

** 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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

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 \$: 67,870,737.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.COMMUNITYFOUNDATION.ORG
K Form of organization:
L Year of formation: 1991
M State of legal domicile: MA

Part I Summary

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

Part II Signature Block

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

Signature of Shannon Gurek, VP for Finance & Operations, dated 2/5/2026. Preparer Danielle NIHILL, dated 02/03/26. Firm: CLIFTONLARSONALLEN LLP, Quincy, MA.

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

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 24,894,122. including grants of \$ 23,068,013.) (Revenue \$ 20,497.) COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED. APPROXIMATELY 450 PROJECTS FUNDED THROUGH THIS PROCESS. THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,880 GRANTS WERE MADE TO PUBLIC CHARITIES.

4b (Code:) (Expenses \$ 1,500,200. including grants of \$ 1,500,200.) (Revenue \$ 0.) 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 26,394,322.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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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.

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

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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			217,975.	0.	32,649.	
(2) SHANNON GUREK VP FINANCE & OPERATIONS	40.00			X			185,203.	0.	17,935.	
(3) JOANNA BALLANTINE VP PHILANTHROPIC SERVICES	40.00				X		170,241.	0.	15,322.	
(4) DENISE HURST VP OF COMMUNITY IMPACT	40.00					X	140,272.	0.	38,178.	
(5) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	40.00					X	135,047.	0.	37,708.	
(6) MEREDITH LEWIS DIR OF CMTY IMPACT AND PTR.	40.00					X	106,006.	0.	29,799.	
(7) KARIN GEORGE CHAIR	5.00	X		X			0.	0.	0.	
(8) CHARLES D'AMOUR VICE CHAIR	1.00	X		X			0.	0.	0.	
(9) TARA BREWSTER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(10) NIKKI BURNETT FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(11) JOHN DAVIS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(12) LINDA DUNLAVY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(13) MAURICIA GEISSLER FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(14) MAGDALENA GOMEZ FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(15) GILLIAN HINKSON FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(16) MARK KEROACK FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(17) SARAH LAPOLICE FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) PAUL MURPHY FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(20) PAYTON SHUBRICK FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(21) DOUG A. THEOBALD FOUNDATION TRUSTEE UNTIL 10/24	1.00	X					0.	0.	0.	
(22) GREGORY THOMAS FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(23) AARON VEGA FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(24) BECKY WAI-LING PACKARD FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(25) FRANCIA WISNEWSKI FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
(26) MICHELLE SCHUTT FOUNDATION TRUSTEE	1.00	X					0.	0.	0.	
1b Subtotal							954,744.	0.	171,591.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							954,744.	0.	171,591.	

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 6

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

Section B. Independent Contractors

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

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

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

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	186,526.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,698,099.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,840,378.				
	h	Total. Add lines 1a-1f		16,884,625.				
Program Service Revenue	2 a	ADMINISTRATIVE REVENUE	Business Code					
			900099	20,497.	20,497.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		20,497.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,929,997.		15,991.	5914006.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
				3,000.				
	b	Less: rental expenses	6b	0.				
	c	Rental income or (loss)	6c	3,000.				
	d	Net rental income or (loss)		3,000.			3,000.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
				44,920,860.				
	b	Less: cost or other basis and sales expenses	7b	30,768,853.				
	c	Gain or (loss)	7c	14,152,007.				
d	Net gain or (loss)		14,152,007.		-2,190.	14154197.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	RETIREMENT DISTRIBUTION	Business Code					
			900099	105,500.			105,500.	
	b	OTHER INCOME	900099	6,258.			6,258.	
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		111,758.					
12	Total revenue. See instructions		37,101,884.	20,497.	13,801.	20182961.		

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,909,225.	22,909,225.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,500,200.	1,500,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	158,788.	158,788.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	635,736.	84,803.	285,622.	265,311.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,091,463.	879,756.	634,509.	577,198.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,274.	66,301.	45,053.	40,920.
9 Other employee benefits	308,130.	110,656.	103,224.	94,250.
10 Payroll taxes	207,784.	74,410.	69,644.	63,730.
11 Fees for services (nonemployees):				
a Management				
b Legal	32,318.		32,318.	
c Accounting	57,330.		57,330.	
d Lobbying	7,500.		7,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	451,810.		451,810.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	301,577.	234,653.	59,731.	7,193.
12 Advertising and promotion	138,783.	21,300.	91,031.	26,452.
13 Office expenses	206,256.	49,792.	104,881.	51,583.
14 Information technology	181,607.	58,607.	71,889.	51,111.
15 Royalties				
16 Occupancy	140,696.	45,377.	48,849.	46,470.
17 Travel	24,268.	8,831.	10,936.	4,501.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,727.	9,345.	16,998.	28,384.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,040.	6,463.	6,958.	6,619.
23 Insurance	15,219.	3,674.	7,739.	3,806.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	172,141.	172,141.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	29,767,872.	26,394,322.	2,106,022.	1,267,528.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Form 990 (2024)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,902,343.	1	1,498,607.	
	2 Savings and temporary cash investments	5,253,630.	2	13,490,457.	
	3 Pledges and grants receivable, net	2,500,000.	3	0.	
	4 Accounts receivable, net	150.	4	37,434.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	2,979,749.	7	2,942,809.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	172,924.	9	242,187.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	276,556.			
	b Less: accumulated depreciation	220,475.			
	11 Investments - publicly traded securities	263,912,069.	11	273,228,453.	
	12 Investments - other securities. See Part IV, line 11	1,589,850.	12	635,051.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	282,374,225.	16	292,131,079.		
Liabilities	17 Accounts payable and accrued expenses	266,639.	17	346,810.	
	18 Grants payable	23,100.	18	4,441,975.	
	19 Deferred revenue	16,712.	19	47,133.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,367,801.	25	1,035,508.	
	26 Total liabilities. Add lines 17 through 25	27,674,252.	26	5,871,426.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	78,661,607.	27	107,730,305.	
	28 Net assets with donor restrictions	176,038,366.	28	178,529,348.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	254,699,973.	32	286,259,653.	
33 Total liabilities and net assets/fund balances	282,374,225.	33	292,131,079.		

Form **990** (2024)

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,101,884.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,767,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,334,012.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	254,699,973.
5	Net unrealized gains (losses) on investments	5	-2,116,558.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	26,304,989.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	37,237.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	286,259,653.

Part XII Financial Statements and Reporting

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

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

Form **990** (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule A (Form 990) 2024

22-3089640 Page 2

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24025871.	38420759.	12036254.	24600252.	16884625.	115967761
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24025871.	38420759.	12036254.	24600252.	16884625.	115967761
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33124299.
6 Public support. Subtract line 5 from line 4.						82843462.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	24025871.	38420759.	12036254.	24600252.	16884625.	115967761
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3173291.	4271383.	4931875.	5942247.	5917006.	24235802.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		127,514.	8,896.	6,641.	15,991.	159,042.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					111,758.	111,758.
11 Total support. Add lines 7 through 10						140474363
12 Gross receipts from related activities, etc. (see instructions)					12	1,160,369.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	58.97 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	57.09 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2024

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule A (Form 990) 2024

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 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 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. 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.

b 33 1/3% support tests - 2023. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule A (Form 990) 2024

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule A (Form 990) 2024

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, relationship with governing body, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding the Integral Part Test, Activities Test, and Parent of Supported Organizations.

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule A (Form 990) 2024

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

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

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

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

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

Schedule A (Form 990) 2024

**COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS**

Schedule A (Form 990) 2024

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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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS

Schedule A (Form 990) 2024

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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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>3,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>1,660,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>896,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>697,183.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>492,975.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>431,016.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	2620 SHARES OF APPLE INC _____ _____ _____	\$ 597,183.	11/21/24
7	2100 SHARES OF APPLE INC _____ _____ _____	\$ 492,975.	11/27/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule C (Form 990) 2024

22-3089640 Page 2

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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>THEN 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:	THEN 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:	THEN 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule C (Form 990) 2024

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 questions about lobbying activities like volunteers, paid staff, media, mailings, etc., with a total amount of 7,500.

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 questions about dues, lobbying expenditures, and carryover.

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 questions about dues, non-deductible lobbying expenditures, and taxable amounts.

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 SCOYOC

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	247	73
2 Aggregate value of contributions to (during year)	8,008,538.	1,891,803.
3 Aggregate value of grants from (during year)	10,575,880.	1,174,016.
4 Aggregate value at end of year	75,657,711.	28,098,298.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF WESTERN

Schedule D (Form 990) (Rev. 12-2024) MASSACHUSETTS

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,632.	61,632.	0.
d Equipment		214,924.	158,843.	56,081.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				56,081.

COMMUNITY FOUNDATION OF WESTERN

Schedule D (Form 990) (Rev. 12-2024) MASSACHUSETTS

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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)	
Total. (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	1,035,508.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,035,508.

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

COMMUNITY FOUNDATION OF WESTERN

Schedule D (Form 990) (Rev. 12-2024) MASSACHUSETTS

22-3089640 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,603,428.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,116,558.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,116,558.
3	Subtract line 2e from line 1	3	33,719,986.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	451,810.
b	Other (Describe in Part XIII.)	4b	2,930,088.
c	Add lines 4a and 4b	4c	3,381,898.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37,101,884.

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

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

1	Total expenses and losses per audited financial statements	1	28,142,046.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	28,142,046.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	451,810.
b	Other (Describe in Part XIII.)	4b	1,174,016.
c	Add lines 4a and 4b	4c	1,625,826.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	29,767,872.

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:

PROFESSIONAL ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. THEY REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE FOUNDATION'S TAX-EXEMPT STATUS.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT, AS OF MARCH 31, 2025, 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, 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-37,237.
AGENCY FUND ADJUSTMENTS	2,967,325.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,930,088.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND ADJUSTMENTS	1,174,016.
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**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		97,669.
SOUTH ASIA	0	0	GRANTMAKING		36,986.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		9,133.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		5,000.
3 a Subtotal	0	0			158,788.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			158,788.

