21740-5905	54-2076145	501(C)(3)	30,000.	0.			ANIMAL RELATED (HUMSVCS)
MERCY OFFICE OF PHILANTHROPY PO BOX 320635 HARTFORD, CT 06132-9900	04-3398280	501(C)(3)	16,750.	0.			GENERAL HEALTH
MONTAGUE CATHOLIC SOCIAL MINISTRIES, INC. - 41-43 THIRD STREET - TURNERS FALLS, MA 01376	04-3274078	501(C)(3)	91,762.	0.			HUMAN SERVICES
MOTHERWOMAN, INC. DBA WOMEN OF COLOR HEALTH EQUITY COLLECTIVE - P. O. BOX 3477 - SPRINGFIELD, MA 01101	14-1866590	501(C)(3)	7,000.	0.			EDUCATION
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	16,700.	0.			ENVIRONMENTAL
MUSIC AND POETRY SYNCHRONIZED, INC. - 39 MASSASOIT STREET - NORTHAMPTON, MA 01060	45-1777894	501(C)(3)	20,000.	0.			ARTS & CULTURE
MUSICA FRANKLIN, INC. 324 MAIN STREET GREENFIELD, MA 01301	81-0682911	501(C)(3)	31,500.	0.			ARTS & CULTURE
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & W. MA, INC. - 100 RIVERVIEW CENTER - MIDDLETOWN, CT 06457	14-1937658	501(C)(3)	7,000.	0.			CIVIL RIGHTS (HUMSVCS)

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NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION, INC. - 520 8TH AVENUE, SUITE 302 - NEW YORK, NY 10018	13-6161108	501(C)(3)	10,000.	0.			ARTS & CULTURE
NATIONAL YIDDISH BOOK CENTER, INC. 1021 WEST STREET AMHERST, MA 01002	04-2708878	501(C)(3)	10,551.	0.			ARTS & CULTURE
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	6,000.	0.			ENVIRONMENTAL
NEIGHBOR TO NEIGHBOR MASSACHUSETTS EDUCATION FUND, INC. - P.O. BOX 30839 - WORCESTER, MA 01603	04-3507716	501(C)(3)	10,000.	0.			HUMAN SERVICES
NEO PHILANTHROPY 45 W 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	10,000.	0.			CIVIL RIGHTS (HUMSVCS)
NEW ENGLAND LEARNING CENTER FOR WOMEN IN TRANSITION, INC. - P.O. BOX 520 - GREENFIELD, MA 01302-0520	04-2616922	501(C)(3)	45,750.	0.			HUMAN SERVICES
NEW ENGLAND PUBLIC MEDIA, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	103,190.	0.			ARTS & CULTURE
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176-0358	94-2607722	501(C)(3)	23,691.	0.			CIVIL RIGHTS (HUMSVCS)
NEW NORTH CITIZENS' COUNCIL 2455 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501(C)(3)	57,000.	0.			HUMAN SERVICES

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NORTHAMPTON ACADEMY OF MUSIC, INC. 274 MAIN STREET NORTHAMPTON, MA 01060	04-2266004	501(C)(3)	13,500.	0.			ARTS & CULTURE
NORTHAMPTON CENTER FOR THE ARTS, INC. - P.O. BOX 366 - NORTHAMPTON, MA 01060	22-2570778	501(C)(3)	20,200.	0.			ARTS & CULTURE
NORTHAMPTON COMMUNITY ARTS TRUST P.O. BOX 366 NORTHAMPTON, MA 01061	27-2576586	501(C)(3)	8,914.	0.			ARTS & CULTURE
NORTHAMPTON COMMUNITY MUSIC CENTER INC - 139 SOUTH STREET - NORTHAMPTON, MA 01060	04-3428393	501(C)(3)	22,800.	0.			ARTS & CULTURE
NORTHAMPTON EDUCATION FOUNDATION, INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	120,425.	0.			EDUCATION
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	8,900.	0.			FOOD & NUTRITION (HEALTH)
NORTHEAST ORGANIC FARMING ASSOCIATION MASSACHUSETTS CHAPTER - 411 SHELDON ROAD - BARRE, MA 01005	22-2987723	501(C)(3)	31,000.	0.			ENVIRONMENTAL
NUESTRAS RAICES, INC. 329 MAIN STREET HOLYOKE, MA 01040	04-3182556	501(C)(3)	37,250.	0.			GENERAL PURPOSE
ONEHOLYOKE COMMUNITY DEVELOPMENT CORPORATION - 70 LYMAN STREET - HOLYOKE, MA 01040	23-7168031	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT

