

MEYERS BROTHERS KALICKA, P.C.
330 WHITNEY AVE, SUITE 800
HOLYOKE, MA 01040

RAYMOND BERRY
UNITED WAY OF PIONEER VALLEY, INC.
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103



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www.mbkcpa.com

JANUARY 31, 2015

RAYMOND BERRY, V.P. FINANCE
UNITED WAY OF PIONEER VALLEY, INC.
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DEAR RAYMOND:

ENCLOSED ARE THE 2013 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2013 FORM 990

2013 MASSACHUSETTS FORM PC

2014 MA ANNUAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

MEYERS BROTHERS KALICKA, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2014

Prepared for	RAYMOND BERRY, V.P. FINANCE UNITED WAY OF PIONEER VALLEY, INC. 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103
Prepared by	MEYERS BROTHERS KALICKA, P.C. 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

UNITED WAY OF PIONEER
VALLEY, INC.

04-2152680

Name and title of officer

BRIAN SMITH
TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,683,620.
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MEYERS BROTHERS KALICKA, P.C. to enter my PIN 01108
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04072701040
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/31/15

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Form header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (UNITED WAY OF PIONEER VALLEY, INC.), D Employer identification number (04-2152680), E Telephone number (413-737-2691), G Gross receipts (\$8,570,485), H(a) Is this a group return for subordinates? (Yes/No), H(b) Are all subordinates included? (Yes/No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (WWW.UWPV.ORG), K Form of organization (Corporation), L Year of formation (1950), M State of legal domicile (MA).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance (Mission: MOBILIZE PEOPLE AND RESOURCES TO STRENGTHEN COMMUNITIES); 8-12 Revenue (Total revenue: 6,683,620); 13-19 Expenses (Total expenses: 6,184,089); 20-22 Net Assets or Fund Balances (Net assets: 7,688,041).

Part II Signature Block

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

Signature block section containing: Sign Here (Signature of officer: BRIAN SMITH, TREASURER), Paid Preparer (Print/Type preparer's name: RUDY M. D'AGOSTINO, Preparer's signature, Date: 01/31/15, PTIN: P00962620), and Use Only (Firm's name: MEYERS BROTHERS KALICKA, P.C., Firm's address: 330 WHITNEY AVE, SUITE 800, HOLYOKE, MA 01040, Firm's EIN: 04-2713795, Phone no. 413-536-8510).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED WAY OF PIONEER VALLEY MOBILIZES PEOPLE AND RESOURCES TO STRENGTHEN OUR COMMUNITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,477,441. including grants of \$ 3,497,014.) (Revenue \$ 186,083.) FUNDS DISBURSED TO 501(C)(3) ORGANIZATIONS FOR COMMUNITY SERVICES AND INITIATIVES. ESTIMATED NUMBER OF PEOPLE SERVED IN THE COMMUNITY IS 175,000.

4b (Code:) (Expenses \$ 93,475. including grants of \$ 0.) (Revenue \$ 125,000.) REGIONAL ANTIRACISM - A COMMUNITY INITIATIVE DEVELOPED TO ACKNOWLEDGE AND REVERSE THE IMPACT OF RACISM IN OUR COMMUNITY.

4c (Code:) (Expenses \$ 89,354. including grants of \$ 0.) (Revenue \$) HOLYOKE EARLY LEARNING PROGRAM - A UNITED WAY SPONSORED INITIATIVE IN COLLABORATION WITH HOLYOKE PUBLIC SCHOOL'S FOCUSED ON ESTABLISHING A CITY-WIDE UNDERSTANDING OF THE IMPORTANCE OF LITERACY AND A COMMITMENT TO ENSURE ALL CHILDREN HAVE THIS CRITICAL FOUNDATIONAL SKILL. PROGRAM GOAL IS THAT 85% OF HOLYOKE PUBLIC SCHOOL THIRD GRADERS WILL BE READING AT GRADE PROFICIENT LEVEL BY 2014.

4d Other program services (Describe in Schedule O.) (Expenses \$ 282,880. including grants of \$ 0.) (Revenue \$ 34,163.)

