

PUBLIC DISCLOSURE 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.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

B Check if applicable: C Name of organization: COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS
D Employer identification number: 22-3089640
E Telephone number: (413) 732-2858
G Gross receipts \$: 66,757,012.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.COMMUNITYFOUNDATION.ORG
K Form of organization: Trust
L Year of formation: 1991
M State of legal domicile: MA

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: SHANNON GUREK, VP OF FINANCE & OPERATIONS
Preparer: LORI ROTHE YOKOBOSKY, CPA
Firm: COHNREZNICK LLP

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 15,565,622. including grants of \$ 13,548,562. ) (Revenue \$ 400,612. ) COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED. APPROXIMATELY 445 PROJECTS FUNDED THROUGH THIS PROCESS. THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,741 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code: ) (Expenses \$ 1,511,866. including grants of \$ 1,511,866. ) (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 17,077,488.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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, gross 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 17 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	X
<b>3</b>	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? .....	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>	X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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) MEGAN BURKE PRESIDENT & CEO	40.00			X			192,104.	0.	11,575.	
(2) SHANNON GUREK VP FINANCE & OPERATIONS	40.00			X			193,691.	0.	5,121.	
(3) JOANNA BALLANTINE VP PHILANTHROPIC SERVICES	40.00				X		173,821.	0.	8,982.	
(4) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	40.00					X	142,886.	0.	35,754.	
(5) DENISE HURST VP OF COMMUNITY IMPACT	40.00					X	140,505.	0.	36,372.	
(6) AARON VEGA FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(7) ANNE PARADIS OUTGOING-TRUSTEE	1.00	X					0.	0.	0.	
(8) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(9) CHARLES D'AMOUR FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(10) CHRISTINA ROYAL OUTGOING-TRUSTEE	1.00	X					0.	0.	0.	
(11) DOUG A. THEOBALD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(12) GILLIAN HINKSON FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(13) GREGORY THOMAS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) JOHN DAVIS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(15) KARIN GEORGE VICE CHAIR	1.00	X		X			0.	0.	0.	
(16) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) MAGDALENA GOMEZ FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK KEROACK FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(19) MARY-BETH COOPER OUTGOING-TRUSTEE	1.00	X						0.	0.	0.
(20) MAURICIA GEISSLER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(21) MICHELLE SCHUTT FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(22) NIKKI BURNETT FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(23) PAUL MURPHY CHAIR	5.00	X		X				0.	0.	0.
(24) PAYTON SHUBRICK FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
(25) TARA BREWSTER FOUNDATION TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								843,007.	0.	97,804.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								843,007.	0.	97,804.

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	911,006.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,689,246.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,470,586.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		24,600,252.			
Program Service Revenue	<b>2 a</b>	ADMINISTRATION REVENUE	<b>Business Code</b>	561000	400,612.	400,612.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		400,612.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		5,948,888.		6,641.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds				5,942,247.	
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
					35,807,260.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	29,740,578.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	6,066,682.			
<b>d</b>	Net gain or (loss) .....		6,066,682.		6,066,682.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		37,016,434.	400,612.	6,641.	12,008,929.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,060,428.	15,060,428.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	639,688.	234,663.	212,929.	192,096.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,839,119.	674,663.	612,179.	552,277.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	132,739.	48,694.	44,184.	39,861.
<b>9</b> Other employee benefits .....	284,335.	104,306.	94,646.	85,383.
<b>10</b> Payroll taxes .....	163,773.	60,079.	54,514.	49,180.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	34,439.		34,439.	
<b>b</b> Legal .....	41,060.	41,060.		
<b>c</b> Accounting .....	33,915.		33,915.	
<b>d</b> Lobbying .....	7,500.	7,500.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	336,802.		336,802.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	279,290.	111,136.	166,829.	1,325.
<b>12</b> Advertising and promotion .....	87,774.	9,952.	66,603.	11,219.
<b>13</b> Office expenses .....	175,488.	46,504.	81,953.	47,031.
<b>14</b> Information technology .....	137,136.	44,647.	51,119.	41,370.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	181,466.	58,997.	62,436.	60,033.
<b>17</b> Travel .....	13,431.	4,655.	3,396.	5,380.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	104,514.	20,276.	46,195.	38,043.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT	549,928.	549,928.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,102,825.	17,077,488.	1,902,139.	1,123,198.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,600,852.	<b>1</b>	5,902,343.
	<b>2</b> Savings and temporary cash investments .....	5,503,572.	<b>2</b>	5,253,630.
	<b>3</b> Pledges and grants receivable, net .....	2,500,000.	<b>3</b>	2,500,000.
	<b>4</b> Accounts receivable, net .....	387,158.	<b>4</b>	150.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,126,068.	<b>7</b>	2,979,749.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	76,888.	<b>9</b>	172,924.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 263,945.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 200,435.		
	<b>11</b> Investments - publicly traded securities .....	219,862,249.	<b>11</b>	263,912,069.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,049,700.	<b>12</b>	1,589,850.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	239,194,168.	<b>16</b>	282,374,225.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	236,122.	<b>17</b>	266,639.
	<b>18</b> Grants payable .....	87,900.	<b>18</b>	23,100.
	<b>19</b> Deferred revenue .....	500.	<b>19</b>	16,712.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,400,490.	<b>25</b>	27,367,801.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,725,012.	<b>26</b>	27,674,252.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	63,647,054.	<b>27</b>	78,661,607.
	<b>28</b> Net assets with donor restrictions .....	151,822,102.	<b>28</b>	176,038,366.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	215,469,156.	<b>32</b>	254,699,973.
<b>33</b> Total liabilities and net assets/fund balances .....	239,194,168.	<b>33</b>	282,374,225.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	37,016,434.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,102,825.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	16,913,609.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	215,469,156.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	22,067,557.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	249,651.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	254,699,973.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	30,322,706.	24,025,871.	38,420,759.	12,036,254.	24,600,252.	129,405,842.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	30,322,706.	24,025,871.	38,420,759.	12,036,254.	24,600,252.	129,405,842.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						43,024,533.
<b>6 Public support.</b> Subtract line 5 from line 4.						86,381,309.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	30,322,706.	24,025,871.	38,420,759.	12,036,254.	24,600,252.	129,405,842.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,385,597.	3,173,291.	4,271,383.	4,931,875.	5,942,247.	21,704,393.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	62,706.		127,514.	8,896.	6,641.	205,757.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						151,315,992.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,440,075.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	57.09 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	59.30 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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.)

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PAYMENTS TO LOBBYING ORGANIZATION VAN SCOYAC.



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

2023

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (Yes/No questions).

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for art collections. 1b: Reporting requirements for art collections. 2: Reporting requirements for art collections held for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

- (i) Unrelated organizations?
(ii) Related organizations?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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	1,062,812.
(3) AGENCY FUNDS	26,304,989.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	27,367,801.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	58,996,840.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 22,067,557.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 249,651.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	22,317,208.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	36,679,632.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 336,802.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	336,802.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	37,016,434.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	19,766,023.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,766,023.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 336,802.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	336,802.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	20,102,825.

**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, 2024, 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, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT 249,651.

**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.

**2023**

Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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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	16,760.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	GENERAL HEALTH	28,100.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	FOOD & NUTRITION, HUMAN SERVICES	12,300.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	FOOD & NUTRITION	132,540.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	HUMAN SERVICES	5,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	ENVIRONMENTAL	2,100.
<b>3 a</b> Subtotal .....	0	0			196,800.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			196,800.