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

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OUT NOW, INC. P.O. BOX 5321 SPRINGFIELD, MA 01101	04-3441348	501(C)(3)	5,500.	0.			CIVIL RIGHTS (HUMSVCS)
PA'LANTE TRANSFORMATIVE JUSTICE, INC. - 208 RACE STREET, ROOM 204 - HOLYOKE, MA 01040	92-2240723	501(C)(3)	30,000.	0.			CIVIL RIGHTS
PAN-MASSACHUSETTS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	5,350.	0.			RECREATION (HEALTH)
PARENT VILLAGES 393 BELMONT AVENUE SPRINGFIELD, MA 01138	83-3840814	501(C)(3)	30,000.	0.			HUMAN SERVICES
PARTNERS IN HEALTH: A NONPROFIT CORPORATION - 800 BOYLSTON STREET - BOSTON, MA 02199	04-3567502	501(C)(3)	13,032.	0.			GENERAL HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	20,000.	0.			GENERAL HEALTH
PATHLIGHT, INC. 220 BROOKDALE DRIVE SPRINGFIELD, MA 01104	04-2210685	501(C)(3)	5,500.	0.			EDUCATION
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET, SUITE 802 BOSTON, MA 02110	04-2457605	501(C)(3)	10,000.	0.			HUMAN SERVICES
PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 4 - FLORENCE, MA 01062	04-3049506	501(C)(3)	22,904.	0.			HOUSING

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PIONEER VALLEY HISTORY NETWORK PO BOX 116 BELCHERTOWN, MA 01007	27-1921690	501(C)(3)	7,000.	0.			ARTS & CULTURE
PIONEER VALLEY PROJECT, INC. 45 MAPLE STREET SPRINGFIELD, MA 01105	04-3343623	501(C)(3)	82,000.	0.			HUMAN SERVICES
PIONEER VALLEY REGIONAL VENTURES CENTER, INC. - 60 CONGRESS STREET, FLOOR 1 - SPRINGFIELD, MA 01104	04-3560951	501(C)(3)	27,000.	0.			HUMAN SERVICES
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. [THE HARTSBROOK SCHOOL] - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	50,000.	0.			PRIVATE SCHOOL (EDUCATION)
PIONEER VALLEY WORKERS CENTER, INC. - 20 HAMPTON AVENUE, SUITE 200 - NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	35,500.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	22,750.	0.			GENERAL HEALTH
POCUMTUCK VALLEY MEMORIAL ASSOCIATION - P. O. BOX 428 - DEERFIELD, MA 01342	04-2147607	501(C)(3)	7,500.	0.			GENERAL PURPOSE
POPE FRANCIS PREPARATORY SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	39,800.	0.			PRIVATE SCHOOL (EDUCATION)
PROJECT ON PREDATORY STUDENT LENDING, INC. - 769 CENTRE STREET, SUITE 166 - JAMAICA PLAIN, MA 02130	87-4582545	501(C)(3)	150,000.	0.			CIVIL RIGHTS (HUMSVCS)