4e Total program service expenses 4,943,150.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization:
RAYMOND BERRY - 413-693-0231
1441 MAIN STREET, SPRINGFIELD, MA 01108-1023

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY FIALKY DIRECTOR	2.00	X					0.	0.	0.	
(2) CAROL KATZ DIRECTOR	2.00	X					0.	0.	0.	
(3) BRIAN SMITH TREASURER	2.00	X		X			0.	0.	0.	
(4) MANUEL ANDRADE DIRECTOR	2.00	X					0.	0.	0.	
(5) DEBORAH BUCKLEY DIRECTOR	2.00	X					0.	0.	0.	
(6) DR. CALVIN J. MCFADDEN, SR. DIRECTOR	2.00	X					0.	0.	0.	
(7) NICHOLAS FYNTRILAKIS DIRECTOR	2.00	X					0.	0.	0.	
(8) KATHRYN DUBE DIRECTOR	2.00	X					0.	0.	0.	
(9) LOUIS ABBATE DIRECTOR	2.00	X					0.	0.	0.	
(10) HELEN CAULTON-HARRIS DIRECTOR	2.00	X					0.	0.	0.	
(11) KEVIN MAYNARD DIRECTOR	2.00	X					0.	0.	0.	
(12) ALPHONSE MORASSI, JR. DIRECTOR	2.00	X					0.	0.	0.	
(13) RUSSELL DENVER CLERK	2.00	X		X			0.	0.	0.	
(14) SCOTT SADOWSKY DIRECTOR	2.00	X					0.	0.	0.	
(15) DR. WILLIAM MESSNER CHAIR	2.00	X		X			0.	0.	0.	
(16) ARLENE PUTNAM DIRECTOR	2.00	X					0.	0.	0.	
(17) JOAN KAGAN DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW HAAS DIRECTOR	2.00	X						0.	0.	0.
(19) MICHAEL WEEKES DIRECTOR	2.00	X						0.	0.	0.
(20) BENNETT MARKENS VICE CHAIR	2.00	X						0.	0.	0.
(21) SCOTT GRODSKY DIRECTOR	2.00	X						0.	0.	0.
(22) STEVEN LOWELL DIRECTOR	2.00	X						0.	0.	0.
(23) MATTHEW GEFFIN DIRECTOR	2.00	X						0.	0.	0.
(24) GEORGE ARWADY DIRECTOR	2.00	X						0.	0.	0.
(25) PATRICK LEARY DIRECTOR	2.00	X						0.	0.	0.
(26) MAURA MCCAFFREY DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								246,395.	0.	23,846.
d Total (add lines 1b and 1c)								246,395.	0.	23,846.

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 2

	Yes	No
3 Did the organization list any former officer, director, or 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
SPRINGFIELD PUBLIC SCHOOLS 1550 MAIN STREET, SPRINGFIELD, MA 01103	CONSULTING	208,462.

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

Part 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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN MIELNIKOWSKI DIRECTOR	2.00	X					0.	0.	0.	
(28) DANIEL WARWICK DIRECTOR	2.00	X					0.	0.	0.	
(29) DORA ROBINSON PRESIDENT & CEO	35.00			X			146,362.	0.	14,820.	
(30) RAYMOND BERRY SR VP FINANCE	35.00			X			100,033.	0.	9,026.	
Total to Part VII, Section A, line 1c							246,395.		23,846.	

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	25,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,805,290.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			5,830,290.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	900099	186,083.	186,083.	
b ANTI-RACISM WORK GROUP			900099	125,000.	125,000.		
c WESTERN MA NETWORK TO			900099	34,163.	34,163.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				345,246.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			39,347.		39,347.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses			1,801,087.		
		c Gain or (loss)			340,226.		
	d Net gain or (loss)			340,226.		340,226.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			214,289.		
		b Less: direct expenses			85,778.		
c Net income or (loss) from fundraising events				128,511.		128,511.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			6,683,620.	345,246.	0.	508,084.	