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

Schedule F (Form 990) 2023

**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)
		ASIA	SECOND YEAR COSTS FOR CURRENT SCHOLARSHIP RECIPIENT.	5,760.		0.		
		ISRAEL / PALESTINE	HUMAN SERVICES	20,000.		0.		
		HAITI	HOUSING	10,000.		0.		
		ISRAEL / PALESTINE	HUMAN SERVICES	12,140.		0.		
		ISRAEL / PALESTINE	HUMAN SERVICES	11,050.		0.		
		VIETNAM	HUMAN SERVICES	10,000.		0.		
		ISRAEL / PALESTINE	HUMAN SERVICES	42,600.		0.		
		AFRICA	FOR SOLARS COOKERS AT KAKUMA REFUGEE CAMP IN KENYA	20,000.		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 ..... 37

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		PALESTINE	HUMAN SERVICES	7,000.		0.		
		PALESTINE	FOOD & NUTRITION (HEALTH)	6,500.		0.		





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: CENTRAL AMERICA

(D) PURPOSE OF GRANT: TO PROTECT BIODIVERSITY AND PEOPLE IN HONDURAS &

OTHER IMPORTANT PLACES

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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)	200,000.	0.			ARTS & CULTURE
ABORTION RIGHTS FUND OF WESTERN MASSACHUSETTS, INC. - P.O. BOX 2162 - AMHERST, MA 01004-2162	22-2928632	501(C)(3)	6,100.	0.			CIVIL RIGHTS (HUMSVCS)
ACADEMIC LEADERSHIP ASSOCIATION 175 CHALMERS STREET SRINGFIELD, MA 01118	84-4124965	501(C)(3)	30,000.	0.			HUMAN SERVICES
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	16,800.	0.			ARTS & CULTURE
ALIANZA DV SERVICES, INC. P.O. BOX 1099 HOLYOKE, MA 01040	04-2716766	501(C)(3)	51,550.	0.			HUMAN SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 345.
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**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
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	83-1783247	501(C)(3)	33,000.	0.			FOOD & NUTRITION (HEALTH)
ALL OUT ADVENTURES, INC. 297 PLEASANT STREET NORTHAMPTON, MA 01060	04-3559633	501(C)(3)	10,700.	0.			DISABILITY (HUMSVCS)
ALZHEIMER'S ASSOCIATION, MASSACHUSETTS/NEW HAMPSHIRE CHAPTER - 309 WAVERLEY OAKS ROAD - WALTHAM, MA 02452	13-3039601	501(C)(3)	16,400.	0.			GENERAL HEALTH
AMERICAN CANCER SOCIETY, INC. P.O. BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	31,603.	0.			GENERAL HEALTH
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MASSACHUSETTS - ONE CENTER PLAZA, SUITE 850 - BOSTON, MA 02108	23-7312949	501(C)(3)	6,888.	0.			CIVIL RIGHTS (HUMSVCS)
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	22,700.	0.			COLLEGE/UNIV (EDUCATION)
AMERICAN RED CROSS CENTRAL-WESTERN MASSACHUSETTS CHAPTER - 2000 CENTURY DRIVE - WORCESTER, MA 01606	53-0196605	501(C)(3)	41,450.	0.			HUMAN SERVICES
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	29,400.	0.			ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST COMMUNITY CONNECTIONS P.O. BOX 141 AMHERST, MA 01004	80-0478844	501(C)(3)	6,100.	0.			HUMAN SERVICES
AMHERST COMMUNITY TELEVISION, INC. 101 UNIVERSITY DRIVE, STE B4 AMHERST, MA 01002	51-0204997	501(C)(3)	15,000.	0.			ARTS & CULTURE
AMHERST SURVIVAL CENTER P.O. BOX 9629 NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	110,300.	0.			FOOD & NUTRITION (HEALTH)
AMNESTY INTERNATIONAL USA, INC. 311 WEST 43RD STREET 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	6,250.	0.			HUMAN SERVICES
ANGKOR DANCE TROUPE, INC. P. O. BOX 1553 LOWELL, MA 01853	22-3066416	501(C)(3)	100,000.	0.			ARTS & CULTURE
ANTENNA CLOUD FARM 25 GREEN HILL ROAD GILL, MA 01354	93-3707323	501(C)(3)	30,000.	0.			ARTS & CULTURE
ANTIOCH COLLEGE CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	26-1672457	501(C)(3)	25,000.	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
ARTS EXTENSION INSTITUTE, INC. 131 COUNTY CIRCLE, UMASS AMHERST AMHERST, MA 01003	04-2592184	501(C)(3)	30,000.	0.			VC STRATEGIC GRANT

**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
ARTSPACE COMMUNITY ARTS CENTER 15 MILL STREET GREENFIELD, MA 01301-3216	23-7353850	501(C)(3)	25,000.	0.			ARTS & CULTURE
ASHFIELD COMMUNITY PRESCHOOL, INC. 103 BAPTIST CORNER ROAD ASHFIELD, MA 01330	22-2580763	501(C)(3)	30,000.	0.			EDUCATION
AVAILABLE POTENTIAL ENTERPRISES LIMITED - 126 MAIN STREET - NORTHAMPTON, MA 01060	04-2685501	501(C)(3)	21,000.	0.			ARTS & CULTURE
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	108,700.	0.			COLLEGE/UNIV (EDUCATION)
BAYSTATE HEALTH FOUNDATION, INC. 280 CHESTNUT STREET SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	316,107.	0.			GENERAL HEALTH
BELCHERTOWN COMMUNITY ALLIANCE, INC. - 19 JACKSON STREET - BELCHERTOWN, MA 01007	84-2794504	501(C)(3)	20,000.	0.			ARTS & CULTURE
BHUTAN FRIENDSHIP FOUNDATION 10544 WEST PICO BLVD. LOS ANGELES, CA 90064	95-4209489	501(C)(3)	5,760.	0.			EDUCATION
BIG SISTER ASSOCIATION OF GREATER BOSTON INC - 20 PARK PLAZA SUITE 1420 - BOSTON, MA 02116	04-2150651	501(C)(3)	30,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BLUES TO GREEN, INC. P.O. BOX 51 SPRINGFIELD, MA 01101	26-4764676	501(C)(3)	32,000.	0.			ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOMBYX CENTER FOR ARTS & EQUITY 130 PINE STREET FLORENCE, MA 01062	87-3501029	501(C)(3)	30,100.	0.			ARTS & CULTURE
BOYS & GIRLS CLUB FAMILY CENTER, INC. - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	22,400.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501(C)(3)	14,738.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086	04-2464259	501(C)(3)	32,650.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BRICK HOUSE COMMUNITY RESOURCE CENTER, INC. - 24 THIRD STREET - TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	26,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
BRIGHTSIDE, INC 114 WOODLAND ST HARTFORD, CT 06105	04-2182395	501(C)(3)	7,455.	0.			GENERAL HEALTH
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	8,455.	0.			DISABILITY (HUMSVCS)
CANCER CONNECTION, INC. 41 LOCUST STREET, SUITE 1 NORTHAMPTON, MA 01060	04-3493483	501(C)(3)	5,292.	0.			HUMAN SERVICES
CARING HEALTH CENTER, INC. 1049 MAIN STREET SPRINGFIELD, MA 01103-0000	04-2620040	501(C)(3)	9,000.	0.			HUMAN SERVICES