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PROVIDENCE MINISTRIES FOR THE NEEDY, INC. - 51 HAMILTON STREET - HOLYOKE, MA 01040	04-2898893	501(C)(3)	63,343.	0.			HOUSING
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	25,000.	0.			EDUCATION
REVITALIZE COMMUNITY DEVELOPMENT CORPORATION - 1145 MAIN STREET, SUITE 107 - SPRINGFIELD, MA 01103	04-3172737	501(C)(3)	44,500.	0.			HOUSING
RICK'S PLACE, INC. 85 POST OFFICE PARK, SUITE 8521 WILBRAHAM, MA 01095	26-2817386	501(C)(3)	11,050.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
RIVER EAST SCHOOL TO CAREER, INC. 1455 NORTH MAIN STREET PALMER, MA 01069	44-5105514	501(C)(3)	12,000.	0.			EDUCATION
RIVERA & RIVERA ACT AGAINST FORECLOSURE, INC. - 924 MAIN STREET - SPRINGFIELD, MA 01103	45-2459884	501(C)(3)	98,000.	0.			HUMAN SERVICES
ROCA, INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	35,650.	0.			HUMAN SERVICES
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD (THE FOUNDATION OF) - 76 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-3437398	501(C)(3)	86,900.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	41,050.	0.			HUMAN SERVICES

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SAINT MICHAEL'S COLLEGE 1 WINOOSKI PARK COLCHESTER, VT 05439	03-0179403	501(C)(3)	100,000.	0.			EDUCATION
SAINT PETER & SAINT PAUL RUSSIAN ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	6,750.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SECOND CONGREGATIONAL CHURCH OF GREENFIELD - 16 COURT SQUARE - GREENFIELD, MA 01301	04-2238917	501(C)(3)	5,500.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
SELF-EVIDENT EDUCATION, INC. 156 OVERLOOK DRIVE FLORENCE, MA 01062	86-2243014	501(C)(3)	45,000.	0.			EDUCATION
SERVICENET INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	13,050.	0.			HUMAN SERVICES
SHEA THEATER ARTS CENTER, INC. 71 AVENUE A TURNERS FALLS, MA 01376	81-1096876	501(C)(3)	10,500.	0.			ARTS & CULTURE
SHRINERS HOSPITALS FOR CHILDREN / NATIONAL HQ - 2900 N. ROCKY POINT DRIVE - TAMPA, FL 33607	36-2193608	501(C)(3)	7,293.	0.			GENERAL HEALTH
SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	7,885.	0.			EDUCATION
SNOW FARM - THE NEW ENGLAND CRAFT PROGRAM, INC. - 5 CLARY ROAD - WILLIAMSBURG, MA 01096	06-3547767	501(C)(3)	12,500.	0.			ARTS & CULTURE

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SOJOURNER TRUTH SCHOOL FOR SOCIAL CHANGE LEADERSHIP INC. - 649 STATE STREET - SPRINGFIELD, MA 01109	84-3630405	501(C)(3)	27,600.	0.			EDUCATION
SOMALI BANTU COMMUNITY OF SPRINGFIELD, INC. - P. O. BOX 80151 - SPRINGFIELD, MA 01138	22-3968789	501(C)(3)	45,000.	0.			GENERAL PURPOSE
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 28 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	52-2084289	501(C)(3)	29,480.	0.			ARTS & CULTURE
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)	11,700.	0.			CIVIL RIGHTS (HUMSVCS)
SPRINGFIELD BOYS & GIRLS CLUB, INC. - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	8,700.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	9,524.	0.			COLLEGE/UNIV (EDUCATION)
SPRINGFIELD CULTURAL PARTNERSHIP, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103	81-2515358	501(C)(3)	25,000.	0.			ARTS & CULTURE
SPRINGFIELD DAY NURSERY CORPORATION - 1095 MAIN STREET, FLOOR 2 - SPRINGFIELD, MA 01103	04-2103855	501(C)(3)	33,172.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)