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 governments and organizations in the United States. See Part IV, line 21	3,497,014.	3,497,014.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,583.		261,583.	
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	820,078.	521,850.	57,503.	240,725.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,124.	25,285.	25,901.	15,938.
9 Other employee benefits	66,314.	24,474.	25,902.	15,938.
10 Payroll taxes	104,519.	48,330.	31,530.	24,659.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	40,864.		40,864.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,156.		17,156.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	491,649.	385,095.	83,141.	23,413.
12 Advertising and promotion	185,596.	58,201.	29,729.	97,666.
13 Office expenses	95,097.	34,789.	41,290.	19,018.
14 Information technology				
15 Royalties				
16 Occupancy	153,310.	115,418.	28,804.	9,088.
17 Travel	9,715.	4,126.	2,143.	3,446.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,311.	79,782.	24,874.	9,655.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,488.	33,993.	17,172.	12,323.
23 Insurance	15,912.	5,374.	6,253.	4,285.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIP FEES & DUES	68,843.	16,140.	31,078.	21,625.
b MA 211 FEES	55,285.	55,285.		
c MISCELLANEOUS	27,254.	27,254.		
d EQUIPMENT REPAIR & MAIN	18,657.	420.	11,460.	6,777.
e All other expenses	10,320.	10,320.		
25 Total functional expenses. Add lines 1 through 24e	6,184,089.	4,943,150.	736,383.	504,556.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	580.	1	580.
	2 Savings and temporary cash investments	2,644,816.	2	2,707,304.
	3 Pledges and grants receivable, net	1,114,862.	3	984,858.
	4 Accounts receivable, net	13,523.	4	6,574.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,453.	9	25,701.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 946,183.		
	b Less: accumulated depreciation	10b 606,092.	393,740.	10c 340,091.
	11 Investments - publicly traded securities	2,478,726.	11	2,912,563.
	12 Investments - other securities. See Part IV, line 11	150,246.	12	135,140.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,245,741.	15	1,353,691.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,072,687.	16	8,466,502.	
Liabilities	17 Accounts payable and accrued expenses	148,986.	17	127,901.
	18 Grants payable	182,673.	18	96,508.
	19 Deferred revenue	8,178.	19	83,178.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	450,474.	21	408,668.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	35,805.	25	62,206.
	26 Total liabilities. Add lines 17 through 25	826,116.	26	778,461.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,514,447.	27	4,890,353.
	28 Temporarily restricted net assets	1,405,469.	28	1,363,083.
	29 Permanently restricted net assets	1,326,655.	29	1,434,605.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,246,571.	33	7,688,041.	
34 Total liabilities and net assets/fund balances	8,072,687.	34	8,466,502.	

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	6,683,620.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,184,089.
3	Revenue less expenses. Subtract line 2 from line 1	3	499,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,246,571.
5	Net unrealized gains (losses) on investments	5	62,439.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-120,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,688,041.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 in 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 Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF PIONEER VALLEY, INC. **Employer identification number** 04-2152680

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 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,395,798.	4,273,914.	4,236,894.	4,072,581.	5,601,840.	22,581,027.
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	4,395,798.	4,273,914.	4,236,894.	4,072,581.	5,601,840.	22,581,027.
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)						4,743,544.
6 Public support. Subtract line 5 from line 4.						17,837,483.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,395,798.	4,273,914.	4,236,894.	4,072,581.	5,601,840.	22,581,027.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,213.	68,996.	67,008.	88,500.	39,347.	339,064.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	117,645.	99,980.	111,634.	142,509.	128,511.	600,279.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						23,520,370.
12 Gross receipts from related activities, etc. (see instructions)					12	2,152,564.
13 First five 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 2013 (line 6, column (f) divided by line 11, column (f))	14	75.84	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.34	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five 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: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2013

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
HASBRO GAMES	525,000.	54,593.
MASSMUTUAL FINANCIAL GROUP	5,159,358.	4,688,951.
Total Excess Contributions to Schedule A, Part II, Line 5		4,743,544.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

UNITED WAY OF PIONEER
VALLEY, INC.