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

22-3089640

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	HUMAN SERVICES	36,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION	31,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION	9,133.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN SERVICES	12,340.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN SERVICES	12,329.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EDUCATION AND HUMAN SERVICES	10,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY	6,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	HUMAN SERVICES	5,986.	ELECTRONIC FUND OR WIRE TRANSFER	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 10

3 Enter total number of other organizations or entities 0

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

22-3089640

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FOOD, AGRICULTURE & NUTRITION	31,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		

COMMUNITY FOUNDATION OF WESTERN

Schedule F (Form 990) (Rev. 12-2024) MASSACHUSETTS

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

Schedule F (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF WESTERN

Schedule F (Form 990) (Rev. 12-2024) MASSACHUSETTS

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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.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONT PORCH ARTS COLLECTIVE OF BOSTON - 560 HARRISON AVENUE - BOSTON, MA 02118	85-3300505	501(C)(3)	615,000.	0.			A: ARTS, CULTURE & HUMANITIES
CASTLE OF OUR SKINS, INC. BOSTON CENTER FOR THE ARTS 539 TREMONT STREET STUDIO 206 - BOSTON, MA 02116	83-4164245	501(C)(3)	615,000.	0.			A: ARTS, CULTURE & HUMANITIES
JEAN APOLLON EXPRESSIONS, INC. 33 HUBBARD STREET, #1 MALDEN, MA 02148	46-1897622	501(C)(3)	615,000.	0.			A: ARTS, CULTURE & HUMANITIES
SOUTHEAST ASIAN COALITION OF CENTRAL MASS, INC. - 484 MAIN STREET, SUITE 400 - WORCESTER, MA 01608	04-3393955	501(C)(3)	615,000.	0.			P: HUMAN SERVICES
HYDE SQUARE TASK FORCE, INC. 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	615,000.	0.			O: YOUTH DEVELOPMENT
DOUBLE EDGE THEATRE PRODUCTIONS, INC. - 948 CONWAY ROAD - ASHFIELD, MA 01330	04-2972334	501(C)(3)	575,276.	0.			A: ARTS, CULTURE & HUMANITIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 392.
- 3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATED THOUGHT, INC. 15 UNION STREET LAWRENCE, MA 01840	27-3519031	501(C)(3)	515,000.	0.			A: ARTS, CULTURE & HUMANITIES
ANGKOR DANCE TROUPE, INC. P. O. BOX 1553 LOWELL, MA 01853	22-3066416	501(C)(3)	515,000.	0.			A: ARTS, CULTURE & HUMANITIES
THE LOOP LAB, INC. 872 MASSACHUSETTS AVENUE, UNIT 1-5 CAMBRIDGE, MA 02139	82-3829806	501(C)(3)	515,000.	0.			J: EMPLOYMENT
SAINT MICHAEL'S COLLEGE ONE WINOOSKI PARK, BOX 256 COLCHESTER, VT 05439	03-0179403	501(C)(3)	470,000.	0.			B: EDUCATION
HILLTOWN LAND TRUST, INC. 332 BULLITT ROAD ASHFIELD, MA 01330	22-2831145	501(C)(3)	460,613.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
SAINT FRANCIS FOUNDATION [TRINITY HEALTH OF NEW ENGLAND] - 95 WOODLAND STREET, 2ND FLOOR - HARTFORD, CT 06105	06-1450168	501(C)(3)	445,169.	0.			E: HEALTH CARE
AQUINNAH CULTURAL CENTER, INC. 10 BLACK BROOK ROAD AQUINNAH, MA 02535	04-3390765	501(C)(3)	415,000.	0.			A: ARTS, CULTURE & HUMANITIES
ABILITIES DANCE, INC. 2 STRATHMORE ROAD, UNIT 3 BROOKLINE, MA 02445	82-4468746	501(C)(3)	415,000.	0.			P: HUMAN SERVICES
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, SUITE 540 BOSTON, MA 02114-1101	04-1564655	501(C)(3)	377,840.	0.			E: HEALTH CARE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

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WEST CUMMINGTON CONGREGATIONAL CHURCH - 27 WEST MAIN STREET - CUMMINGTON, MA 01026	90-0141066	501(C)(3)	367,490.	0.			X: RELIGION-RELATED
3RD EYE YOUTH EMPOWERMENT, INC. 33 ARCH STREET NEW BEDFORD, MA 02740	04-3582197	501(C)(3)	340,000.	0.			A: ARTS, CULTURE & HUMANITIES
TINY SEED PROJECT INC. DANZA ORGANICA - 154 SILVER ROAD - EAST HARDWICK, VT 05836	84-2097757	501(C)(3)	340,000.	0.			A: ARTS, CULTURE & HUMANITIES
KESTREL LAND TRUST P.O. BOX 1016 AMHERST, MA 01004	04-6243236	501(C)(3)	339,600.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
COOLEY DICKINSON HOSPITAL 30 LOCUST STREET NORTHAMPTON, MA 01061	22-2617175	501(C)(3)	316,573.	0.			E: HEALTH CARE
CONGREGATION B'NAI ISRAEL 253 PROSPECT STREET NORTHAMPTON, MA 01060	04-6052052	501(C)(3)	298,100.	0.			X: RELIGION-RELATED
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102-1310	02-0222182	501(C)(3)	280,000.	0.			B: EDUCATION
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 25 CAREW STREET - CHICOPEE, MA 01020	04-2751023	501(C)(3)	257,394.	0.			K: FOOD, AGRICULTURE & NUTRITION
TILTON FUND, INC. 75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	254,000.	0.			B: EDUCATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE, INC. - ONE SUGARLOAF STREET - SOUTH DEERFIELD, MA 01373	04-3416862	501(C)(3)	230,950.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
WOMEN'S FUND OF WESTERN MASSACHUSETTS - 333 BRIDGE STREET - SPRINGFIELD, MA 01103	04-3342411	501(C)(3)	225,656.	0.			P: HUMAN SERVICES
SPRINGFIELD OPERATIONS ECS, INC. 100 HICKORY STREET SPRINGFIELD, MA 01109	82-3148338	501(C)(3)	219,645.	0.			B: EDUCATION
PALMER PUBLIC LIBRARY ASSOCIATION 1455 NORTH MAIN STREET PALMER, MA 01069	27-1884169	501(C)(3)	211,178.	0.			B: EDUCATION
GREENFIELD COMMUNITY COLLEGE FOUNDATION, INC. - ONE COLLEGE DRIVE - GREENFIELD, MA 01301	04-2449856	501(C)(3)	204,150.	0.			B: EDUCATION
BAYSTATE HEALTH FOUNDATION, INC. 280 CHESTNUT STREET SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	189,312.	0.			E: HEALTH CARE
CENTER FOR ECOTECHNOLOGY 320 RIVERSIDE DRIVE, 1-A NORTHAMPTON, MA 01062	04-2611726	501(C)(3)	152,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
TOWN OF WEST SPRINGFIELD 26 CENTRAL STREET, 2ND FLOOR WEST SPRINGFIELD, MA 01089	GOV		150,000.	0.			B: EDUCATION
ST. JEANNE JUGAN PARISH 23 SIMON ROAD ENFIELD, CT 06082	06-0813628	501(C)(3)	139,860.	0.			X: RELIGION-RELATED

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR INCORPORATED - ST. JOSEPH'S RESIDENCE, 1365 ENFIELD STREET - ENFIELD, CT	06-0882297	501(C)(3)	136,140.	0.			P: HUMAN SERVICES
COMMUNITY ACTION PIONEER VALLEY 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)	135,300.	0.			P: HUMAN SERVICES
NEW ENGLAND PUBLIC MEDIA, INC. 44 HAMPDEN STREET SPRINGFIELD, MA 01103-1413	04-6130523	501(C)(3)	133,964.	0.			A: ARTS, CULTURE & HUMANITIES
RESILIENCE CENTER OF FRANKLIN COUNTY - 17 LONG AVENUE - GREENFIELD, MA 01301	04-2616922	501(C)(3)	131,300.	0.			P: HUMAN SERVICES
PIONEER VALLEY WORKERS CENTER, INC. - 20 MAPLE STREET, SUITE 1A - SPRINGFIELD, MA 01103	82-4732798	501(C)(3)	123,000.	0.			J: EMPLOYMENT
NORTHAMPTON EDUCATION FOUNDATION, INC. - P.O. BOX 44 - NORTHAMPTON, MA 01061	04-3157289	501(C)(3)	117,550.	0.			B: EDUCATION
WILBRAHAM & MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095-1715	04-2105838	501(C)(3)	117,215.	0.			B: EDUCATION
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088-9389	51-0198509	501(C)(3)	107,500.	0.			Z: UNKNOWN
ALIANZA DV SERVICES, INC. P.O. BOX 1099 HOLYOKE, MA 01041-1099	04-2716766	501(C)(3)	105,090.	0.			P: HUMAN SERVICES

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

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MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION INC - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247-9920	04-3113688	501(C)(3)	97,500.	0.			A: ARTS, CULTURE & HUMANITIES
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 01013-2839	04-2225850	501(C)(3)	97,275.	0.			B: EDUCATION
INTERNATIONAL LANGUAGE INSTITUTE OF MA, INC. - 25 NEW SOUTH STREET - NORTHAMPTON, MA 01060	22-2553803	501(C)(3)	94,300.	0.			B: EDUCATION
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD - 76 ELLIOT STREET - SPRINGFIELD, MA 01105		501(C)(3)	94,200.	0.			X: RELIGION-RELATED
FRIENDS OF HADLEY PRESCHOOL P.O. BOX 179 HADLEY, MA 01035	11-3665485	501(C)(3)	92,580.	0.			B: EDUCATION
RONALD McDONALD HOUSE CHARITIES OF CONNECTICUT AND WESTERN MASSACHUSETTS - 860 HOWARD AVENUE, SUITE A - NEW HAVEN, CT 06519	04-2971480	501(C)(3)	92,307.	0.			P: HUMAN SERVICES
PA'LANTE TRANSFORMATIVE JUSTICE, INC. - 220 LINDEN STREET - HOLYOKE, MA 01040	92-2240723	501(C)(3)	91,558.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
SPRINGFIELD CULTURAL PARTNERSHIP, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103	81-2515358	501(C)(3)	90,000.	0.			A: ARTS, CULTURE & HUMANITIES
GIVE MUSIC, INC. 83 MAPLE STREET SPRINGFIELD, MA 01105	04-3468467	501(C)(3)	90,000.	0.			A: ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