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SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	17,540.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SPRINGFIELD MUSEUMS 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	23,357.	0.			ARTS & CULTURE
SPRINGFIELD OPERATIONS ECS, INC. 100 HICKORY STREET SPRINGFIELD, MA 01109	82-3148338	501(C)(3)	31,000.	0.			GENERAL PURPOSE
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION, INC. - 721 STATE STREET - SPRINGFIELD, MA 01108	04-2374279	501(C)(3)	30,000.	0.			HUMAN SERVICES
SPRINGFIELD PUERTO RICAN PARADE P.O. BOX 1273 SPRINGFIELD, MA 01101	85-3019456	501(C)(3)	25,000.	0.			ARTS & CULTURE
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	32,459.	0.			HUMAN SERVICES
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET, SUITE 121 SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	39,225.	0.			ARTS & CULTURE
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION (EMERGENCY FUND) - ONE ARMORY SQUARE, SUITE 1 - SPRINGFIELD, MA 01102	22-2612044	501(C)(3)	12,500.	0.			EDUCATION
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01101-9000	22-2612044	501(C)(3)	15,250.	0.			EDUCATION

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SPRINGFIELD VIETNAMESE CULTURAL ASSOCIATION, INC. - 433 BELMONT AVENUE - SPRINGFIELD, MA 01108	47-5507747	501(C)(3)	35,000.	0.			ARTS & CULTURE
ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062	04-2144499	501(C)(3)	7,220.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	140,560.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JOHN'S EPISCOPAL CHURCH 469 MAIN STREET ASHFIELD, MA 01330	52-0808563	501(C)(3)	15,500.	0.			RELIGIOUS/CHURCH
ST. JOHN'S EPISCOPAL CHURCH 48 ELM STREET NORTHAMPTON, MA 01060	04-2130854	501(C)(3)	11,000.	0.			RELIGIOUS/CHURCH
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	22,500.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. PATRICK'S CATHOLIC CHURCH 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)	36,275.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. STANISLAUS BASILICA 40 CYMAN DRIVE CHICOPEE, MA 01013	04-2111408	501(C)(3)	20,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)

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ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	45-2463232	501(C)(3)	13,900.	0.			PRIVATE SCHOOL (EDUCATION)
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVENUE WESTFIELD, MA 01085	04-2131404	501(C)(3)	14,311.	0.			ARTS & CULTURE
STONE SOUP CAFE P.O. BOX 57 GREENFIELD, MA 01302	84-3664286	501(C)(3)	170,114.	0.			HUMAN SERVICES
SURVIVAL CENTERS, INC. P.O. BOX 9629 NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	317,150.	0.			HUMAN SERVICES
TAPESTRY HEALTH SYSTEMS, INC. 1985 MAIN STREET SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	9,100.	0.			GENERAL HEALTH
TEACH WESTERN MASS 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)	32,500.	0.			EDUCATION
TEMPLE ISRAEL 130 RIVERSIDE DRIVE DAYTON, OH 45405	31-0550827	501(C)(3)	6,114.	0.			RELIGIOUS/CHURCH (HUMSVCS)
THE CARE CENTER 247 CABOT STREET HOLYOKE, MA 01040	04-2962882	501(C)(3)	85,038.	0.			HUMAN SERVICES

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THE EPISCOPAL CHURCH OF SAINTS JAMES AND ANDREW - 8 CHURCH STREET - GREENFIELD, MA 01301	52-0808893	501(C)(3)	13,500.	0.			RELIGIOUS/CHURCH
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - P.O. BOX 160 - HATFIELD, MA 01038	04-2751023	501(C)(3)	292,647.	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)	30,000.	0.			EDUCATION
THE LITERACY PROJECT, INC. 15 BANK ROW, SUITE C GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	14,262.	0.			EDUCATION
THE LOOP LAB, INC. 872 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	82-3829806	501(C)(3)	166,667.	0.			EMPLOYMENT (ECONDEV)
THE PERFORMANCE PROJECT, INC. P. O. BOX 5195 SPRINGFIELD, MA 01101	30-0157803	501(C)(3)	35,500.	0.			ARTS & CULTURE
THE SALVATION ARMY - SPRINGFIELD CORPS - P. O. BOX 971 - SPRINGFIELD, MA 01101	13-5562351	501(C)(3)	7,660.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	44,238.	0.			GENERAL HEALTH