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASTLE OF OUR SKINS, INC. 539 TREMONT STREET STUDIO 206 BOSTON, MA 02116	83-4164245	501(C)(3)	133,333.	0.			ARTS & CULTURE
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	10,000.	0.			COLLEGE/UNIV (EDUCATION)
CENTER FOR ECONOMIC DEMOCRACY P. O. BOX 300229 JAMAICA PLAIN, MA 02130	47-3589804	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT
CHARLEMONT FEDERATED CHURCH 175 MAIN STREET CHARLEMONT, MA 01339	04-2749787	501(C)(3)	10,000.	0.			FOOD & NUTRITION (HEALTH)
CHILDRENS ADVOCACY CENTER OF FRANKLIN AND NORTH QUABBIN, INC. - 56 WISDOM WAY - GREENFIELD, MA 01301	47-4386987	501(C)(3)	30,000.	0.			HUMAN SERVICES
CHILDREN'S MUSEUM AT HOLYOKE, INC. 444 DWIGHT STREET HOLYOKE, MA 01040	04-2836882	501(C)(3)	25,000.	0.			ARTS & CULTURE
CHINESE ASSOCIATION OF WESTERN MASSACHUSETTS - 1399D WESTFIELD STREET - WEST SPRINGFIELD, MA 01089	46-2719080	501(C)(3)	15,000.	0.			ARTS & CULTURE
CITY OF HOLYOKE 536 DWIGHT STREET, ROOM 17 HOLYOKE, MA 01040		501(C)(3)	104,267.	0.			EDUCATION
CITY OF NORTHAMPTON 212 MAIN STREET NORTHAMPTON, MA 01060		501(C)(3)	32,100.	0.			HISTORICAL PRES. (ARTCULT)

**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
CITY OF SPRINGFIELD 36 COURT STREET SPRINGFIELD, MA 01103		501(C)(3)	45,900.	0.			HISTORICAL PRES. (ARTCULT)
CITYSPACE, INC. 50 PAYSON AVENUE EASTHAMPTON, MA 01027	26-0177968	501(C)(3)	25,000.	0.			ARTS & CULTURE
CLASSCRITS INC 725 HERTEL AVE UNIT 526 BUFFALO, NY 14207-7021	82-1713227	501(C)(3)	11,238.	0.			EDUCATION
CLINICAL & SUPPORT OPTIONS, INC. (CSO) - 8 ATWOOD DRIVE - NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	26,317.	0.			MENTAL HEALTH (HEALTH)
COLLABORATIVE RESOLUTIONS GROUP, INC. - PO BOX 931 - GREENFIELD, MA 01302	84-3280623	501(C)(3)	30,000.	0.			ECONOMIC DEVELOPMENT
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 01013-2839	04-2225850	501(C)(3)	132,700.	0.			COLLEGE/UNIV (EDUCATION)
COMMON CAPITAL, INC. 1780 MAIN STREET SPRINGFIELD, MA 01103	22-3051402	501(C)(3)	30,000.	0.			HUMAN SERVICES
COMMON WEALTH MURAL COLLABORATIVE 59 GRANBY HEIGHTS GRANBY, MA 01033	83-2022617	501(C)(3)	30,000.	0.			ARTS & CULTURE
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	119,933.	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
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	82,800.	0.			ENVIRONMENTAL
COMMUNITY LEGAL AID, INC. 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	22,390.	0.			CIVIL RIGHTS (HUMSVCS)
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	115,400.	0.			ARTS & CULTURE
CONGREGATION B'NAI ISRAEL 253 PROSPECT STREET NORTHAMPTON, MA 01060	04-6052052	501(C)(3)	74,250.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONGREGATION OF THE SISTERS OF SAINT JOSEPH OF SPRINGFIELD - 577 CAREW STREET - SPRINGFIELD, MA 01104	04-2218584	501(C)(3)	13,100.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	9,300.	0.			RELIGIOUS/CHURCH (HUMSVCS)
CONNECTICUT RIVER WATERSHED COUNCIL, INC. DBA CONNECTICUT RIVER CONSERVANCY - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	13,750.	0.			ENVIRONMENTAL
CONWAY COMMUNITY SWIMMING POOL, INC. - 309 WHATELY ROAD - CONWAY, MA 01341	04-3488699	501(C)(3)	25,371.	0.			RECREATION (HEALTH)
CONWAY HISTORICAL SOCIETY, INC. 50 MAIN STREET CONWAY, MA 01341	04-1205110	501(C)(3)	6,000.	0.			ARTS & CULTURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONWAY SCHOOL OF LANDSCAPE DESIGN, INC. - 88 VILLAGE HILL ROAD - NORTHAMPTON, MA 01060	04-2596491	501(C)(3)	26,500.	0.			EDUCATION
COOLEY DICKINSON HOSPITAL 30 LOCUST STREET NORTHAMPTON, MA 01060	22-2617175	501(C)(3)	17,774.	0.			EDUCATION
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP. - 30 LOCUST STREET - NORTHAMPTON, MA 01061	04-2103561	501(C)(3)	54,967.	0.			GENERAL HEALTH
CRAIG'S DOORS, INC. 434 NORTH PLEASANT STREET AMHERST, MA 01002	45-2474862	501(C)(3)	25,500.	0.			HOUSING
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - P.O. BOX 6307 - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	39,023.	0.			ANIMAL RELATED (HUMSVCS)
DARRELL LEE JENKINS JR. RESOURCE CENTER INC. - 390 DICKINSON STREET - SPRINGFIELD, MA 01108	84-3991581	501(C)(3)	10,000.	0.			CRIME PREVENTION (HUMSVCS)
DAVENPORT CHILD CARE, INC. P.O. BOX 235 CHESTERFIELD, MA 01012	04-3544834	501(C)(3)	30,000.	0.			HUMAN SERVICES
DAVIS & ELKINS COLLEGE 100 CAMPUS DRIVE ELKINS, WV 26241	55-0357021	501(C)(3)	10,000.	0.			EDUCATION
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	30,292.	0.			GENERAL HEALTH

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

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DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	106,550.	0.			ARTS & CULTURE
DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS, INC. - P. O. BOX 15376 - SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	30,800.	0.			ECONOMIC DEVELOPMENT
EAST LONGMEADOW SCHOLARSHIP FOUNDATION - P. O. BOX 66 - EAST LONGMEADOW, MA 01028	04-2592638	501(C)(3)	34,833.	0.			EDUCATION
EASTERN STATES EXPOSITION FOUNDATION, INC. - 1305 MEMORIAL AVENUE - WEST SPRINGFIELD, MA 01089	04-3567679	501(C)(3)	20,500.	0.			ARTS & CULTURE
EASTHAMPTON LEARNING FOUNDATION P.O. BOX 1100 EASTHAMPTON, MA 01027	04-3324788	501(C)(3)	39,600.	0.			EDUCATION
ECONOMIC DEVELOPMENT COUNCIL OF WESTERN MASSACHUSETTS, INC - 1441 MAIN STREET - SPRINGFIELD, MA 01103	04-3237124	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT
ELEVATED THOUGHT, INC. 15 UNION STREET LAWRENCE, MA 01841	27-3519031	501(C)(3)	270,167.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
EMPOWERMENT THROUGH THE ARTS 236 NORTH PLEASANT STREET, SUITE 10 AMHERST, MA 01002	85-1059888	501(C)(3)	15,500.	0.			ARTS & CULTURE
EMPTY ARMS BEREAVEMENT SUPPORT, INC. - 140 PINE STREET, ROOM B2 - FLORENCE, MA 01060	45-2703619	501(C)(3)	33,000.	0.			HUMAN SERVICES