22-3089640

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

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WESTERN MASSACHUSETTS CATHOLIC FOUNDATION INC - PO BOX 5640 - SPRINGFIELD, MA 01101	04-3437398	501(C)(3)	89,500.	0.			X: RELIGION-RELATED
FRANKLIN LAND TRUST, INC. 5 MECHANIC STREET SHELburnE FALLS, MA 01370	22-2744488	501(C)(3)	79,720.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
LONGMEADOW EDUCATIONAL EXCELLENCE FOUNDATION, INC. - P.O. BOX 60782 - LONGMEADOW, MA 01116-0782	04-3582887	501(C)(3)	76,100.	0.			B: EDUCATION
ANTIOCH COLLEGE CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	26-1672457	501(C)(3)	75,000.	0.			B: EDUCATION
PLAY INCUBATION COLLECTIVE, INC. P. O. BOX 1435 EASTHAMPTON, MA 01027	99-0813604	501(C)(3)	75,000.	0.			A: ARTS, CULTURE & HUMANITIES
CLASSCRITS INC 725 HERTEL AVE UNIT 526 BUFFALO, NY 14207-7021	82-1713227	501(C)(3)	75,000.	0.			B: EDUCATION
SPRINGFIELD MUSEUMS 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	74,955.	0.			A: ARTS, CULTURE & HUMANITIES
ONEHOLYOKE COMMUNITY DEVELOPMENT CORPORATION - 70 LYMAN STREET - HOLYOKE, MA 01040	23-7168031	501(C)(3)	74,156.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
FRANKLIN COUNTY COMMUNITY 324 WELLS STREET GREENFIELD, MA 01301	04-2678309	501(C)(3)	73,600.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CARE CENTER 247 CABOT STREET HOLYOKE, MA 01040	04-2962882	501(C)(3)	73,070.	0.			P: HUMAN SERVICES
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW, 7TH FL WASHINGTON, DC 20001	27-3521132	501(C)(3)	72,719.	0.			K: FOOD, AGRICULTURE & NUTRITION
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD, INC. - 127 STATE STREET - SPRINGFIELD, MA 01103-1944	22-2501478	501(C)(3)	68,950.	0.			A: ARTS, CULTURE & HUMANITIES
BE LIKE KAT, INC. 165 FARMINGTON ROAD LONGMEADOW, MA 01106	99-3436927	501(C)(3)	62,681.	0.			N: RECREATION, SPORTS
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD - 516 CAREW STREET - SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	61,124.	0.			E: HEALTH CARE
WESTERN MASSACHUSETTS TRAINING CONSORTIUM - 187 HIGH STREET, SUITE 202 - HOLYOKE, MA 01040	23-7450656	501(C)(3)	60,000.	0.			E: HEALTH CARE
INSTITUTE FOR THE NEXT JEWISH FUTURE INJF - 5472 S EVERETT AVE - CHICAGO, IL 60615	27-5071401	501(C)(3)	60,000.	0.			X: RELIGION-RELATED
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	59,346.	0.			B: EDUCATION
TOWN OF AGAWAM 36 MAIN STREET AGAWAM, MA 01001	04-6001065	GOV	56,575.	0.			B: EDUCATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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GREATER SPRINGFIELD HABITAT FOR HUMANITY - 268 COLD SPRING AVENUE - WEST SPRINGFIELD, MA 01089	04-2970982	501(C)(3)	55,250.	0.			L: HOUSING & SHELTER
SPRINGFIELD SYMPHONY ORCHESTRA 1441 MAIN STREET, SUITE 121 SPRINGFIELD, MA 01103	04-2210746	501(C)(3)	54,573.	0.			A: ARTS, CULTURE & HUMANITIES
MERCY FOR ANIMALS 1150 CONRAD COURT HAGERSTOWN, MD 21740-5905	54-2076145	501(C)(3)	52,500.	0.			D: ANIMAL-RELATED
BAY PATH UNIVERSITY 588 LONGMEADOW STREET LONGMEADOW, MA 01106	04-2103865	501(C)(3)	51,025.	0.			B: EDUCATION
PIONEER VALLEY WALDORF SCHOOL ASSOCIATION, INC. [THE HARTSBROOK SCHOOL] - 193 BAY ROAD - HADLEY, MA 01035	04-2734173	501(C)(3)	50,000.	0.			B: EDUCATION
HUMAN SERVICE FORUM P.O. BOX 366 HOLYOKE, MA 01041	45-2897765	501(C)(3)	50,000.	0.			P: HUMAN SERVICES
MOVEMENT VOTER FUND 37 BRIDGE STREET BOX 749 NORTHAMPTON, MA 01060	86-3534872	501(C)(3)	50,000.	0.			B: EDUCATION
SOJOURNER TRUTH SCHOOL FOR SOCIAL CHANGE LEADERSHIP, INC. - 649 STATE STREET - SPRINGFIELD, MA 01109	84-3630405	501(C)(3)	48,250.	0.			B: EDUCATION
THE LITERACY PROJECT, INC. 278 MAIN STREET, SUITE 202 GREENFIELD, MA 01301-3566	04-2907399	501(C)(3)	48,016.	0.			B: EDUCATION

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

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POPE FRANCIS PREPARATORY SCHOOL 99 WENDOVER ROAD SPRINGFIELD, MA 01118	81-3825696	501(C)(3)	47,900.	0.			B: EDUCATION
JEWISH FEDERATION OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	45,200.	0.			X: RELIGION-RELATED
SPRINGFIELD RESCUE MISSION, INC. P.O. BOX 9045 SPRINGFIELD, MA 01102-9045	52-1047790	501(C)(3)	45,126.	0.			X: RELIGION-RELATED
NORTHAMPTON PUBLIC SCHOOLS BUSINESS OFFICE - 212 MAIN STREET - NORTHAMPTON, MA 01060	501(C)(3)	501(C)(3)	45,000.	0.			B: EDUCATION
RACHEL'S TABLE OF WESTERN MASSACHUSETTS, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	92-3930692	501(C)(3)	43,900.	0.			K: FOOD, AGRICULTURE & NUTRITION
LAUNCHSPACE 131 WEST MAIN STREET, SUITE 342 ORANGE, MA 01364	81-4826723	501(C)(3)	42,500.	0.			B: EDUCATION
MASSACHUSETTS AUDUBON SOCIETY, INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-2104702	501(C)(3)	42,204.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
ERIC CARLE MUSEUM OF PICTURE BOOK ART, INC. - 125 WEST BAY ROAD - AMHERST, MA 01002	04-3542086	501(C)(3)	42,100.	0.			A: ARTS, CULTURE & HUMANITIES
TECH FOUNDRY 1391 MAIN STREET, 9TH FLOOR SPRINGFIELD, MA 01103	46-4389001	501(C)(3)	41,250.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HEALTH CENTER, INC. 1049 MAIN STREET SPRINGFIELD, MA 01103-0000	04-2620040	501(C)(3)	41,000.	0.			E: HEALTH CARE
CITYSPACE, INC. 50 PAYSON AVENUE EASTHAMPTON, MA 01027	26-0177968	501(C)(3)	40,500.	0.			A: ARTS, CULTURE & HUMANITIES
AMERICAN CANCER SOCIETY, INC. P.O. BOX 6703 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	40,385.	0.			E: HEALTH CARE
HOLYOKE COMMUNITY MEDIA - ATTACK BEAR PRESS - ONE COURT PLAZA - HOLYOKE, MA 01040	01-0628078	501(C)(3)	40,000.	0.			A: ARTS, CULTURE & HUMANITIES
FRIENDS OF THE PELHAM FREE PUBLIC LIBRARY INC. - 2 SOUTH VALLEY ROAD - PELHAM, MA 01002	04-3077516	501(C)(3)	40,000.	0.			B: EDUCATION
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	39,904.	0.			E: HEALTH CARE
EASTHAMPTON LEARNING FOUNDATION P.O. BOX 1100 EASTHAMPTON, MA 01027	04-3324788	501(C)(3)	39,900.	0.			B: EDUCATION
YMCA OF GREATER SPRINGFIELD - MEN OF COLOR HEALTH AWARENESS - 1500 MAIN STREET, SUITE 234 - SPRINGFIELD, MA 01115	04-1859893	501(C)(3)	39,540.	0.			P: HUMAN SERVICES
CITY OF NORTHAMPTON 212 MAIN STREET NORTHAMPTON, MA 01060							C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION

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NORTHEASTERN UNIVERSITY 402 COLUMBUS PLACE BOSTON, MA 02115-5005	04-1679980	501(C)(3)	38,682.	0.			B: EDUCATION
AMERICAN RED CROSS CENTRAL-WESTERN MASSACHUSETTS CHAPTER - 2000 CENTURY DRIVE - WORCESTER, MA 01606	53-0196605	501(C)(3)	38,650.	0.			P: HUMAN SERVICES
GRAY HOUSE, INC. 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	37,200.	0.			P: HUMAN SERVICES
THE GUTHRIE CENTER 4 VAN DEUSENVILLE RD GREAT BARRINGTON, MA 01230	04-3137289	501(C)(3)	37,000.	0.			A: ARTS, CULTURE & HUMANITIES
AMHERST CINEMA ARTS CENTER, INC. 28 AMITY STREET AMHERST, MA 01002	04-3456950	501(C)(3)	36,600.	0.			A: ARTS, CULTURE & HUMANITIES
CENTER FOR NEW AMERICANS JAMES HOUSE, 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)(3)	36,275.	0.			B: EDUCATION
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 123 WILLIAMS STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	36,100.	0.			E: HEALTH CARE
SOUTH HADLEY HISTORICAL SOCIETY, INC. - 28 WOODBRIDGE STREET - SOUTH HADLEY, MA 01075	52-2084289	501(C)(3)	36,000.	0.			A: ARTS, CULTURE & HUMANITIES
UNRWA USA NATIONAL COMMITTEE P.O. BOX 18697 WASHINGTON, DC 20036	20-2714426	501(C)(3)	36,000.	0.			P: HUMAN SERVICES

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WEST SPRINGFIELD BOYS & GIRLS CLUB, INC. - 615 MAIN STREET - WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	35,850.	0.			O: YOUTH DEVELOPMENT
GROW FOOD NORTHAMPTON, INC. 221 PINE STREET, SUITE 349 FLORENCE, MA 01062	01-0959428	501(C)(3)	35,300.	0.			K: FOOD, AGRICULTURE & NUTRITION
URBAN LEAGUE OF SPRINGFIELD, INC. 1 FEDERAL STREET, BUILDING 111-3 SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	35,050.	0.			O: YOUTH DEVELOPMENT
NUESTRAS RAICES, INC. 329 MAIN STREET HOLYOKE, MA 01040	04-3182556	501(C)(3)	35,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
VALLEY COMMUNITY LAND TRUST, INC. PO BOX 1552 GREENFIELD, MA 01302	04-2636101	501(C)(3)	35,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
BENNINGTON COLLEGE ONE COLLEGE DRIVE BENNINGTON, VT 05201	03-0179414	501(C)(3)	35,000.	0.			B: EDUCATION
MOUNT GRACE LAND CONSERVATION TRUST, INC. - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	34,500.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
STONE SOUP CAFE, INC. P.O. BOX 57 GREENFIELD, MA 01302	84-3664286	501(C)(3)	34,300.	0.			K: FOOD, AGRICULTURE & NUTRITION
LOCAL ACCESS TO VALLEY ARTS (LAVA) 38 FOREST AVENUE GREENFIELD, MA 01301	94-3135091	501(C)(3)	34,000.	0.			A: ARTS, CULTURE & HUMANITIES

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TOWN OF HADLEY HADLEY TOWN HALL, 100 MIDDLE STREET HADLEY, MA 01035		GOV	33,960.	0.			B: EDUCATION
WELLSPRING COOPERATIVE CORPORATION P. O. BOX 51116 SPRINGFIELD, MA 01151	46-5509253	501(C)(3)	33,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
YWCA OF WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118-2213	04-2103858	501(C)(3)	32,700.	0.			N: RECREATION, SPORTS
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086	04-2464259	501(C)(3)	32,600.	0.			O: YOUTH DEVELOPMENT
HOLYOKE YMCA, INC. 171 PINE STREET HOLYOKE, MA 01040	04-2192693	501(C)(3)	32,500.	0.			N: RECREATION, SPORTS
TSNE COLLECTIVE POWER, INC. 89 SOUTH STREET, STE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	32,500.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
BOYS & GIRLS CLUB FAMILY CENTER, INC. - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	32,400.	0.			O: YOUTH DEVELOPMENT
DRAMA STUDIO, INC. PO BOX 80892 SPRINGFIELD, MA 01138	22-2822986	501(C)(3)	32,130.	0.			A: ARTS, CULTURE & HUMANITIES
ROCA, INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	32,000.	0.			O: YOUTH DEVELOPMENT