Employer identification number

04-2152680

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
--	---

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
1	THE NEA FOUNDATION <hr/> 1201 SIXTEENTH STREET, NW <hr/> WASHINGTON, DC 20036 <hr/>	\$ 225,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HASBRO GAMES <hr/> 443 SHAKER ROAD <hr/> EAST LONGMEADOW, MA 01028 <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MASSMUTUAL FINANCIAL GROUP <hr/> 1295 STATE STREET <hr/> SPRINGFIELD, MA 01111 <hr/>	\$ 1,059,745.	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.)

Name of organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
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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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization UNITED WAY OF PIONEER VALLEY, INC.

Employer identification number 04-2152680

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and charitable purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and a table for revenues and assets.

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 are a 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 programs
 - 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" to 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? 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" to 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	3,872,928.	3,580,184.	3,756,206.	3,198,893.	2,888,194.
b Contributions	200.	873.	1,225.	999.	65,284.
c Net investment earnings, gains, and losses	543,637.	304,035.	-117,778.	567,858.	284,387.
d Grants or scholarships					
e Other expenditures for facilities and programs			50,210.		26,641.
f Administrative expenses	17,156.	12,164.	9,259.	11,544.	12,331.
g End of year balance	4,399,609.	3,872,928.	3,580,184.	3,756,206.	3,198,893.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 65.24 %
 - b Permanent endowment 32.60 %
 - c Temporarily restricted endowment 2.16 %
- The percentages in 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		7,740.		7,740.
b Buildings		427,144.	278,887.	148,257.
c Leasehold improvements		147,193.	35,193.	112,000.
d Equipment		364,106.	292,012.	72,094.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				340,091.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST AND DIVIDENDS RECEIVABLE	1,785.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,351,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,353,691.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) ACCRUED VACATION	35,649.
(3) ACCRUED OTHER	30.
(4) ACCRUED PAYROLL AND TAXES	26,527.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	62,206.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,149,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	62,439.
b	Donated services and use of facilities	2b	65,996.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	278,728.
e	Add lines 2a through 2d	2e	407,163.
3	Subtract line 2e from line 1	3	4,742,313.
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	
b	Other (Describe in Part XIII.)	4b	1,941,307.
c	Add lines 4a and 4b	4c	1,941,307.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,683,620.

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

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

1	Total expenses and losses per audited financial statements	1	4,708,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	65,996.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	170,778.
e	Add lines 2a through 2d	2e	236,774.
3	Subtract line 2e from line 1	3	4,471,232.
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	
b	Other (Describe in Part XIII.)	4b	1,712,857.
c	Add lines 4a and 4b	4c	1,712,857.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,184,089.

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 IV, LINE 2B:

EXPLANATION: THE UNITED WAY RECEIVES FUNDS THAT ARE SPECIFICALLY

DESIGNATED BY DONORS TO GO TO OTHER ORGANIZATIONS. THESE FUNDS, LESS AN

ADMINISTRATIVE FEE, ARE NOT RECORDED AS GAAP REVENUE BY THE UNITED WAY BUT

RATHER AS A LIABILITY.

PART X, LINE 2:

EXPLANATION: A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE

ORGANIZATION'S TAX EXEMPT STATUS, UNRELATED BUSINESS INCOME AND THE

METHODOLOGIES FOR ALLOCATING EXPENSES TO UNRELATED BUSINESS INCOME

STREAMS. MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE

CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO

Part XIII Supplemental Information (continued)

SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE UNITED WAY'S TAX

RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS

ENDING ON OR AFTER JUNE 30, 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NET AGAINST INCOME	85,778.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	107,950.
INTERFUND TRANSFER	85,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	278,728.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET LOSSES FROM UNCOLLECTIBLE PLEDGES	228,450.
DONOR CHOICE CONTRIBUTIONS REPORTED AS REVENUE ON 990	1,712,857.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,941,307.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NET AGAINST INCOME	85,778.
INTERFUND TRANSFER	85,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	170,778.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE CONTRIBUTIONS PAID OUT AS GRANTS	1,712,857.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

Open To Public Inspection

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **UNITED WAY OF PIONEER VALLEY, INC.**