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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)	8,100.	0.			ANIMAL RELATED (HUMSVCS)
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	18,200.	0.			HUMAN SERVICES
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	10,100.	0.			LIBRARY (EDU)
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	501(C)(3)	46,831.	0.			HUMAN SERVICES
TOWN OF HADLEY 100 MIDDLE STREET HADLEY, MA 01035	04-6001166	501(C)(3)	14,323.	0.			LIBRARY (EDU)
TOWN OF WEST SPRINGFIELD 26 CENTRAL STREET WEST SPRINGFIELD, MA 01089	04-6001352	501(C)(3)	50,000.	0.			ARTS & CULTURE
TREEHOUSE FOUNDATION, INC. 1 TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	43,250.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
TRINITY HEALTH - NEW ENGLAND 95 WOODLAND STREET HARTFORD, CT 06105	06-1450168	501(C)(3)	501,000.	0.			GENERAL HEALTH

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TRUSTEES OF FORBES LIBRARY 20 WEST STREET NORTHAMPTON, MA 01060	04-6004208	501(C)(3)	7,696.	0.			LIBRARY (EDU)
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	23,144.	0.			COLLEGE/UNIV (EDUCATION)
TRUSTEES OF SMITH ACADEMY 277 WEST STREET NORTH HATFIELD, MA 01066	04-2785440	501(C)(3)	17,000.	0.			EDUCATION
TSNE 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	66,950.	0.			CIVIL RIGHTS (HUMSVCS)
UNITARIAN SOCIETY OF NORTHAMPTON AND FLORENCE - 220 MAIN STREET - NORTHAMPTON, MA 01060	04-2160539	501(C)(3)	12,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
UNITED WAY OF PIONEER VALLEY, INC. 1441 MAIN STREET SPRINGFIELD, MA 01103	04-2152680	501(C)(3)	154,956.	0.			HUMAN SERVICES
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	20,381.	0.			COLLEGE/UNIV (EDUCATION)
UNIVERSITY OF MASSACHUSETTS AMHERST - 154 HICKS WAY - AMHERST, MA 01003	54-2084125	501(C)(3)	252,602.	0.			COLLEGE/UNIV (EDUCATION)
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET, BUILDING 111-3 SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	33,700.	0.			HUMAN SERVICES

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VALLEY OPPORTUNITY COUNCIL, INC. 35 MT. CARMEL AVENUE CHICOPEE, MA 01013	04-2692763	501(C)(3)	75,000.	0.			HUMAN SERVICES
VANGUARD CHARITABLE ENDOWMENT PROGRAM - 2670 WARWICK AVENUE - WARWICK, RI 02889-9509	23-2888152	501(C)(3)	474,913.	0.			GENERAL SUPPORT
VOICES OF TRUTH PO BOX 873 GARDNER, MA 01440	46-4478637	501(C)(3)	10,000.	0.			HUMAN SERVICES
WAY FINDERS 1780 MAIN STREET SPRINGFIELD, MA 01103	04-2518368	501(C)(3)	35,000.	0.			HUMAN SERVICES
WELLSPRING COOPERATIVE CORPORATION P. O. BOX 51116 SPRINGFIELD, MA 01151	46-5509253	501(C)(3)	82,100.	0.			GENERAL PURPOSE
WESTERN MASSACHUSETTS COUNCIL, INC., BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	517,220.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
WESTERN MASSACHUSETTS TRAINING CONSORTIUM, INC. - 187 HIGH STREET, SUITE 202 - HOLYOKE, MA 01040	23-7450656	501(C)(3)	54,250.	0.			MENTAL HEALTH (HEALTH)
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	04-2108376	501(C)(3)	30,000.	0.			EDUCATION
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	15,600.	0.			LIBRARY (EDU)