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ENCHANTED CIRCLE, INC. 4 OPEN SQUARE WAY, STUDIO 206 HOLYOKE, MA 01040	04-2685213	501(C)(3)	26,650.	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)	65,613.	0.			CDBG
ERIC CARLE MUSEUM OF PICTURE BOOK ART, INC. - 125 WEST BAY ROAD - AMHERST, MA 01002	04-3542086	501(C)(3)	18,100.	0.			ARTS & CULTURE
FAMILIES FIRST PARENTING PROGRAMS, INC. - 50 HUNT STREET - WATERTOWN, MA 02472	04-3413397	501(C)(3)	30,000.	0.			HUMAN SERVICES
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030	04-2311639	501(C)(3)	14,803.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	12,870.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CHURCHES OF NORTHAMPTON 129 MAIN STREET NORTHAMPTON, MA 01060	04-6062700	501(C)(3)	5,700.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FIRST CONGREGATIONAL CHURCH OF SOUTH HADLEY - ONE CHURCH STREET - SOUTH HADLEY, MA 01075	04-2115501	501(C)(3)	5,140.	0.			RELIGIOUS/CHURCH (HUMSVCS)
FISHING FRIENDS INC. 38 GRIFFIN STREET SPRINGFIELD, MA 01104	88-1285262	501(C)(3)	6,500.	0.			HUMAN SERVICES

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FRACTURED ATLAS, INC P. O. BOX 1435 EASTHAMPTON, MA 01027	11-3451703	501(C)(3)	31,000.	0.			ARTS & CULTURE
FRANK NEWHALL LOOK MEMORIAL PARK, INC. - 300 NORTH MAIN STREET - FLORENCE, MA 01062	04-3580572	501(C)(3)	13,238.	0.			RECREATION (HEALTH)
FRANKLIN COUNTY COMMUNITY 324 WELLS STREET GREENFIELD, MA 01301	04-2678309	501(C)(3)	40,000.	0.			ECONOMIC DEVELOPMENT
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM, INC. - P.O. BOX 172 - GREENFIELD, MA 01302	22-3027098	501(C)(3)	5,275.	0.			FOOD & NUTRITION (HEALTH)
FRANKLIN COUNTY DIAL-SELF, INC. 196 FEDERAL STREET GREENFIELD, MA 01301	04-2619617	501(C)(3)	129,593.	0.			HOUSING
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	44,275.	0.			ENVIRONMENTAL
FRIENDS OF CHILDREN, INC. 241 KING STREET, SUITE 227 NORTHAMPTON, MA 01060	22-2952288	501(C)(3)	16,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
FRIENDS OF GRANDMOTHER'S GARDEN, INC. - P.O. BOX 1432 - WESTFIELD, MA 01086-1432	04-3267287	501(C)(3)	17,200.	0.			ARTS & CULTURE
FRIENDS OF HOSPICE HOUSE, INC. DBA HOSPICE OF THE FISHER HOME - 1165 NORTH PLEASANT STREET - AMHERST, MA 01002	54-2136099	501(C)(3)	9,288.	0.			ELDERLY (HUMSVCS)

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FRIENDS OF LIBERTAS ACADEMY CHARTER SCHOOL INC. - 146 CHESTNUT STREET - SPRINGFIELD, MA 01103	81-3371302	501(C)(3)	10,000.	0.			PRIVATE SCHOOL (EDUCATION)
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,850.	0.			GENERAL HEALTH
FRIENDS OF THE MONTAGUE COMMON HALL - PO BOX 223 - MONTAGUE, MA 01351	27-1892396	501(C)(3)	15,000.	0.			ARTS & CULTURE
FRIENDS OF THE PELHAM FREE PUBLIC LIBRARY INC. - 2 SOUTH VALLEY ROAD - PELHAM, MA 01002	04-3077516	501(C)(3)	40,000.	0.			LIBRARY (EDU)
FRIENDS OF THE WENDELL MEETINGHOUSE, INC. - P.O. BOX 171 - WENDELL, MA 01379	10-0000853	501(C)(3)	15,000.	0.			ARTS & CULTURE
FRIENDS OF WILBRAHAM SENIORS INC 40 POST OFFICE PARK UNIT 747 WILBRAHAM, MA 01095	04-2864067	501(C)(3)	10,000.	0.			ELDERLY (HUMSVCS)
FRONT PORCH ARTS COLLECTIVE OF BOSTON - 560 HARRISON AVENUE - BOSTON, MA 02118	85-3300505	501(C)(3)	133,333.	0.			ARTS & CULTURE
GIRLS INC. OF THE VALLEY P.O. BOX 6812 HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	102,689.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
GIRLS ON THE RUN OF WESTERN MA, INC. - 16 CENTER STREET, SUITE 318 - NORTHAMPTON, MA 01060	47-3612764	501(C)(3)	30,250.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)



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GIVE MUSIC, INC. 83 MAPLE STREET SPRINGFIELD, MA 01105	04-3468467	501(C)(3)	30,000.	0.			EDUCATION
GIVEDIRECTLY, INC. 33 IRVING PLACE NEW YORK, NY 10003	27-1661997	501(C)(3)	12,688.	0.			HUMAN SERVICES
GLENMEADOW, INC. 24 TABOR CROSSING LONGMEADOW, MA 01106	04-2105937	501(C)(3)	13,000.	0.			ELDERLY (HUMSVCS)
GRACE EPISCOPAL CHURCH 14 BOLTWOOD AVENUE AMHERST, MA 01002		501(C)(3)	6,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
GRANITE VALLEY SCHOOL / MONSON PUBLIC SCHOOLS - 21 THOMPSON STREET - MONSON, MA 01057		501(C)(3)	10,000.	0.			PUBLIC SCHOOL (EDUCATION)
GRASSROOTS CULTURE 88 PORTER HILL ROAD CUMMINGTON, MA 01026	30-0502780	501(C)(3)	10,000.	0.			ARTS & CULTURE
GRAY HOUSE, INC. 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	12,800.	0.			HUMAN SERVICES
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	16,900.	0.			ELDERLY (HUMSVCS)
GREATER WORCESTER COMMUNITY FOUNDATION, INC. - ONE MERCANTILE STREET - WORCESTER, MA 01608	04-2572276	501(C)(3)	25,575.	0.			OTHER

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GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - ONE COLLEGE DRIVE - GREENFIELD, MA 01301	04-2449856	501(C)(3)	453,087.	0.			COLLEGE/UNIV (EDUCATION)
GROW FOOD NORTHAMPTON, INC. 221 PINE STREET, SUITE 349 FLORENCE, MA 01062	01-0959428	501(C)(3)	29,050.	0.			FOOD & NUTRITION (HEALTH)
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 322 W LAMAR STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	10,000.	0.			HOUSING
HAMPDEN COUNTY BAR FOUNDATION, INC. - 50 STATE STREET - SPRINGFIELD, MA 01103	81-5475976	501(C)(3)	24,500.	0.			OTHER
HAPPIER VALLEY COMEDY INC 1 MILL VALLEY ROAD, SUITE B HADLEY, MA 01035	47-4942147	501(C)(3)	25,000.	0.			ARTS & CULTURE
HEALING ACROSS THE DIVIDES, INC. P.O. BOX 217 HATFIELD, MA 01038	20-1948432	501(C)(3)	12,140.	0.			HUMAN SERVICES
HEALING RACISM INSTITUTE OF PIONEER VALLEY - ONE MONARCH PLACE - SPRINGFIELD, MA 01144-1300	84-4944655	501(C)(3)	8,500.	0.			CIVIL RIGHTS (HUMSVCS)
HEATH AGRICULTURAL SOCIETY, INC. 9 HOSMER ROAD HEATH, MA 01346	04-2607187	501(C)(3)	15,200.	0.			ENVIRONMENTAL
HILLTOWN VILLAGE, INC. DBA IT TAKES A VILLAGE - 2 EAST MAIN STREET - HUNTINGTON, MA 01050	47-1394720	501(C)(3)	30,000.	0.			HUMAN SERVICES