Employer identification number
04-2152680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
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09-12-13

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	CEO BREAKFAST (event type)	NONE (total number)	
Revenue	1 Gross receipts	212,088.	2,201.		214,289.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	212,088.	2,201.		214,289.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	85,778.			85,778.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				85,778.
	11 Net income summary. Subtract line 10 from line 3, column (d)				128,511.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF PIONEER
VALLEY, INC.**

Employer identification number
04-2152680

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
YMCA OF GREATER SPRINGFIELD 275 CHESTNUT ST SPRINGFIELD, MA 01104	04-1859893	501(C)3	46,252.	0.			COMMUNITY SERVICE
MARTIN LUTHER KING JR COMM CENTER PO BOX 91026 SPRINGFIELD, MA 01139	04-2647035	501(C)3	36,780.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB OF GREATER HOLYOKE - PO BOX 6256 - SPRINGFIELD, MA 01041	04-2103792	501(C)3	54,446.	0.			COMMUNITY SERVICE
SPFLD BOY CLUB & CAREW HILL GIRLS CLUB - 481 CAREW STREET - SPRINGFIELD, MA 01104	04-1858620	501(C)3	52,622.	0.			COMMUNITY SERVICE
SOUTH END COMMUNITY CENTER 29 HOWARD ST SPRINGFIELD, MA 01105	04-2103854	501(C)3	60,000.	0.			FUND AFTER SCHOOL PROGRAM
GIRLS INC OF HOLYOKE PO BOX 6812 HOLYOKE, MA 01041	04-2748244	501(C)3	75,000.	0.			COMMUNITY SERVICE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 86.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
FRIENDS OF THE HOMELESS 769 WORTHINGTON ST SPRINGFIELD, MA 01105	22-2786732	501(C)3	80,953.	0.			COMMUNITY SERVICE
AMERICAN RED CROSS/PIONEER VALLEY CHAPTER - 506 COTTAGE STREET - SPRINGFIELD, MA 01104	53-0196605	501(C)3	146,657.	0.			COMMUNITY SERVICE
AMERICAN RED CROSS/WESTFIELD CHAPTER - 48 BROAD STREET - WESTFIELD, MA 01085	53-0196605	501(C)3	7,580.	0.			COMMUNITY SERVICE
HOMEWORK HOUSE OF HOLYOKE 54 NORTH SUMMER STREET HOLYOKE, MA 01040	52-2666698	501(C)3	15,000.	0.			COMMUNITY SERVICE
BIG BROTHERS/BIG SISTERS OF HAMPDEN COUNTY - 101 STATE STREET, SUITE 601 - SPRINGFIELD, MA 01103	04-2800998	501(C)3	62,539.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 W. SILVER STREET P. O. BOX 128 - WESTFIELD, MA 01086	04-2464259	501(C)3	22,500.	0.			COMMUNITY SERVICE
BOY SCOUTS OF AMERICA - WESTERN MASSACHUSETTS COUNCIL - 1 ARCH ROAD, SUITE 5 - WESTFIELD, MA 01085	04-2104279	501(C)3	7,422.	0.			COMMUNITY SERVICE
GREATER WESTFIELD EMERGENCY FOOD PANTRY - 101 MEADOW STREET - WESTFIELD, MA 01085	04-3049616	501(C)3	8,000.	0.			COMMUNITY SERVICE
JEWISH COMMUNITY CENTER OF SPRINGFIELD - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108	04-2103802	501(C)3	55,000.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS - 15 LENOX STREET - SPRINGFIELD, MA 01108	04-2104352	501(C)3	10,000.	0.			COMMUNITY SERVICE