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
WGBH EDUCATIONAL FOUNDATION 44 HAMPDEN STREET SPRINGFIELD, MA 01103	04-2104397	501(C)(3)	16,736.	0.			EDUCATION
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	17,272.	0.			PRIVATE SCHOOL (EDUCATION)
WILBRAHAM FRIENDS OF THE LIBRARY, INC. - 25 CRANE PARK DRIVE - WILBRAHAM, MA 01095	04-2620151	501(C)(3)	11,900.	0.			LIBRARY (EDU)
WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVENUE EASTHAMPTON, MA 01027	04-1975990	501(C)(3)	14,341.	0.			EDUCATION
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 333 BRIDGE STREET - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	73,845.	0.			HUMAN SERVICES
WORKSHOP 13, INC. 13 CHURCH STREET WARE, MA 01082	47-1200425	501(C)(3)	30,000.	0.			ARTS & CULTURE
YMCA CAMP BELKNAP, INC. P.O. BOX 1546 WOLFEBORO, NH 03894	04-3356887	501(C)(3)	52,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
YMCA OF GREATER SPRINGFIELD P.O. BOX 15329 SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	30,000.	0.			HUMAN SERVICES
YMCA OF GREATER SPRINGFIELD P.O. BOX 15329 SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	38,935.	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
YOUNG AT HEART CHORUS INCORPORATED 30 NORTH MAPLE STREET FLORENCE, MA 01062	04-2862189	501(C)(3)	31,000.	0.			ARTS & CULTURE

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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 OUTGOING PRESIDENT & CEO	(i)	207,014.	30,000.	300.	21,318.	20,043.	278,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRUCE HILTUNEN VP FINANCE & OPERATIONS	(i)	130,337.	24,896.	300.	14,144.	16,218.	185,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENISE HURST VP OF COMMUNITY IMPACT	(i)	122,213.	20,910.	300.	8,072.	21,656.	173,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	(i)	114,159.	23,160.	300.	10,916.	18,912.	167,447.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	43	2,318,316. FMV	
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 3 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) 2022

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

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

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

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

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

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

PRESIDENT/CEO SALARY REVIEW IS CONDUCTED BY THE COMPENSATION
COMMITTEE/EXECUTIVE COMMITTEE OF THE TRUSTEES. PERFORMANCE REVIEW INCLUDES
REVIEW OF GOALS FOR THE YEAR, EVALUATION OF PROGRESS TOWARD THOSE GOALS
(NARRATIVE AND METRICS), MOST RECENT FINANCIALS, INTERVIEWS WITH SENIOR

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

Schedule O (Form 990) 2022

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.

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 -54,134.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFWM, LLC 333 BRIDGE STREET SPRINGFIELD, MA 01103	VEHICLE TO HOLD REAL ESTATE	DELAWARE	0.	0.	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) 2022

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

Type and Entity: UBIT FROM PASS THROUGH POST-2017 NO		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 03/31/20	Amount Used for 03/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	9,378.	9,378.	9,378.								
B	2020	12,781.	12,781.		12,781.							
C	2022	223.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 03/31/20	Amount Used for									
				_____	_____	_____	_____	_____	_____	_____	_____	_____	
2017	10,954.	10,954.	10,954.										
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

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

2022

For calendar year 2022 or other tax year beginning APR 1, 2022, and ending MAR 31, 2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 239,194,168, D Employer identification number 22-3089640, E Group exemption number, F Check box if an amended return.

Form header section containing: G Check organization type, H Check if filing only to, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of DIDI DE ALMEIDA Telephone number (413) 732-2858

Table with 11 rows and 2 columns: Part I Total Unrelated Business Taxable Income. Rows include Total of unrelated business taxable income, Charitable contributions, Total deductions, and Unrelated business taxable income.