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HILLTOWN YOUTH PERFORMING ARTS PROGRAM, INC. - 18 JACOBS ROAD - CHARLEMONT, MA 01339	84-2220127	501(C)(3)	20,000.	0.			ARTS & CULTURE
HISPANIC-AMERICAN LIBRARY, INC. 55 FRANK B. MURRAY STREET SPRINGFIELD, MA 01103	04-3252935	501(C)(3)	28,100.	0.			LIBRARY (EDU)
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	84,600.	0.			HISTORICAL PRES. (ARTCULT)
HITCHCOCK CENTER FOR THE ENVIRONMENT - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	7,600.	0.			ENVIRONMENTAL
HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	38,188.	0.			COLLEGE/UNIV (EDUCATION)
HOLYOKE COMMUNITY MEDIA INC ONE COURT PLAZA HOLYOKE, MA 01040	01-0628078	501(C)(3)	45,000.	0.			ARTS & CULTURE
HOLYOKE YMCA, INC. 171 PINE STREET HOLYOKE, MA 01040	04-2192693	501(C)(3)	30,000.	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)	138,300.	0.			ELDERLY (HUMSVCS)
HOMEGROWN NATIONAL PARK, INC. P.O. BOX 1106 SHARON, CT 06069	86-1228991	501(C)(3)	10,000.	0.			ENVIRONMENTAL

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HUMAN SERVICE FORUM P.O. BOX 366 HOLYOKE, MA 01041	45-2897765	501(C)(3)	50,000.	0.			OTHER
HYDE SQUARE TASK FORCE, INC. 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	166,667.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - 425 MAIN STREET - GREENFIELD, MA 01301	04-3071439	501(C)(3)	17,600.	0.			RELIGIOUS/CHURCH (HUMSVCS)
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	62,300.	0.			ARTS & CULTURE
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	15,700.	0.			HUMAN SERVICES
JEAN APPOLON EXPRESSIONS, INC. 33 HUBBARD STREET MALDEN, MA 02148	46-1897622	501(C)(3)	166,667.	0.			ARTS & CULTURE
JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	13,300.	0.			RELIGIOUS/CHURCH (HUMSVCS)
JOHN HAY ESTATE AT THE FELLOWS 456 ROUTE 103A NEWBURY, NH 03255	04-3345078	501(C)(3)	10,450.	0.			HISTORICAL PRES. (ARTCULT)
JONES LIBRARY, INC. 43 AMITY STREET AMHERST, MA 01002	04-2104358	501(C)(3)	11,200.	0.			LIBRARY (EDU)

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JUST ROOTS, INC. 34 GLENBROOK DRIVE, APT. 1B GREENFIELD, MA 01301	37-1637062	501(C)(3)	28,300.	0.			CDBG
KARUNA CENTER FOR PEACEBUILDING, INC. - PO BOX 727 - GREENFIELD, MA 01302	04-3437359	501(C)(3)	11,550.	0.			ECONOMIC DEVELOPMENT
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	407,890.	0.			ENVIRONMENTAL
KINGSWOOD OXFORD SCHOOL INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688	501(C)(3)	6,600.	0.			EDUCATION
KRIPALU CENTER FOR YOGA & HEALTH P.O. BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	25,000.	0.			RECREATION (HEALTH)
LAKE SUNAPEE PROTECTIVE ASSOCIATION - 63 MAIN STREET - SUNAPEE, NH 03782	02-6011969	501(C)(3)	15,000.	0.			ENVIRONMENTAL
LAUNCHSPACE 131 WEST MAIN STREET, SUITE 342 ORANGE, MA 01364	81-4826723	501(C)(3)	20,000.	0.			EDUCATION
LIFEPATH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	17,704.	0.			ELDERLY (HUMSVCS)
LIGHTHOUSE HOLYOKE 208 RACE STREET HOLYOKE, MA 01040	47-2357416	501(C)(3)	36,600.	0.			PRIVATE SCHOOL (EDUCATION)

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LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	8,455.	0.			LIBRARY (EDU)
LOCAL ACCESS 38 FOREST AVENUE GREENFIELD, MA 01301	94-3135091	501(C)(3)	24,000.	0.			ARTS & CULTURE
LONGMEADOW EDUCATIONAL EXCELLENCE FOUNDATION, INC. - P.O. BOX 60782 - LONGMEADOW, MA 01116-0782	04-3582887	501(C)(3)	95,100.	0.			EDUCATION
MADISON QUAKERS, INC. P.O. BOX 1461 MADISON, WI 53701-1461	39-2004266	501(C)(3)	10,000.	0.			HUMAN SERVICES
MAKE-A-WISH FOUNDATION 133 FEDERAL STREET, 2ND FLOOR BOSTON, MA 02110	22-2867371	501(C)(3)	12,800.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
MAKE-IT-SPRINGFIELD 286 BRIDGE STREET SPRINGFIELD, MA 01103	82-4633337	501(C)(3)	21,000.	0.			ARTS & CULTURE
MARTIN LUTHER KING, JR. FAMILY SERVICES, INC. - 106 WILBRAHAM ROAD - SPRINGFIELD, MA 01109	04-2647035	501(C)(3)	32,000.	0.			HUMAN SERVICES
MARY LYON FOUNDATION P.O. BOX 184 SHELBURNE FALLS, MA 01370	22-3112593	501(C)(3)	27,725.	0.			EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	60,653.	0.			ENVIRONMENTAL

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MASSACHUSETTS FARM RESILIENCY FUND / UNITED WAY OF CENTRAL MASSACHUSETTS - 18 CHESTNUT STREET - WORCESTER, MA 01608	04-2104017	501(C)(3)	35,500.	0.			FOOD & NUTRITION (HEALTH)
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION INC - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	103,000.	0.			VC PROJECT EVOLUTION 2023
MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	19,600.	0.			EDUCATION
MERCY FOR ANIMALS 8033 SUNSET BLVD., SUITE 864 LOS ANGELES, CA 90046	54-2076145	501(C)(3)	35,000.	0.			ANIMAL RELATED (HUMSVCS)
MICHAEL E. SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION, INC. - 13 APPLE ROAD - SOUTH HADLEY, MA 01075	04-3558819	501(C)(3)	20,000.	0.			EDUCATION
MONTAGUE CATHOLIC SOCIAL MINISTRIES, INC. - 41-43 THIRD STREET - TURNERS FALLS, MA 01376	04-3274078	501(C)(3)	6,700.	0.			CDBG
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	29,700.	0.			ENVIRONMENTAL
MOUNT TOBY FRIENDS MEETING 194 LONG PLAIN ROAD LEVERETT, MA 01054	51-0192520	501(C)(3)	7,000.	0.			HISTORICAL PRES. (ARTCULT)
MOUNTAIN RIVER TAIKO, INC. 7 CUSHMAN ROAD #2 LEVERETT, MA 01054	88-3641011	501(C)(3)	10,000.	0.			ARTS & CULTURE