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SELF-EVIDENT EDUCATION, INC. 156 OVERLOOK DRIVE FLORENCE, MA 01062	86-2243014	501(C)(3)	32,000.	0.			B: EDUCATION
NORTHAMPTON COMMUNITY ARTS TRUST P.O. BOX 366 NORTHAMPTON, MA 01061	27-2576586	501(C)(3)	31,500.	0.			A: ARTS, CULTURE & HUMANITIES
JOHNSON MEMORIAL HOSPITAL SAINT FRANCIS FOUNDATION, 95 WOODLAND STREET, 2ND FLOOR - HARTFORD, CT 06105	47-5676956	501(C)(3)	31,400.	0.			E: HEALTH CARE
NUEVA ESPERANZA, INC. 401 MAIN STREET HOLYOKE, MA 01040	04-2774010	501(C)(3)	31,300.	0.			A: ARTS, CULTURE & HUMANITIES
NORTHAMPTON CENTER FOR THE ARTS, INC. - P.O. BOX 366 - NORTHAMPTON, MA 01060	22-2570778	501(C)(3)	31,150.	0.			A: ARTS, CULTURE & HUMANITIES
HAPPIER VALLEY COMEDY, INC. 1 MILL VALLEY ROAD, SUITE B HADLEY, MA 01035	47-4942147	501(C)(3)	31,000.	0.			A: ARTS, CULTURE & HUMANITIES
HILLTOWN VILLAGE, INC. DBA IT TAKES A VILLAGE - 2 EAST MAIN STREET - HUNTINGTON, MA 01050	47-1394720	501(C)(3)	31,000.	0.			P: HUMAN SERVICES
RIGHT TO THE CITY ALLIANCE, INC. - SPRINGFIELD NO ONE LEAVES - 388 ATLANTIC AVE, 2ND FLOOR - NEW YORK, NY 11217	94-3462187	501(C)(3)	31,000.	0.			L: HOUSING & SHELTER
NORTHEAST ORGANIC FARMING ASSOCIATION MASSACHUSETTS CHAPTER - P. O. BOX 60043 - FLORENCE, MA 01062	22-2987723	501(C)(3)	31,000.	0.			K: FOOD, AGRICULTURE & NUTRITION

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BLUES TO GREEN 18 TUCKER ROAD HUNTINGTON, MA 01050	26-4764676	501(C)(3)	31,000.	0.			A: ARTS, CULTURE & HUMANITIES
FOLLOW MY STEPS FOUNDATION, INC. 33 HASKIN STREET SPRINGFIELD, MA 01109	85-2648252	501(C)(3)	31,000.	0.			O: YOUTH DEVELOPMENT
AFGHAN FEMALE STUDENT OUTREACH 10 SEQUIN RD WEST HARTFORD, CT 06117	93-1909839	501(C)(3)	31,000.	0.			B: EDUCATION
DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS, INC. - P. O. BOX 15376 - SPRINGFIELD, MA 01115	04-3497736	501(C)(3)	30,800.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
AMHERST SURVIVAL CENTER P.O. BOX 9629 NORTH AMHERST, MA 01059	04-2698462	501(C)(3)	30,617.	0.			P: HUMAN SERVICES
BOMBYX CENTER FOR ARTS & EQUITY 130 PINE STREET FLORENCE, MA 01062	87-3501029	501(C)(3)	30,600.	0.			A: ARTS, CULTURE & HUMANITIES
CHILDRENS ADVOCACY CENTER OF FRANKLIN AND NORTH QUABBIN, INC. - 56 WISDOM WAY - GREENFIELD, MA 01301	47-4386987	501(C)(3)	30,500.	0.			P: HUMAN SERVICES
SHEA THEATER ARTS CENTER, INC. 71 AVENUE A TURNERS FALLS, MA 01376	81-1096876	501(C)(3)	30,500.	0.			A: ARTS, CULTURE & HUMANITIES
MICHAEL E. SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION, INC. - C/O MAINVILLE, 13 APPLE ROAD - SOUTH HADLEY, MA 01075	04-3558819	501(C)(3)	30,500.	0.			B: EDUCATION

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TEACH WESTERN MASS 1000 STATE STREET SPRINGFIELD, MA 01109	81-3839008	501(C)(3)	30,500.	0.			B: EDUCATION
ARISE FOR SOCIAL JUSTICE 38 SCHOOL STREET SPRINGFIELD, MA 01105	04-2914511	501(C)(3)	30,322.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
WILLIE ROSS SCHOOL FOR THE DEAF, INC. - 32 NORWAY STREET - LONGMEADOW, MA 01106	04-2430193	501(C)(3)	30,250.	0.			B: EDUCATION
JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS, INC. - 1500 MAIN STREET, SUITE 217 - SPRINGFIELD, MA 01115	04-2088304	501(C)(3)	30,250.	0.			O: YOUTH DEVELOPMENT
ENLACE DE FAMILIAS DE HOLYOKE/HOLYOKE FAMILY NETWORK, INC. - 299 MAIN STREET, STREET LEVEL - HOLYOKE, MA 01040	04-3470427	501(C)(3)	30,100.	0.			P: HUMAN SERVICES
COMMON CAPITAL, INC. 1780 MAIN STREET SPRINGFIELD, MA 01103	22-3051402	501(C)(3)	30,000.	0.			P: HUMAN SERVICES
ASHFIELD COMMUNITY PRESCHOOL, INC. 103 BAPTIST CORNER ROAD ASHFIELD, MA 01330	22-2580763	501(C)(3)	30,000.	0.			B: EDUCATION
ARTSPACE COMMUNITY ARTS CENTER 15 MILL STREET GREENFIELD, MA 01301-3216	23-7353850	501(C)(3)	30,000.	0.			A: ARTS, CULTURE & HUMANITIES
GAYLORD HOSPITAL, INC. 50 GAYLORD FARM ROAD WALLINGFORD, CT 06492	06-0646649	501(C)(3)	30,000.	0.			E: HEALTH CARE

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RIVER EAST SCHOOL-TO-CAREER, INC. 1455 NORTH MAIN STREET PALMER, MA 01069	44-5105514	501(C)(3)	30,000.	0.			B: EDUCATION
MASSACHUSETTS FAIR HOUSING CENTER 57 SUFFOLK STREET, 4TH FLOOR HOLYOKE, MA 01040	22-3043308	501(C)(3)	30,000.	0.			L: HOUSING & SHELTER
PARENT VILLAGES 32 HAMPDEN STREET, 3RD FLOOR SPRINGFIELD, MA 01103	83-3840814	501(C)(3)	30,000.	0.			P: HUMAN SERVICES
CONWAY SCHOOL OF LANDSCAPE DESIGN, INC. - 88 VILLAGE HILL ROAD - NORTHAMPTON, MA 01060	04-2596491	501(C)(3)	30,000.	0.			B: EDUCATION
AMELIA PARK CHILDREN'S MUSEUM, INC. - 29 SOUTH BROAD STREET - WESTFIELD, MA 01085	04-3271875	501(C)(3)	30,000.	0.			A: ARTS, CULTURE & HUMANITIES
DAVENPORT CHILD CARE, INC. P.O. BOX 235 CHESTERFIELD, MA 01012	04-3544834	501(C)(3)	30,000.	0.			O: YOUTH DEVELOPMENT
NEIGHBOR TO NEIGHBOR MASSACHUSETTS EDUCATION FUND, INC. - P.O. BOX 30839 - WORCESTER, MA 01603	04-3507716	501(C)(3)	30,000.	0.			B: EDUCATION
CHILDREN'S MUSEUM AT HOLYOKE 444 DWIGHT STREET HOLYOKE, MA 01040	04-2836882	501(C)(3)	30,000.	0.			A: ARTS, CULTURE & HUMANITIES
ART GARDEN, INC. 4 UNION STREET SHELburnE FALLS, MA 01370	45-2047838	501(C)(3)	30,000.	0.			A: ARTS, CULTURE & HUMANITIES

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GREATER WESTFIELD MASS COMMITTEE FOR THE HOMELESS, INC. - 7 FREE STREET - WESTFIELD, MA 01086	04-3030609	501(C)(3)	30,000.	0.			L: HOUSING & SHELTER
TOP FLOOR LEARNING, INC. 1455 NORTH MAIN STREET PALMER, MA 01069	20-0525130	501(C)(3)	30,000.	0.			B: EDUCATION
BRICK HOUSE COMMUNITY RESOURCE CENTER, INC. - 24 THIRD STREET - TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	30,000.	0.			O: YOUTH DEVELOPMENT
FAMILIES FIRST PARENTING PROGRAMS, INC. - 401 MAIN ST. - HOLYOKE, MA 01040	04-3413397	501(C)(3)	30,000.	0.			P: HUMAN SERVICES
EDC 413WORKS, INC. 1441 MAIN STREET SPRINGFIELD, MA 01103	86-1491313	501(C)(3)	30,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
ALL FARMERS, INC. PO BOX 3338 SPRINGFIELD, MA 01101	83-1783247	501(C)(3)	30,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
ACADEMIC LEADERSHIP ASSOCIATION 175 CHALMERS STREET SRINGFIELD, MA 01118	84-4124965	501(C)(3)	30,000.	0.			O: YOUTH DEVELOPMENT
BLACK BEHAVIORAL HEALTH NETWORK, INC. - 287 STATE STREET - SPRINGFIELD, MA 01105	61-1959235	501(C)(3)	30,000.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
EQUAL ACCESS INTERNATIONAL 1001 CONNECTICUT AVENUE NW, SUITE 2 WASHINGTON, DC 20036	94-3402601	501(C)(3)	30,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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ANCESTRAL BRIDGES FOUNDATION, INC. 61 CHESTNUT STREET AMHERST, MA 01002	88-2853574	501(C)(3)	30,000.	0.			A: ARTS, CULTURE & HUMANITIES
BRIGHT FUTURES EARLY LEARNING CENTER, INC. - 74 WALNUT STREET - SPRINGFIELD, MA 01105	82-1978704	501(C)(3)	30,000.	0.			O: YOUTH DEVELOPMENT
ENTREPRENEURSHIP FOR ALL, INC. 175 CABOT ST. SUITE 310 LOWELL, MA 01854	47-1858182	501(C)(3)	30,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
YOUNG AT HEART CHORUS INCORPORATED 30 NORTH MAPLE STREET FLORENCE, MA 01062	04-2862189	501(C)(3)	29,750.	0.			A: ARTS, CULTURE & HUMANITIES
PEACE DEVELOPMENT FUND ANTI-RACISM COMMUNITY ORGANIZERS - P.O. BOX 1280 - AMHERST, MA 01004	04-2738794	501(C)(3)	29,620.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
NORTHAMPTON COMMUNITY MUSIC CENTER, INC. - 139 SOUTH STREET - NORTHAMPTON, MA 01060	04-3428393	501(C)(3)	29,200.	0.			A: ARTS, CULTURE & HUMANITIES
GIRLS INC. OF THE VALLEY P.O. BOX 6812 HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	28,393.	0.			O: YOUTH DEVELOPMENT
THE PERFORMANCE PROJECT, INC. P. O. BOX 5195 SPRINGFIELD, MA 01101	30-0157803	501(C)(3)	28,300.	0.			A: ARTS, CULTURE & HUMANITIES
MARY LYON FOUNDATION P.O. BOX 184 SHELburnE FALLS, MA 01370	22-3112593	501(C)(3)	28,132.	0.			B: EDUCATION