Table with 7 rows and 2 columns: Part II Tax Computation. Rows include Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Other tax amounts, Alternative minimum tax, Tax on noncompliant facility income, and Total.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
		X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	VP OF FINANCE & OPERATIONS	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA MCGOWAN	PATRICIA MCGOWAN	01/14/24		P00184514
	Firm's name	Firm's address		Firm's EIN	Phone no.
COHNREZNICK LLP	350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103		22-1478099	959-200-7000	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business UBIT FROM PASS THROUGH INVESTMENTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Capital gain, etc.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

- 5 Readership costs
- 6 Circulation income
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

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

DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH INVESTMENTS - INTEREST INCOME	61.
PASSTHROUGH INVESTMENTS	3,843.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	3,904.

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
----------------	--------------	-------------

DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - PASSTHROUGH INVESTMENTS	27.
TOTAL TO SCHEDULE A, PART I, LINE 12	27.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
----------------	------------------	-------------

DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	4,324.
TAX PREP FEE	3,800.
OTHER DEDUCTIONS - PORTFOLIO FROM PASSTHROUGH INVESTMENTS	10.
TOTAL TO SCHEDULE A, PART II, LINE 14	8,134.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust
**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Employer identification number
22-3089640

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts SEE STATEMENT 4				12 1,263.
13 Capital gain distributions				13
14 Gain from Form 4797, Part I				14 3,702.
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part II, line 18a, column (3)				16 4,965.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a	4,965.	4,965.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a	19	4,965.	4,965.

Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	20 ()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return Community Foundation Of Western MASSACHUSETTS	Identifying number 22-3089640
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	PASSTHROUGH INVESTMENTS						3,702.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 3,702.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 3,702.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions							
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4							
						18a	
						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

COMMUNITY FOUNDATION OF WESTERN

MASSACHUSETTS

Your social security number

22-3089640

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: Passthrough Investments, P, [], [], [], [].

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction, (k) Nonpassive income from Schedule K-1. Totals: 3,843.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table for Part V with columns: 40 Net farm rental income, 41 Total income or loss, 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals. Total: 41, 3,843.

SCHEDULE D

NET LONG-TERM GAIN OR LOSS FROM
PARTNERSHIPS AND S-CORPORATIONS

STATEMENT 4

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
PASSTHROUGH INVESTMENTS	1,263.	
TOTAL TO SCHEDULE D, PART II, LINE 12	1,263.	

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust
**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Employer identification number
22-3089640

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts SEE STATEMENT 5				12 1,263.
13 Capital gain distributions				13
14 Gain from Form 4797, Part I				14 3,702.
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part II, line 18a, column (3)				16 4,965.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a	4,965.	4,965.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a	19	4,965.	4,965.

Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	20 ()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

ALTERNATIVE MINIMUM TAX

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust
**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Employer identification number
22-3089640

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses-Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1 b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3)				7

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8 b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts SEE STATEMENT 6				12 1,263.
13 Capital gain distributions				13
14 Gain from Form 4797, Part I				14 3,702.
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part II, line 18a, column (3)				16 4,965.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

ALTERNATIVE MINIMUM TAX

Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a	4,965.	4,965.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a	19	4,965.	4,965.

Note: If line 19, col (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, col (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000	20 ()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Community Foundation Of Western

MASSACHUSETTS

Identifying number

22-3089640

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	PASSTHROUGH INVESTMENTS						3,702.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

3,702.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

3,702.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS	STATEMENT 5
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
PASSTHROUGH INVESTMENTS	1,263.	
TOTAL TO SCHEDULE D, PART II, LINE 12	1,263.	

SCHEDULE D AMT	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS	STATEMENT 6
DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
PASSTHROUGH INVESTMENTS	1,263.	
TOTAL TO SCHEDULE D, PART II, LINE 12	1,263.	