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MOVEMENT VOTER FUND 37 BRIDGE STREET BOX 749 NORTHAMPTON, MA 01060	86-3534872	501(C)(3)	50,200.	0.			EDUCATION
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE (NCCJ) - 100 RIVERVIEW CENTER, SUITE 292 - MIDDLETOWN, CT 06457	14-1937658	501(C)(3)	34,000.	0.			HUMAN SERVICES
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	6,500.	0.			ENVIRONMENTAL
NEIGHBOR TO NEIGHBOR MASSACHUSETTS EDUCATION FUND, INC. - P.O. BOX 30839 - WORCESTER, MA 01603	04-3507716	501(C)(3)	30,500.	0.			HUMAN SERVICES
NEW ENGLAND PUBLIC MEDIA, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	354,155.	0.			ARTS & CULTURE
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176-0358	94-2607722	501(C)(3)	14,200.	0.			NON CLASSIFIABLE
NEW NORTH CITIZENS' COUNCIL 43 FERRIS STREET INDIAN ORCHARD, MA 01151	23-7371934	501(C)(3)	32,000.	0.			HUMAN SERVICES
NORTHAMPTON COMMUNITY MUSIC CENTER, INC. - 139 SOUTH STREET - NORTHAMPTON, MA 01060	04-3428393	501(C)(3)	27,700.	0.			ARTS & CULTURE
NORTHAMPTON EDUCATION FOUNDATION, INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	6,525.	0.			EDUCATION



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NORTHAMPTON PARENTS CENTER, INC. 297 MAIN STREET, LOWER LEVEL NORTHAMPTON, MA 01060	04-2993539	501(C)(3)	30,000.	0.			HUMAN SERVICES
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	41,500.	0.			FOOD & NUTRITION (HEALTH)
NORTHEAST ORGANIC FARMING ASSOCIATION MASSACHUSETTS CHAPTER - 411 SHELDON ROAD - BARRE, MA 01005	22-2987723	501(C)(3)	30,000.	0.			FOOD & NUTRITION (HEALTH)
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	25,100.	0.			COLLEGE/UNIV (EDUCATION)
NOTRE DAME LOYALTY & ENDOWMENT FUND, INC. - 1 NOTRE DAME WAY - WEST HAVEN, CT 06516	22-2566751	501(C)(3)	15,000.	0.			PRIVATE SCHOOL (EDUCATION)
OPEN COLLECTIVE FOUNDATION 1010 E 200 S SALT LAKE CITY, UT 84102	81-4004928	501(C)(3)	10,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
PA'LANTE TRANSFORMATIVE JUSTICE, INC. - 220 LINDEN STREET - HOLYOKE, MA 01040	92-2240723	501(C)(3)	30,000.	0.			HUMAN SERVICES
PALMER PUBLIC LIBRARY ASSOCIATION 1455 NORTH MAIN STREET PALMER, MA 01069	27-1884169	501(C)(3)	16,800.	0.			LIBRARY (EDU)
PAN-MASSACHUSETTS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	6,000.	0.			GENERAL HEALTH

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PARENT VILLAGES 32 HAMPDEN STREET, 3RD FLOOR SPRINGFIELD, MA 01103	83-3840814	501(C)(3)	31,000.	0.			HUMAN SERVICES
PARTNERS FOR COMMUNITY, INC. 32 HAMPDEN STREET, 4TH FLOOR SPRINGFIELD, MA 01103	04-3397486	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)	13,492.	0.			GENERAL HEALTH
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT
PATHLIGHT, INC. 220 BROOKDALE DRIVE SPRINGFIELD, MA 01104	04-2210685	501(C)(3)	39,500.	0.			DISABILITY (HUMSVCS)
PEACE DEVELOPMENT FUND P.O. BOX 1280 AMHERST, MA 01004	04-2738794	501(C)(3)	5,500.	0.			HUMAN SERVICES
PEOPLE'S MEDICINE PROJECT - A PROGRAM OF WMTC INC. - 68 FEDERAL STREET - GREENFIELD, MA 01301	23-7450656	501(C)(3)	60,000.	0.			GENERAL HEALTH
PERUGIA PRESS, INC. P.O. BOX 60364 FLORENCE, MA 01062	86-1159639	501(C)(3)	14,200.	0.			ARTS & CULTURE
PHILANTHROPY MASSACHUSETTS 133 FEDERAL STREET BOSTON, MA 02110	04-2457605	501(C)(3)	25,000.	0.			OTHER

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PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 4 - FLORENCE, MA 01062	04-3049506	501(C)(3)	35,050.	0.			HOUSING
PIONEER VALLEY JAZZ SHARES, INC. 340 BRIDGE STREET NORTHAMPTON, MA 01060	82-3760957	501(C)(3)	21,000.	0.			ARTS & CULTURE
PIONEER VALLEY SYMPHONY, INC. 239-R MAIN STREET GREENFIELD, MA 01301	04-6111759	501(C)(3)	25,650.	0.			ARTS & CULTURE
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. [THE HARTSBROOK SCHOOL ] - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	53,000.	0.			PRIVATE SCHOOL (EDUCATION)
PIONEER VALLEY WORKERS CENTER, INC. - 20 HAMPTON AVENUE, SUITE 200 - NORTHAMPTON, MA 01060	82-4732798	501(C)(3)	26,250.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	14,100.	0.			GENERAL HEALTH
POCUMTUCK VALLEY MEMORIAL ASSOCIATION - 224 AVERY BROOK ROAD - SHELBURNE FALLS, MA 01370	04-2147607	501(C)(3)	13,500.	0.			ARTS & CULTURE
POPE FRANCIS PREPARATORY SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	47,700.	0.			PRIVATE SCHOOL (EDUCATION)
PROJECT HEAL P.O. BOX 160185 BROOKLYN, NY 11216	26-2614278	501(C)(3)	24,666.	0.			MENTAL HEALTH (HEALTH)

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PROVIDENCE MINISTRIES FOR THE NEEDY, INC. - 51 HAMILTON STREET - HOLYOKE, MA 01040	04-2898893	501(C)(3)	19,050.	0.			HUMAN SERVICES
RESILIENT COMMUNITY ARTS 116 PLEASANT STREET, SUITE 238 EASTHAMPTON, MA 01027	87-1114747	501(C)(3)	27,500.	0.			ARTS & CULTURE
RESIST P. O. BOX 301240 BOSTON, MA 02130	04-2433182	501(C)(3)	12,000.	0.			HUMAN SERVICES
REVITALIZE COMMUNITY DEVELOPMENT CORPORATION - 1145 MAIN STREET, SUITE 107 - SPRINGFIELD, MA 01103	04-3172737	501(C)(3)	10,100.	0.			ECONOMIC DEVELOPMENT
RICK'S PLACE, INC. 85 POST OFFICE PARK, SUITE 8521 WILBRAHAM, MA 01095	26-2817386	501(C)(3)	11,450.	0.			MENTAL HEALTH (HEALTH)
RIGHT TO THE CITY ALLIANCE, INC 143 MAIN STREET, ROOM 103 SPRINGFIELD, MA 01103	94-3462187	501(C)(3)	31,000.	0.			HOUSING
RIVER EAST SCHOOL-TO-CAREER, INC. 1455 NORTH MAIN STREET PALMER, MA 01069	44-5105514	501(C)(3)	30,000.	0.			EDUCATION
RIVERA & RIVERA ACT AGAINST FORECLOSURE, INC. - 924 MAIN STREET - SPRINGFIELD, MA 01103	45-2459884	501(C)(3)	16,800.	0.			CDBG
RIVERSIDE INDUSTRIES, INC. ONE COTTAGE STREET EASTHAMPTON, MA 01027	04-2438444	501(C)(3)	34,000.	0.			DISABILITY (HUMSVCS)