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HOLYOKE COMMUNITY COLLEGE FOUNDATION, INC. - 303 HOMESTEAD AVENUE - HOLYOKE, MA 01040	23-7181691	501(C)(3)	27,919.	0.			B: EDUCATION
KARUNA CENTER FOR PEACEBUILDING, INC. - PO BOX 727 - GREENFIELD, MA 01302	04-3437359	501(C)(3)	27,300.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
COMMON WEALTH MURAL COLLABORATIVE 59 GRANBY HEIGHTS GRANBY, MA 01033	83-2022617	501(C)(3)	26,900.	0.			A: ARTS, CULTURE & HUMANITIES
MAKE-IT SPRINGFIELD 286 BRIDGE STREET SPRINGFIELD, MA 01103	82-4633337	501(C)(3)	26,800.	0.			A: ARTS, CULTURE & HUMANITIES
CLINICAL & SUPPORT OPTIONS, INC. (CSO) - 8 ATWOOD DRIVE, SUITE 301 - NORTHAMPTON, MA 01060	04-2206041	501(C)(3)	26,616.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
WAY FINDERS 1780 MAIN STREET SPRINGFIELD, MA 01103	04-2518368	501(C)(3)	26,100.	0.			L: HOUSING & SHELTER
SILVERTHORNE THEATER COMPANY, INC. 14 HIGHLAND AVENUE GREENFIELD, MA 01301	36-4786849	501(C)(3)	25,750.	0.			A: ARTS, CULTURE & HUMANITIES
BERKSHIRE DREAM CENTER, INC. 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)(3)	25,475.	0.			P: HUMAN SERVICES
GREATER WORCESTER COMMUNITY FOUNDATION, INC. - ONE MERCANTILE STREET, SUITE 010 - WORCESTER, MA 01608	04-2572276	501(C)(3)	25,320.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING

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MUSICA FRANKLIN, INC. 324 MAIN STREET GREENFIELD, MA 01301	81-0682911	501(C)(3)	25,200.	0.			A: ARTS, CULTURE & HUMANITIES
SMITH COLLEGE 10 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	25,100.	0.			B: EDUCATION
AGAWAM HISTORICAL ASSOCIATION, INC. - P.O. BOX 552 - AGAWAM, MA 01001	90-0412220	501(C)(3)	25,036.	0.			A: ARTS, CULTURE & HUMANITIES
PIONEER VALLEY REGIONAL VENTURES CENTER, INC. - 60 CONGRESS STREET, FLOOR 1 - SPRINGFIELD, MA 01104	04-3560951	501(C)(3)	25,000.	0.			P: HUMAN SERVICES
RAISING A READER MASSACHUSETTS (RAR-MA, INC.) - 53 STATE STREET, SUITE 500 - BOSTON, MA 02109	80-0297898	501(C)(3)	25,000.	0.			B: EDUCATION
MEMORIAL HALL ASSOCIATION P.O. BOX 123 SHELburnE FALLS, MA 01370	26-2727963	501(C)(3)	25,000.	0.			A: ARTS, CULTURE & HUMANITIES
ART FOR THE SOUL ART GALLERY, INC. P. O. BOX 15586 SPRINGFIELD, MA 01115	45-2068344	501(C)(3)	25,000.	0.			A: ARTS, CULTURE & HUMANITIES
AVAILABLE POTENTIAL ENTERPRISES LIMITED - 126 MAIN STREET - NORTHAMPTON, MA 01060	04-2685501	501(C)(3)	25,000.	0.			A: ARTS, CULTURE & HUMANITIES
PLANNED PARENTHOOD NORTH CENTRAL STATES - 671 VANDALIA ST - SAINT PAUL, MN 55114	83-0614523	501(C)(3)	24,100.	0.			E: HEALTH CARE

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NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE BEAVERTON, OR 97008-7105	04-3236982	501(C)(3)	23,832.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
THE TRUSTEES OF RESERVATIONS 200 HIGH STREET BOSTON, MA 02110	04-2105780	501(C)(3)	23,750.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
STANLEY PARK OF WESTFIELD, INC. 400 WESTERN AVENUE WESTFIELD, MA 01085	04-2131404	501(C)(3)	23,695.	0.			A: ARTS, CULTURE & HUMANITIES
HITCHCOCK CENTER FOR THE ENVIRONMENT - 845 WEST STREET - AMHERST, MA 01002	04-2487748	501(C)(3)	23,550.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
PITI THEATRE COMPANY, INC. 224 AVERY BROOK ROAD SHELBURNE FALLS, MA 01370	93-4752264	501(C)(3)	23,500.	0.			A: ARTS, CULTURE & HUMANITIES
FRIENDS OF GRANDMOTHER'S GARDEN, INC. - P.O. BOX 1432 - WESTFIELD, MA 01086-1432	04-3267287	501(C)(3)	23,100.	0.			A: ARTS, CULTURE & HUMANITIES
COMMUNITY FOUNDATION OF COLLIER COUNTY - 1110 PINE RIDGE ROAD, SUITE 200 - NAPLES, FL 34108	59-2396243	501(C)(3)	23,000.	0.			Z: UNKNOWN
TRUSTEES OF SMITH ACADEMY 277 WEST STREET NORTH HATFIELD, MA 01066	04-2785440	501(C)(3)	23,000.	0.			B: EDUCATION
FEEDING HILLS CONGREGATIONAL CHURCH - 21 NORTH WESTFIELD STREET - FEEDING HILLS, MA 01030-1672	04-2311639	501(C)(3)	22,695.	0.			X: RELIGION-RELATED

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ST. JOHN'S LUTHERAN CHURCH 60 BROAD STREET WESTFIELD, MA 01085	04-2381428	501(C)(3)	22,500.	0.			X: RELIGION-RELATED
GIRLS ON THE RUN OF WESTERN MA, INC. - 16 CENTER STREET, SUITE 318 - NORTHAMPTON, MA 01060	47-3512764	501(C)(3)	22,500.	0.			O: YOUTH DEVELOPMENT
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 322 W LAMAR STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	22,000.	0.			L: HOUSING & SHELTER
FRANK NEWHALL LOOK MEMORIAL PARK, INC. - 300 NORTH MAIN STREET - FLORENCE, MA 01062	04-3580572	501(C)(3)	21,969.	0.			N: RECREATION, SPORTS
PIONEER VALLEY JAZZ SHARES, INC. 340 BRIDGE STREET NORTHAMPTON, MA 01060	82-3760957	501(C)(3)	21,000.	0.			A: ARTS, CULTURE & HUMANITIES
CRAFT EMERGENCY RELIEF FUND, INC. [CERF+] - PO BOX 1341 - BRATTLEBORO, VT 05302	13-3273980	501(C)(3)	21,000.	0.			A: ARTS, CULTURE & HUMANITIES
CITY OF GREENFIELD 14 COURT SQUARE GREENFIELD, MA 01103	04-6001163	501(C)(3)	20,800.	0.			P: HUMAN SERVICES
PIONEER VALLEY HABITAT FOR HUMANITY, INC. - 140 PINE STREET, ROOM 4 - FLORENCE, MA 01062	04-3049506	501(C)(3)	20,750.	0.			L: HOUSING & SHELTER
SEEDS OF SOLIDARITY EDUCATION CENTER, INC. - 165 CHESTNUT HILL ROAD - ORANGE, MA 01364	04-3517520	501(C)(3)	20,600.	0.			B: EDUCATION

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BOYS & GIRLS CLUB OF GREATER HOLYOKE, INC. - 70 NICK COSMOS WAY - HOLYOKE, MA 01040	04-2103792	501(C)(3)	20,519.	0.			O: YOUTH DEVELOPMENT
MEMORIAL SLOAN KETTERING CANCER CENTER - OFFICE OF DEVELOPMENT, 633 THIRD AVENUE, 28TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	20,500.	0.			E: HEALTH CARE
INSTITUTE FOR THE MUSICAL ARTS P.O. BOX 867 GOSHEN, MA 01032	94-3054129	501(C)(3)	20,350.	0.			A: ARTS, CULTURE & HUMANITIES
ST. STANISLAUS BASILICA ST. STANISLAUS PARISH OFFICE, 40 CY CHICOPEE, MA 01013	04-2111408	501(C)(3)	20,000.	0.			X: RELIGION-RELATED
WORK OPPORTUNITY CENTER, INC. 94 NORTH ELM STREET, SUITE 104 WESTFIELD, MA 01085	04-2467188	501(C)(3)	20,000.	0.			P: HUMAN SERVICES
FRIENDS OF THE WENDELL MEETINGHOUSE, INC. - P.O. BOX 171 - WENDELL, MA 01379	10-0000853	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
LEVERETT CRAFTSMEN & ARTISTS, INC. PO BOX 614 LEVERETT, MA 01054	04-2423554	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
HOLYOKE ROWS, INC. 25 JONES FERRY ROAD HOLYOKE, MA 01040	04-3490427	501(C)(3)	20,000.	0.			N: RECREATION, SPORTS
CONNECTICUT RIVER VALLEY WILDLIFE SANCTUARIES - ARCADIA WILDLIFE SANCTUARY - 127 COMBS ROAD - EASTHAMPTON, MA 01027	11-1111111	501(C)(3)	20,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION

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CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	20,000.	0.			B: EDUCATION
ANTENNA CLOUD FARM, INC. 25 GREEN HILL ROAD GILL, MA 01354	93-3707323	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
CHINESE ASSOCIATION OF WESTERN MASSACHUSETTS - 1399D WESTFIELD STREET - WEST SPRINGFIELD, MA 01089	46-2719080	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
CONSERVATION LAW FOUNDATION, INC. - SLINGSHOT - 62 SUMMER STREET - BOSTON, MA 02110	04-6149986	501(C)(3)	20,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
GHOST ENSEMBLE 12 PLEASANT COURT AMHERST, MA 01002	84-1776814	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
REAL ART WAYS 56 ARBOR ST HARTFORD, CT 06106	06-0958072	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
HOLYOKE ART 62 MAIN STREET HOLYOKE, MA 01040	93-2139917	501(C)(3)	20,000.	0.			A: ARTS, CULTURE & HUMANITIES
CAPE COD HEALTHCARE FOUNDATION, INC - PO BOX 370 - HYANNIS, MA 02601	04-3475950	501(C)(3)	20,000.	0.			E: HEALTH CARE
LREI - LITTLE RED SCHOOL HOUSE & ELISABETH IRWIN HIGH SCHOOL - 272 SIXTH AVENUE - NEW YORK, NY 10014	13-5562268	501(C)(3)	20,000.	0.			B: EDUCATION

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THE FARM SCHOOL, INC. - PEQUOIG FARM - 488 MOORE HILL ROAD - ATHOL, MA 01331	22-2959081	501(C)(3)	20,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
ESSEX COUNTY COMMUNITY FOUNDATION 500 CUMMINGS CENTER, SUITE 5450 BEVERLY, MA 01915	04-3407816	501(C)(3)	19,930.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
PROVIDENCE MINISTRIES FOR THE NEEDY, INC. - 51 HAMILTON STREET - HOLYOKE, MA 01040	04-2898893	501(C)(3)	19,785.	0.			P: HUMAN SERVICES
MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD - 1441 MAIN STREET, SUITE 111 - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	19,400.	0.			J: EMPLOYMENT
FRIENDS OF THE VERGENNES OPERA HOUSE INC - PO BOX 88 - VERGENNES, VT 05491	03-0341456	501(C)(3)	19,294.	0.			A: ARTS, CULTURE & HUMANITIES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004-2400	13-6213516	501(C)(3)	19,000.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
PAN-MASSACHUSETTS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	18,968.	0.			E: HEALTH CARE
SPRINGFIELD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - ONE ARMORY SQUARE - SPRINGFIELD, MA 01105	22-2612044	501(C)(3)	18,750.	0.			B: EDUCATION
KISTNER FOUNDATION, INC. 4 NORMAN ROAD ASHFIELD, MA 01330	04-3508318	501(C)(3)	18,000.	0.			O: YOUTH DEVELOPMENT