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ROCA, INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	34,500.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
ROMAN CATHOLIC BISHOP OF SPRINGFIELD, A CORPORATION SOLE - 65 ELLIOT STREET - SPRINGFIELD, MA 01101-1730	04-2106751	501(C)(3)	5,600.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 76 ELLIOT STREET - SPRINGFIELD, MA 01105	04-3437398	501(C)(3)	69,200.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	13,850.	0.			HUMAN SERVICES
SAINT FRANCIS FOUNDATION [TRINITY HEALTH OF NEW ENGLAND] - 95 WOODLAND STREET, 2ND FLOOR - HARTFORD, CT 06105	06-1450168	501(C)(3)	1,031,260.	0.			GENERAL HEALTH
SAINT PETER & SAINT PAUL RUSSIAN ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	9,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SECOND CONGREGATIONAL CHURCH OF GREENFIELD - P.O. BOX 396 - GREENFIELD, MA 01302		501(C)(3)	5,500.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SELF-EVIDENT EDUCATION, INC. 156 OVERLOOK DRIVE FLORENCE, MA 01062	86-2243014	501(C)(3)	33,000.	0.			EDUCATION
SERVICENET INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	9,350.	0.			HUMAN SERVICES

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SHEA THEATER ARTS CENTER, INC. 71 AVENUE A TURNERS FALLS, MA 01376	81-1096876	501(C)(3)	20,500.	0.			ARTS & CULTURE
SHEPPARD PRATT HEALTH SYSTEM, INC. P.O. BOX 6815 BALTIMORE, MD 21285	52-0591684	501(C)(3)	5,500.	0.			GENERAL HEALTH
SILVERTHORNE THEATER COMPANY, INC. 14 HIGHLAND AVENUE GREENFIELD, MA 01301	36-4786849	501(C)(3)	10,000.	0.			ARTS & CULTURE
SINAI TEMPLE 1100 DICKINSON STREET SPRINGFIELD, MA 01108	04-2108320	501(C)(3)	22,100.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	8,082.	0.			EDUCATION
SOJOURNER TRUTH SCHOOL FOR SOCIAL CHANGE LEADERSHIP INC. - 649 STATE STREET - SPRINGFIELD, MA 01109	84-3630405	501(C)(3)	27,600.	0.			EDUCATION
SOLAR COOKERS INTERNATIONAL 2400 22ND ST SACRAMENTO, CA 95818	68-0153141	501(C)(3)	50,000.	0.			ENVIRONMENTAL
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 28 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	52-2084289	501(C)(3)	32,800.	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

Schedule I (Form 990)

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SOUTHWESTERN VERMONT MEDICAL CENTER INC - 100 HOSPITAL DR - BENNINGTON, VT 05201-5004	22-2563241	501(C)(3)	15,000.	0.			GENERAL HEALTH
SPRINGFIELD BOYS & GIRLS CLUB 481 CAREW STREET SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	9,900.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	57,790.	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)	23,740.	0.			EDUCATION
SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	12,040.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SPRINGFIELD MUSEUMS 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	27,120.	0.			ARTS & CULTURE
SPRINGFIELD OPERATIONS ECS, INC. 100 HICKORY STREET SPRINGFIELD, MA 01109	82-3148338	501(C)(3)	27,000.	0.			HUMAN SERVICES
SPRINGFIELD PRESERVATION TRUST, INC. - 74 WALNUT STREET - SPRINGFIELD, MA 01105	23-7309820	501(C)(3)	7,200.	0.			ENVIORMENTAL

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SPRINGFIELD PUERTO RICAN PARADE P.O. BOX 1273 SPRINGFIELD, MA 01101	85-3019456	501(C)(3)	10,000.	0.			ARTS & CULTURE
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	34,960.	0.			RELIGIOUS/CHURCH (HUMSVCS)
SPRINGFIELD SCHOOL VOLUNTEERS, INC. - 1550 MAIN STREET - SPRINGFIELD, MA 01103	04-2643527	501(C)(3)	30,600.	0.			EDUCATION
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET, SUITE 121 SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	41,158.	0.			ARTS & CULTURE
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01105	22-2612044	501(C)(3)	39,650.	0.			COLLEGE/UNIV (EDUCATION)
ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062		501(C)(3)	7,455.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	142,100.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	22,850.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. MARY'S PARISH [LONGMEADOW] 519 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2156920	501(C)(3)	7,100.	0.			RELIGIOUS/CHURCH (HUMSVCS)



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ST. PATRICK'S CATHOLIC CHURCH 30 MAIN STREET SOUTH HADLEY, MA 01075		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)	37,450.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. STANISLAUS BASILICA 40 CYMAN DRIVE CHICOPEE, MA 01013	04-2111408	501(C)(3)	20,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	45-2463232	501(C)(3)	14,400.	0.			EDUCATION
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVENUE WESTFIELD, MA 01085	04-2131404	501(C)(3)	15,003.	0.			ARTS & CULTURE
STRAW DOG WRITERS GUILD 43 FAIRVIEW AVENUE NORTHAMPTON, MA 01060	45-3362297	501(C)(3)	18,000.	0.			ARTS & CULTURE
TAPESTRY HEALTH SYSTEMS, INC. 1985 MAIN STREET SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	12,550.	0.			GENERAL HEALTH
TEACH WESTERN MASS 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	20,000.	0.			EDUCATION
TECH FOUNDRY 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-4389001	501(C)(3)	31,250.	0.			ECONOMIC DEVELOPMENT

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THE CARE CENTER 247 CABOT STREET HOLYOKE, MA 01040	04-2962882	501(C)(3)	74,950.	0.			HUMAN SERVICES
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 25 CAREW STREET - CHICOPEE, MA 01020	04-2751023	501(C)(3)	199,750.	0.			FOOD & NUTRITION (HEALTH)
THE GUTHRIE CENTER 4 VAN DEUSENVILLE RD GREAT BARRINGTON, MA 01230	04-3137289	501(C)(3)	26,500.	0.			ARTS & CULTURE
THE LITERACY LAB 1400 16TH STREET NW, SUITE. 410 WASHINGTON, DC 20036	27-1777117	501(C)(3)	30,000.	0.			HUMAN SERVICES
THE LITERACY PROJECT, INC. 278 MAIN STREET GREENFIELD, MA 01301	04-2907399	501(C)(3)	40,775.	0.			EDUCATION
THE LOOP LAB, INC. 872 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	82-3829806	501(C)(3)	166,667.	0.			EMPLOYMENT (ECONDEV)
THE PARLOR ROOM 32 MASONIC STREET NORTHAMPTON, MA 01060	93-2237940	501(C)(3)	28,800.	0.			ARTS & CULTURE
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	13-5562351	501(C)(3)	11,150.	0.			HUMAN SERVICES
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	53,452.	0.			GENERAL HEALTH

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THE WOMEN'S EDUCATIONAL CENTER AKA CAMBRIDGE WOMEN'S CENTER - 46 PLEASANT STREET - CAMBRIDGE, MA 02139	23-7131753	501(C)(3)	20,000.	0.			ARTS & CULTURE
THEATREZONE, INC. D/B/A APOLLINAIRE THEATRE - 189 WINNISIMMET STREET - CHELSEA, MA 02150	04-3341328	501(C)(3)	75,000.	0.			ARTS & CULTURE
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	16,000.	0.			HUMAN SERVICES
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	31,100.	0.			LIBRARY (EDU)
TINY SEED PROJECT, INC 30 ATHERTON STREET BOSTON, MA 02119	84-2097757	501(C)(3)	50,000.	0.			ARTS & CULTURE
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	501(C)(3)	48,403.	0.			LIBRARY (EDU)
TOWN OF WEST SPRINGFIELD 26 CENTRAL STREET WEST SPRINGFIELD, MA 01089	04-2238917	501(C)(3)	101,000.	0.			LIBRARY (EDU)
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	20,000.	0.			CIVIL RIGHTS (HUMSVCS)
TRANSLATE GENDER, INC. 25 MAIN STREET, SUITE 220 NORTHAMPTON, MA 01060	87-2079264	501(C)(3)	30,000.	0.			HUMAN SERVICES

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TRINITY ACADEMY 120 SIGOURNEY STREET HARTFORD, CT 06105	27-2901529	501(C)(3)	6,000.	0.			PRIVATE SCHOOL (EDUCATION)
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	9,488.	0.			COLLEGE/UNIV (EDUCATION)
TRUSTEES OF SMITH ACADEMY 277 WEST STREET NORTH HATFIELD, MA 01066	04-2785440	501(C)(3)	14,000.	0.			PRIVATE SCHOOL (EDUCATION)
TSNE 89 SOUTH STREET BOSTON, MA 02111-2679	04-2261109	501(C)(3)	11,550.	0.			ECONOMIC DEVELOPMENT
UNITARIAN SOCIETY OF NORTHAMPTON AND FLORENCE - 220 MAIN STREET - NORTHAMPTON, MA 01060	04-2160539	501(C)(3)	12,000.	0.			HUMAN SERVICES
UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER - 22 KINGS HIGHWAY ROAD - ROWE, MA 01367	04-2162408	501(C)(3)	20,000.	0.			RELIGIOUS/CHURCH (HUMSVCS)
UNITED WAY OF PIONEER VALLEY, INC. 1441 MAIN STREET SPRINGFIELD, MA 01103	04-2152680	501(C)(3)	54,396.	0.			CDBG
UNITED WAY OF THE FRANKLIN HAMPSHIRE REGION - P.O. BOX 123 - NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	30,400.	0.			HUMAN SERVICES
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION INC - 134 HICKS WAY, MEMORIAL HALL - AMHERST, MA 01003	54-2084125	501(C)(3)	27,167.	0.			COLLEGE/UNIV (EDUCATION)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNRWA USA NATIONAL COMMITTEE P.O. BOX 18697 WASHINGTON, DC 20036	20-2714426	501(C)(3)	7,000.	0.			HUMAN SERVICES
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET, BUILDING 111-3 SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	33,700.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
VALLEY VENTURE MENTORING SERVICE, INC. - 276 BRIDGE STREET - SPRINGFIELD, MA 01103	04-3268603	501(C)(3)	30,000.	0.			EDUCATION
WAY FINDERS 1780 MAIN STREET SPRINGFIELD, MA 01103	04-2518368	501(C)(3)	9,250.	0.			HOUSING
WELLSPRING COOPERATIVE CORPORATION P. O. BOX 51116 SPRINGFIELD, MA 01151	46-5509253	501(C)(3)	33,000.	0.			ECONOMIC DEVELOPMENT
WEST COUNTY ARTS & CULTURE 42 CONWAY STREET SHELBURNE FALLS, MA 01370	81-2478874	501(C)(3)	10,000.	0.			ARTS & CULTURE
WEST SPRINGFIELD HIGH SCHOOL 425 PIPER ROAD WEST SPRINGFIELD, MA 01089		501(C)(3)	8,460.	0.			EDUCATION
WESTERN MASSACHUSETTS COUNCIL, BOY SCOUTS OF AMERICA - 1 ARCH ROAD - WESTFIELD, MA 01085	04-2104279	501(C)(3)	114,955.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	04-2108376	501(C)(3)	57,320.	0.			COLLEGE/UNIV (EDUCATION)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTFIELD ATHENAEUM 6 ELM STREET WESTFIELD, MA 01085	04-6004372	501(C)(3)	15,700.	0.			LIBRARY (EDU)
WGBH EDUCATIONAL FOUNDATION [SPRINGFIELD] - 44 HAMPDEN STREET - SPRINGFIELD, MA 01103	04-2104397	501(C)(3)	12,960.	0.			ARTS & CULTURE
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	7,500.	0.			PRIVATE SCHOOL (EDUCATION)
WILBRAHAM FRIENDS OF THE LIBRARY, INC. - 25 CRANE PARK DRIVE - WILBRAHAM, MA 01095	04-2620151	501(C)(3)	12,700.	0.			LIBRARY (EDU)
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 333 BRIDGE STREET - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	38,270.	0.			HUMAN SERVICES
WORKSHOP 13, INC. 13 CHURCH STREET WARE, MA 01082	47-1200425	501(C)(3)	15,000.	0.			ARTS & CULTURE
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	27-3521132	501(C)(3)	12,000.	0.			FOOD & NUTRITION (HEALTH)
YMCA CAMP OF MAINE 305 WINTHROP CENTER RD WINTHROP, ME 04364	01-0186800	501(C)(3)	15,000.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)
YMCA OF GREATER SPRINGFIELD P.O. BOX 15329 SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	39,270.	0.			CHILDREN & YOUTH DEVELOPMENT (HUMSVCS)



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

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

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

PART I, LINE 2:

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

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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) MEGAN BURKE PRESIDENT & CEO	(i)	187,104.	5,000.	0.	0.	11,575.	203,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHANNON GUREK VP FINANCE & OPERATIONS	(i)	169,191.	24,500.	0.	2,999.	2,122.	198,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOANNA BALLANTINE VP PHILANTHROPIC SERVICES	(i)	155,481.	18,340.	0.	8,723.	259.	182,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	(i)	121,746.	21,140.	0.	13,463.	22,291.	178,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DENISE HURST VP OF COMMUNITY IMPACT	(i)	129,365.	11,140.	0.	13,317.	23,055.	176,877.	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)							

**Part III Supplemental Information**

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

PART I, LINE 7:

THE EXECUTIVE TEAM EARNED BONUSES DURING CALENDAR YEAR 2023 WHICH WERE

REPORTED ON THEIR W2'S.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	57	13,470,586. 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.		

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

Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 AND SETTING IS CONDUCTED ANNUALLY BY THE  
COMPENSATION/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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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SENIOR TEAM AND TRUSTEE EVALUATIONS. THE COMPENSATION REVIEW AND SALARY  
 SETTING IS DETERMINED THROUGH A REVIEW OF COMPARATIVE INFORMATION FROM THE  
 FORM 990 OF OTHER SIMILAR ORGANIZATIONS WITH COMPARABLE POSITIONS AND A  
 REVIEW OF A CEO SALARY RANGE ESTABLISHED FOR CFWM BY AN OUTSIDE CONSULTANT.  
 THE EXECUTIVE COMMITTEE PRESENTS ITS COMPENSATION DETERMINATION TO THE FULL  
 TRUSTEES 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 249,651.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2023





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

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

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

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

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

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



**Part VII Supplemental Information**

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

Multiple horizontal lines for supplemental information.