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CULTURAL IMAGES GROUP, INC. P. O. BOX 148 NORTHAMPTON, MA 01061	22-2584962	501(C)(3)	18,000.	0.			A: ARTS, CULTURE & HUMANITIES
INTERFAITH COUNCIL OF FRANKLIN COUNTY, INC. - P.O. BOX 1171 - GREENFIELD, MA 01301	04-3071439	501(C)(3)	17,750.	0.			X: RELIGION-RELATED
LIFEPAH, INC. 101 MUNSON STREET, SUITE 201 GREENFIELD, MA 01301	04-2542539	501(C)(3)	17,750.	0.			P: HUMAN SERVICES
GREATER SPRINGFIELD SENIOR SERVICES, INC. - 66 INDUSTRY AVENUE, SUITE 9 - SPRINGFIELD, MA 01104-3287	04-2510895	501(C)(3)	17,000.	0.			P: HUMAN SERVICES
EGGTOOTH PRODUCTIONS, INC. 102 HIGHLAND AVENUE GREENFIELD, MA 01301	26-1773062	501(C)(3)	17,000.	0.			A: ARTS, CULTURE & HUMANITIES
HEATH AGRICULTURAL SOCIETY, INC. P.O. BOX 10 HEATH, MA 01346	04-2607187	501(C)(3)	16,295.	0.			A: ARTS, CULTURE & HUMANITIES
CENTER FOR HUMAN DEVELOPMENT, INC. 332 BIRNIE AVENUE SPRINGFIELD, MA 01107-1104	04-2503926	501(C)(3)	16,100.	0.			P: HUMAN SERVICES
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD, MA 01109	04-2103701	501(C)(3)	16,000.	0.			B: EDUCATION
PARTNERS IN HEALTH: A NONPROFIT CORPORATION - 800 BOYLSTON STREET, SUITE 300 - BOSTON, MA 02199	04-3567502	501(C)(3)	15,704.	0.			E: HEALTH CARE

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BERKSHIRE SOUTH REGIONAL COMMUNITY 15 CRISSEY RD GT BARRINGTON, MA 01230	04-3348584	501(C)(3)	15,649.	0.			P: HUMAN SERVICES
FOREST PARK ZOOLOGICAL SOCIETY, INC. - 293 SUMNER AVENUE - SPRINGFIELD, MA 01138	04-6145635	501(C)(3)	15,300.	0.			D: ANIMAL-RELATED
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM ROAD SPRINGFIELD, MA 01119	04-2108376	501(C)(3)	15,115.	0.			B: EDUCATION
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	15,055.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
NORTH QUABBIN CITIZEN ADVOCACY, INC. - 135 EAST MAIN STREET - ORANGE, MA 01364	04-3218759	501(C)(3)	15,000.	0.			P: HUMAN SERVICES
FRIENDS OF THE MONTAGUE COMMON HALL - PO BOX 223 - MONTAGUE, MA 01351	27-1892396	501(C)(3)	15,000.	0.			A: ARTS, CULTURE & HUMANITIES
KRIPALU CENTER FOR YOGA & HEALTH P.O. BOX 309 STOCKBRIDGE, MA 01262	23-1718197	501(C)(3)	15,000.	0.			N: RECREATION, SPORTS
SECOND CHANCE ANIMAL SERVICES, INC. - 111 YOUNG ROAD - EAST BROOKFIELD, MA 01515	04-3490671	501(C)(3)	15,000.	0.			D: ANIMAL-RELATED
EMPOWERMENT THROUGH THE ARTS 236 NORTH PLEASANT STREET, SUITE 10 AMHERST, MA 01002	85-1059888	501(C)(3)	15,000.	0.			A: ARTS, CULTURE & HUMANITIES

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ALOHA FOUNDATION 2968 LAKE MOREY ROAD FAIRLEE, VT 05045	03-6016791	501(C)(3)	15,000.	0.			O: YOUTH DEVELOPMENT
PHILANTHROPY MA - MASSACHUSETTS EARLY CHILDHOOD FUNDER COLLABORATIVE - 133 FEDERAL STREET, SUITE 802 - BOSTON, MA	04-2457605	501(C)(3)	15,000.	0.			A: ARTS, CULTURE & HUMANITIES
SOUTHWESTERN VERMONT MEDICAL CENTER INC - 100 HOSPITAL DR - BENNINGTON, VT 05201-5004	22-2563241	501(C)(3)	15,000.	0.			E: HEALTH CARE
YMCA CAMP OF MAINE 305 WINTHROP CENTER RD WINTHROP, ME 04364	01-0186800	501(C)(3)	15,000.	0.			O: YOUTH DEVELOPMENT
GRASSROOTS CULTURE - YIDDISHKAYT WESTERN MASS - 1268 JEFFERSON AVENUE - SAINT PAUL, MN 55105	30-0502780	501(C)(3)	15,000.	0.			A: ARTS, CULTURE & HUMANITIES
GREEN TECH HIGH CHARTER SCHOOL 99 SLINGERLAND ST ALBANY, NY 12202	20-5549824	501(C)(3)	15,000.	0.			B: EDUCATION
UNITED WAY OF THE FRANKLIN HAMPSHIRE REGION - P.O. BOX 123 - NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	14,760.	0.			P: HUMAN SERVICES
TAPESTRY HEALTH SYSTEMS, INC. 1985 MAIN STREET, 2ND FLOOR, SUITE SPRINGFIELD, MA 01103	23-7303142	501(C)(3)	14,750.	0.			E: HEALTH CARE
ST. STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	45-2463232	501(C)(3)	14,500.	0.			B: EDUCATION

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INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	14,500.	0.			P: HUMAN SERVICES
HOLYOKE COMMUNITY COLLEGE 303 HOMESTEAD AVENUE HOLYOKE, MA 01040	23-7181691	501(C)(3)	14,300.	0.			B: EDUCATION
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC. - P.O. BOX 6307 - SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	13,917.	0.			D: ANIMAL-RELATED
CONNECTICUT RIVER WATERSHED COUNCIL, INC. DBA CONNECTICUT RIVER CONSERVANCY - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	13,750.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
WEST SPRINGFIELD HIGH SCHOOL 425 PIPER ROAD WEST SPRINGFIELD, MA 01089		501(C)(3)	13,554.	0.			B: EDUCATION
LIGHTHOUSE HOLYOKE 92 RACE STREET HOLYOKE, MA 01040	47-2357416	501(C)(3)	13,500.	0.			B: EDUCATION
FRIENDS OF VERITAS PREPARATORY CHARTER SCHOOL - 370 PINE STREET - SPRINGFIELD, MA 01105	27-3800650	501(C)(3)	13,300.	0.			B: EDUCATION
THE NOLUMBKA PROJECT, INC. P.O. BOX 285 GREENFIELD, MA 01302	26-4509867	501(C)(3)	13,280.	0.			A: ARTS, CULTURE & HUMANITIES
RIVERSIDE INDUSTRIES, INC. ONE COTTAGE STREET EASTHAMPTON, MA 01027	04-2438444	501(C)(3)	13,000.	0.			P: HUMAN SERVICES

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WILBRAHAM FRIENDS OF THE LIBRARY, INC. - 25 CRANE PARK DRIVE - WILBRAHAM, MA 01095	04-2620151	501(C)(3)	13,000.	0.			B: EDUCATION
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)	12,900.	0.			K: FOOD, AGRICULTURE & NUTRITION
JOHN HAY ESTATE AT THE FIELDS 456 ROUTE 103A NEWBURY, NH 03255	04-3345078	501(C)(3)	12,750.	0.			A: ARTS, CULTURE & HUMANITIES
WGBH EDUCATIONAL FOUNDATION [SPRINGFIELD] - 44 HAMPDEN STREET - SPRINGFIELD, MA 01103	04-2104397	501(C)(3)	12,559.	0.			A: ARTS, CULTURE & HUMANITIES
WESTERN MASSACHUSETTS COUNCIL BOY SCOUTS OF AMERICA - 1 ARCH ROAD, SUITE 5 - WESTFIELD, MA 01085	04-2104279	501(C)(3)	12,510.	0.			O: YOUTH DEVELOPMENT
HEALING ACROSS THE DIVIDES, INC. P.O. BOX 217 HATFIELD, MA 01038	20-1948432	501(C)(3)	12,340.	0.			P: HUMAN SERVICES
AMERICAN NEAR EAST REFUGEE AID (ANERA) - 1111 14TH ST NW # 400 - WASHINGTON, DC 20005	52-0882226	501(C)(3)	12,329.	0.			P: HUMAN SERVICES
RICK'S PLACE, INC. 85 POST OFFICE PARK, SUITE 8521 WILBRAHAM, MA 01095	26-2817386	501(C)(3)	12,275.	0.			F: MENTAL HEALTH & CRISIS INTERVENTION
ALICE'S KIDS P.O. BOX 60 MOUNT VERNON, VA 22121	45-2390871	501(C)(3)	12,000.	0.			O: YOUTH DEVELOPMENT

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SISTERS OF ST. JOSEPH OF SPRINGFIELD - 32 LOWER WESTFIELD RD, APT 317 - HOLYOKE, MA 01040	04-2218584	501(C)(3)	11,800.	0.			X: RELIGION-RELATED
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - 3421 BELMONT BLVD. - NASHVILLE, TN 37215	62-1471789	501(C)(3)	11,800.	0.			P: HUMAN SERVICES
BUREAU FOR EXCEPTIONAL CHILDREN, INC. - 537 NORTHAMPTON STREET - HOLYOKE, MA 01041-1039	23-7228632	501(C)(3)	11,760.	0.			P: HUMAN SERVICES
THE PARLOR ROOM COLLECTIVE 32 MASONIC STREET NORTHAMPTON, MA 01060	93-2237940	501(C)(3)	11,750.	0.			A: ARTS, CULTURE & HUMANITIES
KINGSWOOD OXFORD SCHOOL INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688	501(C)(3)	11,700.	0.			B: EDUCATION
SPRINGFIELD DAY NURSERY CORPORATION - 1095 MAIN STREET, FLOOR 2 - SPRINGFIELD, MA 01103	04-2103855	501(C)(3)	11,335.	0.			B: EDUCATION
FIDELITY CHARITABLE GIFT FUND 200 SEAPORT BLVD, 23B BOSTON, MA 02210	11-0303001	501(C)(3)	11,232.	0.			Z: UNKNOWN
FIRST CHURCH OF CHRIST IN LONGMEADOW - 763 LONGMEADOW STREET - LONGMEADOW, MA 01106	04-2104075	501(C)(3)	11,120.	0.			X: RELIGION-RELATED
MOTHERWOMAN, INC. - A QUEEN'S NARRATIVE - PO BOX 3477 - SPRINGFIELD, MA 01101	14-1866590	501(C)(3)	11,000.	0.			P: HUMAN SERVICES

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HUBBARD MEMORIAL LIBRARY 24 CENTER STREET LUDLOW, MA 01056-2740	04-6001205	501(C)(3)	11,000.	0.			B: EDUCATION
JONES LIBRARY, INC. 43 AMITY STREET AMHERST, MA 01002	04-2104358	501(C)(3)	10,950.	0.			B: EDUCATION
ST. JOHN'S EPISCOPAL CHURCH [NORTHAMPTON SMITH CAMPUS] - 48 ELM STREET - NORTHAMPTON, MA 01060	22-2222222	501(C)(3)	10,900.	0.			X: RELIGION-RELATED
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	10,849.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
MERCY HOUSE, INC. P.O. BOX 1478 HARRISONBURG, VA 22802	54-1476187	501(C)(3)	10,558.	0.			L: HOUSING & SHELTER
PERUGIA PRESS, INC. P.O. BOX 60364 FLORENCE, MA 01062	86-1159639	501(C)(3)	10,200.	0.			A: ARTS, CULTURE & HUMANITIES
COMMUNITY LEGAL AID 405 MAIN STREET, 4TH FLOOR WORCESTER, MA 01608	04-2446242	501(C)(3)	10,120.	0.			P: HUMAN SERVICES
PARISH CUPBOARD, INC. [AKA THE WEST SPRINGFIELD/AGAWAM PARISH CUPBOARD] - 738 MAIN STREET - WEST SPRINGFIELD, MA 01089	22-2876229	501(C)(3)	10,001.	0.			K: FOOD, AGRICULTURE & NUTRITION
GUIDING EYES FOR THE BLIND, INC. 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	10,001.	0.			P: HUMAN SERVICES

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FRIENDS OF THE AGAWAM PUBLIC LIBRARY - PO BOX 478 - FEEDING HILLS, MA 01030-0478	56-2327485	501(C)(3)	10,001.	0.			B: EDUCATION
DAVIS & ELKINS COLLEGE 100 CAMPUS DRIVE ELKINS, WV 26241	55-0357021	501(C)(3)	10,000.	0.			B: EDUCATION
UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER - 22 KINGS HIGHWAY ROAD - ROWE, MA 01367	04-2162408	501(C)(3)	10,000.	0.			X: RELIGION-RELATED
CHARLEMONT FEDERATED CHURCH P.O. BOX 248 CHARLEMONT, MA 01339		501(C)(3)	10,000.	0.			X: RELIGION-RELATED
OPERATION BROKEN SILENCE P.O. BOX 770900 MEMPHIS, TN 38177-0900	80-0671198	501(C)(3)	10,000.	0.			B: EDUCATION
PIONEER VALLEY HOSPICE & PALLIATIVE CARE - 329 CONWAY STREET, SUITE 2 - GREENFIELD, MA 01301	20-1611913	501(C)(3)	10,000.	0.			E: HEALTH CARE
LAKE SUNAPEE PROTECTIVE ASSOCIATION - 63 MAIN STREET - SUNAPEE, NH 03782	02-6011969	501(C)(3)	10,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
RETT SYNDROME RESEARCH TRUST INC. 67 UNDER CLIFF ROAD TRUMBULL, CT 06611	26-0687439	501(C)(3)	10,000.	0.			E: HEALTH CARE
TRANSCENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	10,000.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY

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MOHAWK TRAIL REGIONAL SCHOOL DISTRICT - 24 ASHFIELD STREET - SHELBURNE FALLS, MA 01370		501(C)(3)	10,000.	0.			B: EDUCATION
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	10,000.	0.			E: HEALTH CARE
HOMEROWN NATIONAL PARK, INC. 68 HARRISON AVE, STE 605, PMB 14253 BOSTON, MA 02111-1929	86-1228991	501(C)(3)	10,000.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
ST. PATRICK'S CATHOLIC CHURCH 30 MAIN STREET SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)	10,000.	0.			X: RELIGION-RELATED
TWICE AS SMART 132 FEDERAL ST GREENFIELD, MA 01301	99-3798816	501(C)(3)	10,000.	0.			O: YOUTH DEVELOPMENT
1999 COLLECTIVE 1010 E 200 S SALT LAKE CITY, UT 84102	99-2141522	501(C)(3)	10,000.	0.			O: YOUTH DEVELOPMENT
RED GATE FARM 4 NORMAN ROAD ASHFIELD, MA 01330	04-3508318	501(C)(3)	10,000.	0.			B: EDUCATION
CAPE COD MUSEUM OF ART, INC. PO BOX 2034 DENNIS, MA 02638	04-2731140	501(C)(3)	10,000.	0.			A: ARTS, CULTURE & HUMANITIES
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	10,000.	0.			P: HUMAN SERVICES

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NORTHERN NEW YORK COMMUNITY FOUNDATION INC - 131 WASHINGTON STREET - WATERTOWN, NY 13601	15-6020989	501(C)(3)	10,000.	0.			P: HUMAN SERVICES
WISTARIAHURST FOUNDATION, INC 238 CABOT STREET HOLYOKE, MA 01040-3904	20-8875772	501(C)(3)	9,884.	0.			A: ARTS, CULTURE & HUMANITIES
EASTHAMPTON THEATER COMPANY 9 POMEROY PLACE EASTHAMPTON, MA 01027	92-2298531	501(C)(3)	9,800.	0.			A: ARTS, CULTURE & HUMANITIES
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	9,769.	0.			B: EDUCATION
SAFE PASSAGE, INC. 76 CARLON DRIVE NORTHAMPTON, MA 01060	04-2690131	501(C)(3)	9,400.	0.			P: HUMAN SERVICES
UNIVERSITY OF MASSACHUSETTS AMHERST FOUNDATION INC - 134 HICKS WAY, MEMORIAL HALL - AMHERST, MA 01003	54-2084125	501(C)(3)	9,370.	0.			B: EDUCATION
CONGREGATIONAL CHURCH OF HOLLAND 11 STURBRIDGE ROAD HOLLAND, MA 01521	04-3069643	501(C)(3)	9,300.	0.			X: RELIGION-RELATED
SPRINGFIELD BOYS & GIRLS CLUB 481 CAREW STREET SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	9,250.	0.			O: YOUTH DEVELOPMENT
TREEHOUSE FOUNDATION, INC. 1 TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	9,250.	0.			O: YOUTH DEVELOPMENT

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SUNRISE MOVEMENT EDUCATION FUND 712 H ST NE UNIT 626 WASHINGTON, DC 20002	46-4773036	501(C)(3)	9,133.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
RAINFOREST FOUNDATION INC. 50 COURT STREET BROOKLYN, NY 11201	95-1622945	501(C)(3)	9,133.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
FRIENDS OF LIBERTAS ACADEMY CHARTER SCHOOL INC. - 262 LIBERTY STREET - SPRINGFIELD, MA 01104	81-3371302	501(C)(3)	9,000.	0.			B: EDUCATION
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	8,510.	0.			B: EDUCATION
WARREN J. PLAUT CHARITABLE TRUST - THE COMPOST COOPERATIVE - 25 HIGH STREET - GRANBY, MA 01033	04-6609717	501(C)(3)	8,500.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
NEW NORTH CITIZENS' COUNCIL 2455 MAIN STREET SPRINGFIELD, MA 01107	23-7371934	501(C)(3)	8,499.	0.			P: HUMAN SERVICES
BREAKTHROUGH T1D 200 VESEY STREET, 28TH FLOOR 14TH F NEW YORK, NY 10281	23-1907729	501(C)(3)	8,400.	0.			E: HEALTH CARE
OUT NOW, INC. P.O. BOX 5321 SPRINGFIELD, MA 01101	04-3441348	501(C)(3)	8,300.	0.			O: YOUTH DEVELOPMENT
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 40 WEST 20TH STREET, 11TH FLOOR - NEW YORK, NY 10011	13-2654926	501(C)(3)	8,066.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION

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SPRINGFIELD JEWISH COMMUNITY CENTER, INC. - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	8,040.	0.			X: RELIGION-RELATED
HISTORIC NORTHAMPTON, INC. 46 BRIDGE STREET NORTHAMPTON, MA 01060-2428	04-6079243	501(C)(3)	8,000.	0.			A: ARTS, CULTURE & HUMANITIES
AMERICAN RED CROSS 431 18TH ST., NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	8,000.	0.			P: HUMAN SERVICES
SAINT PETER & SAINT PAUL RUSSIAN ORTHODOX CHURCH - 118 CAREW STREET - SPRINGFIELD, MA 01101	04-6000817	501(C)(3)	7,750.	0.			X: RELIGION-RELATED
DOUBLE H - HOLE IN THE WOODS RANCH INC - 97 HIDDEN VALLEY RD - LAKE LUZERNE, NY 12846-3318	14-1752888	501(C)(3)	7,700.	0.			P: HUMAN SERVICES
SERVICENET INC. 21 OLANDER DRIVE NORTHAMPTON, MA 01060	04-2526194	501(C)(3)	7,600.	0.			P: HUMAN SERVICES
TSNE GARDENING THE COMMUNITY 89 SOUTH STREET, STE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	7,550.	0.			K: FOOD, AGRICULTURE & NUTRITION
GRACE LUTHERAN CHURCH 1552 WESTFIELD STREET WEST SPRINGFIELD, MA 01089			7,530.	0.			X: RELIGION-RELATED
ST. ELIZABETH ANN SETON PARISH 87 BEACON STREET FLORENCE, MA 01062			7,510.	0.			X: RELIGION-RELATED

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BRIGHTSIDE, INC 114 WOODLAND ST HARTFORD, CT 06105	04-2182395	501(C)(3)	7,510.	0.			P: HUMAN SERVICES
HEALING RACISM INSTITUTE OF THE PIONEER VALLEY, INC. - ONE MONARCH PLACE, SIOTE 1300 - SPRINGFIELD, MA 01144-1300	84-4944655	501(C)(3)	7,500.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM - P.O. BOX 172 - GREENFIELD, MA 01302	22-3027098	501(C)(3)	7,500.	0.			K: FOOD, AGRICULTURE & NUTRITION
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158-3560	13-1818723	501(C)(3)	7,500.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF MASSACHUSETTS - ONE CENTER PLAZA, SUITE 850 - BOSTON, MA 02108	23-7312949	501(C)(3)	7,362.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS, INC. - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)(3)	7,250.	0.			P: HUMAN SERVICES
J STREET EDUCATION FUND, INC. ATTN: DEVELOPMENT WASHINGTON, DC 20035	20-2777557	501(C)(3)	7,200.	0.			Z: UNKNOWN
THOMAS J O'CONNOR ANIMAL CONTROL AND ADOPTION CENTER FOUNDATION, INC. - 66 INDUSTRY AVE STE 3 - SPRINGFIELD, MA 01104-3243	20-5722841	501(C)(3)	7,100.	0.			D: ANIMAL-RELATED
NEW ENGLAND COLLEGIATE BASEBALL LEAGUE, INC. - PO BOX 1036 - NORTH ADAMS, MA 01247	06-1393688	501(C)(3)	7,000.	0.			O: YOUTH DEVELOPMENT

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WORLD FOOD PROGRAM USA 1750 H ST NW, #500 WASHINGTON, DC 20006	13-3843435	501(C)(3)	7,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
FEEDING AMERICA 161 NORTH CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	7,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL [ALSAC] - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	35-1044585	501(C)(3)	7,000.	0.			E: HEALTH CARE
LEA'S FOUNDATION FOR LEUKEMIA RESEARCH, INC. - 522 COTTAGE GROVE ROAD, BUILDING H - BLOOMFIELD, CT 06002	06-1520923	501(C)(3)	7,000.	0.			E: HEALTH CARE
SHEPPARD PRATT HEALTH SYSTEM, INC. P.O. BOX 6815 BALTIMORE, MD 21285	52-0591684	501(C)(3)	7,000.	0.			E: HEALTH CARE
LOOMIS HOUSING CORPORATION 246 NORTH MAIN STREET SOUTH HADLEY, MA 01075-9917	04-2706070	501(C)(3)	6,950.	0.			P: HUMAN SERVICES
FRIENDS OF RENAL DIALYSIS FOUNDATION - 725 NORTH STREET - PITTSFIELD, MA 01201	04-3249127	501(C)(3)	6,850.	0.			E: HEALTH CARE
VOTERIDERS 171 PIER AVENUE, #313 SANTA MONICA, CA 90405	45-5081831	501(C)(3)	6,849.	0.			R: CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
ENVIRONMENTAL DEFENSE FUND, INC. 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	6,750.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION

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CONWAY HISTORICAL SOCIETY, INC. 50 MAIN STREET CONWAY, MA 01341	04-1205110	501(C)(3)	6,100.	0.			A: ARTS, CULTURE & HUMANITIES
GLENMEADOW, INC. 24 TABOR CROSSING LONGMEADOW, MA 01106	04-21105937	501(C)(3)	6,000.	0.			P: HUMAN SERVICES
AMNESTY INTERNATIONAL USA, INC. 311 WEST 43RD STREET, 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	6,000.	0.			P: HUMAN SERVICES
GRACE EPISCOPAL CHURCH 14 BOLTWOOD AVENUE AMHERST, MA 01002	31-6025986	501(C)(3)	6,000.	0.			X: RELIGION-RELATED
THE OHIO STATE UNIVERSITY, BURSAR'S OFFICE - PO BOX 183248 - COLUMBUS, OH 43218-3248	95-4209489	501(C)(3)	5,986.	0.			B: EDUCATION
BHUTAN FRIENDSHIP FOUNDATION 10544 WEST PICO BLVD. LOS ANGELES, CA 90064	04-6062700	501(C)(3)	5,800.	0.			X: RELIGION-RELATED
FIRST CHURCHES OF NORTHAMPTON 129 MAIN STREET NORTHAMPTON, MA 01060	22-2952288	501(C)(3)	5,700.	0.			O: YOUTH DEVELOPMENT
FRIENDS OF CHILDREN, INC. 241 KING STREET, SUITE 227 NORTHAMPTON, MA 01060	13-1656653	501(C)(3)	5,700.	0.			O: YOUTH DEVELOPMENT

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THE SALVATION ARMY - SPRINGFIELD CORPS - P. O. BOX 971 - SPRINGFIELD, MA 01101	13-5562351	501(C)(3)	5,615.	0.			P: HUMAN SERVICES
AMHERST COMMUNITY CONNECTIONS P.O. BOX 141 AMHERST, MA 01004	80-0478844	501(C)(3)	5,600.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
SPRINGFIELD PRESERVATION TRUST, INC. - 74 WALNUT STREET - SPRINGFIELD, MA 01105	23-7309820	501(C)(3)	5,500.	0.			C: ENVIRONMENTAL QUALITY, PROTECTION & BEAUTIFICATION
RESILIENT COMMUNITY ARTS 116 PLEASANT STREET, SUITE 238 EASTHAMPTON, MA 01027	87-1114747	501(C)(3)	5,300.	0.			A: ARTS, CULTURE & HUMANITIES
COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS, INC. - 649 JOHN FITCH HWY - FITCHBURG, MA 01420	04-3537449	501(C)(3)	5,200.	0.			B: EDUCATION
FIRST CONGREGATIONAL CHURCH OF SOUTH HADLEY - ONE CHURCH STREET - SOUTH HADLEY, MA 01075	04-2115501	501(C)(3)	5,195.	0.			X: RELIGION-RELATED
VNA AND HOSPICE OF COOLEY DICKINSON - 30 LOCUST STREET - NORTHAMPTON, MA 01061-0329	04-2104788	501(C)(3)	5,019.	0.			E: HEALTH CARE
MERCY FOR ANIMALS 8033 SUNSET BLVD., SUITE 864 LOS ANGELOS, CA 90046	54-2076145	501(C)(3)	52,500.	0.			D: ANIMAL-RELATED
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	38,300.	0.			E: HEALTH CARE & P: HUMAN SERVICES

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WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE, NW 7TH FLR WASHINGTON, DC 20001	27-3521132	501(C)(3)	41,719.	0.			K: FOOD, AGRICULTURE & NUTRITION
EQUAL ACCESS INTERNATIONAL 1001 CONNECTICUT AVENUE 205 WASHINGTON, DC 20036	94-3402601	501(C)(3)	30,000.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING
KARUNA CENTER FOR PEACEBUILDING, INC. - PO BOX 727 - GREENFIELD, MA 01302	04-3437359	501(C)(3)	26,800.	0.			S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING Q: INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501(C)(3)	14,500.	0.			P: HUMAN SERVICES
WORLD FOOD PROGRAM USA 1725 I STREET NW 510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	7,000.	0.			K: FOOD, AGRICULTURE & NUTRITION
PATHFINDER INTERNATIONAL 1015 15TH ST NW 1100 WASHINGTON, DC 20005	53-0235320	501(C)(3)	10,000.	0.			E: HEALTH CARE
AMNESTY INTERNATIONAL USA, INC. 850 WEBSTER ST APT 1023 PALO ALTO, CA 94301	52-0851555	501(C)(3)	6,000.	0.			P: HUMAN SERVICES
FRIENDS OF WILBRAHAM SENIORS INC 40 POST OFFICE PARK UNIT 747 WILBRAHAM, MA 01095	04-2864067	501(C)(3)	30,000.	0.			P: HUMAN SERVICES

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Schedule I (Form 990) (Rev. 12-2024) **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
SCHOLARSHIP	813	1,500,200.	0.		SCHOLARSHIPS ARE PAID TO US EDUCATIONAL INSTITUTIONS TO WHICH THE STUDENT IS ATTENDING AND ARE RETURNED BY THE

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 THEIR ENROLLMENT.
 GRANTS ARE MADE ONLY TO VERIFIED 501(C)(3) ORGANIZATIONS WITH GRANT REPORTS REQUIRED OF ALL DISCRETIONARY GRANTS.
PART II, LINE 1, COLUMN (H):
 NAME OF ORGANIZATION OR GOVERNMENT: KARUNA CENTER FOR PEACEBUILDING, INC.
 (H) PURPOSE OF GRANT OR ASSISTANCE: S: COMMUNITY IMPROVEMENT & CAPACITY BUILDING Q: INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL SECURITY
 (F) DESCRIPTION OF NON-CASH ASSISTANCE: SCHOLARSHIPS ARE PAID TO US EDUCATIONAL INSTITUTIONS TO WHICH THE STUDENT IS ATTENDING AND ARE RETURNED BY THE EDUCATIONAL

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

22-3089640

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) 205,475. (ii) 0.	12,500.	0.	18,509.	14,140.	250,624.	0.
(2) SHANNON GUREK VP FINANCE & OPERATIONS	(i) 176,203. (ii) 0.	9,000.	0.	16,773.	1,162.	203,138.	0.
(3) JOANNA BALLANTINE VP PHILANTHROPIC SERVICES	(i) 161,241. (ii) 0.	9,000.	0.	15,322.	0.	185,563.	0.
(4) DENISE HURST VP OF COMMUNITY IMPACT	(i) 136,222. (ii) 0.	4,050.	0.	13,364.	24,814.	178,450.	0.
(5) BRIANA WALES-THAXTON VP PEOPLE AND CULTURE	(i) 130,997. (ii) 0.	4,050.	0.	12,894.	24,814.	172,755.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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 2024 WHICH WERE REPORTED ON THEIR W2'S

Multiple horizontal lines for supplemental information.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) BRIANA WALES-THAXT	FAMILY MEMBER	4,037.	SCHOLARSHIP	SCHOLARSHIP
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

COMMUNITY FOUNDATION OF WESTERN

Schedule L (Form 990) (Rev. 12-2024) MASSACHUSETTS

Part IV Business Transactions Involving Interested Persons

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Rows 1-10.

Part V Supplemental Information

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: BRIANA WALES-THAXTON

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	97	3,840,378.	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 on 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) 2024

COMMUNITY FOUNDATION OF WESTERN

Schedule M (Form 990) 2024

MASSACHUSETTS

22-3089640

Page 2

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 NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Lined area for supplemental information input.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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**FORM 990, ITEM C, DOING BUSINESS AS:
COMMUNITY FOUNDATION OF WESTERN
MASS, INC**

**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 A, LINE 1A:
THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE GOVERNING BODY AS MAY BE
REQUIRED BY THE EXIGENCIES OF THE SITUATION TO BE UNDERTAKEN BETWEEN
MEETINGS. THE COMMITTEE INCLUDES THE TRUSTEE CHAIR, VICE CHAIR, IMMEDIATE
PAST CHAIR, AND THE CHAIR OF EACH TRUSTEE COMMITTEE.**

**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. THE PRESIDENT/CEO IN COORDINATION WITH THE
SENIOR STAFF MEMBER WHO IS RESPONSIBLE FOR EACH TRUSTEE COMMITTEE MONITORS
COMPLIANCE WITH THE CONICT OF INTEREST POLICY. IF A MATTER COMES BEFORE
THE GOVERNING BOARD OR A COMMITTEE WHERE A POTENTIAL CONICT HAS BEEN
IDENTIED, MEMBERS ARE REQUESTED TO ABSTAIN FROM ANY DISCUSSION AND VOTE ON
THE ISSUE.**

**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
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.
COMPENSATION FOR OFFICERS AND KEY EMPLOYEES (EXCLUDING THE PRESIDENT) ARE
REVIEWED AND APPROVED BY THE PRESIDENT/CEO. SALARIES ARE COMPARED TO
SALARY RANGES ESTABLISHED FOR THE POSITIONS BY AN EXTERNAL CONSULTANT WHICH
ARE ADJUSTED ANNUALLY FOR INATION AND COMPARED TO MARKET FOR SIMILAR
POSITIONS AT LEAST EVERY 3 YEARS.**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
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THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

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 37,237.

**SCHEDULE R
(Form 990)**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

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.	COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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) (Rev. 1-2025)

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

Table with 2 columns: Yes, No. Rows 1a through 1s.

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

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6).

COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

COMMUNITY FOUNDATION OF WESTERN

Schedule R (Form 990) (Rev. 1-2025) MASSACHUSETTS

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.