LUDLOW BOYS & GIRLS CLUB 91 CLAUDIA'S WAY LUDLOW, MA 01056	04-2089767	501(C)3	52,045.	0.			COMMUNITY SERVICE
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION - 393 MAIN STREET - GREENFIELD, MA 01301	04-2384972	501(C)3	52,599.	0.			COMMUNITY SERVICE
PROVIDENCE MINISTRIES FOR THE NEEDY - 51 HAMILTON STREET - HOLYOKE, MA 01041	04-2898893	501(C)3	20,000.	0.			COMMUNITY SERVICE
HAP INC. 322 MAIN STREET SPRINGFIELD, MA 01105	04-2518368	501(C)3	16,666.	0.			COMMUNITY SERVICE
SALVATION ARMY - HOLYOKE 271 APPLETON ST. HOLYOKE, MA 01041	13-5562351	501(C)3	6,502.	0.			COMMUNITY SERVICE
SALVATION ARMY - SPRINGFIELD AREA SERVICES - 170 PEARL STREET - SPRINGFIELD, MA 01101	13-5562351	501(C)3	57,534.	0.			BASIC NEEDS
SPRINGFIELD RESCUE MISSION 19 BLISS STREET SPRINGFIELD, MA 01103	52-1047790	501(C)3	25,110.	0.			COMMUNITY SERVICE
WOMANSHELTER/COMPANERAS P. O. BOX 1099 HOLYOKE, MA 01041	04-2716766	501(C)3	23,334.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
Y.W.C.A. OF WESTERN MASSACHUSETTS 1 CLOUGH STREET SPRINGFIELD, MA 01118	04-2103858	501(C)3	53,387.	0.			COMMUNITY SERVICE
BLACK MEN OF GREATER SPRINGFIELD 166 TAMARACK DRIVE SPRINGFIELD, MA 01129	04-3210338	501(C)3	23,260.	0.			COMMUNITY SERVICE
CATHOLIC CHARTIES 65 ELLIOT STREET SPRINGFIELD, MA 01103	86-1121553	501(C)3	36,666.	0.			COMMUNITY SERVICE
CENTER FOR ASSESSMENT AND POLICY DEVELOPMENT - 1622 RIVERSIDE DR - TRENTON, NJ 08618	23-2525512	501(C)(3)	72,492.	0.			COMMUNITY SERVICE
OPEN PANTRY COMMUNITY SERVICES 174 BRUSH HILL AVENUE WEST SPRINGFIELD, MA 01089	52-1084599	501(C)(3)	24,837.	0.			COMMUNITY SERVICE
PIONEER VALLEY REGIONAL VENTURES CENTER - 1441 MAIN STREET, SUITE 111 - SPRINGFIELD, MA 01103	04-3560951	501(C)(3)	20,000.	0.			COMMUNITY SERVICE
REBUILDING TOGETHER SPRINGFIELD, INC. - 1 FEDERAL STREET, BUILDING # 101 - SPRINGFIELD, MA 01105	04-3172737	501(C)(3)	10,260.	0.			SUPPORT GREEN N FIT 10 IN 10
ROCA 204 BOSTON ROAD SPRINGFIELD, MA 01109	22-3223641	501(C)(3)	10,780.	0.			FUND SOCIAL INNOVATION PROGRAM
SPRINGFIELD SCHOOL VOLUNTEERS, INC. - P.O. BOX 9000 - SPRINGFIELD, MA 01102	04-2643527	501(C)(3)	21,452.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 GRAY HOUSE 300 HIGH STREET HOLYOKE, MA 01040	04-2783515	501(C)(3)	35,650.	0.			COMMUNITY SERVICE
VALLEY OPPORTUNITY COUNCIL 300 HIGH STREET HOLYOKE, MA 01040	04-2692763	501(C)(3)	43,281.	0.			COMMUNITY SERVICE
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501(C)(3)	578,485.	0.			COMMUNITY SERVICE
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY INC - 1441 MAIN STREET - SPRINGFIELD, MA 01103	22-2489896	501(C)(3)	175,000.	0.			COMMUNITY SERVICE
UNITED WAY OF CENTRAL CAROLINAS 301 SOUTH BREVARD STREET CHARLOTTE, NC 28202	56-0529948	501(C)(3)	78,815.	0.			COMMUNITY SERVICE
UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	73,687.	0.			COMMUNITY SERVICE
VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN PHOENIX, AZ 85014	86-0104419	501(C)(3)	38,530.	0.			COMMUNITY SERVICE
UNITED WAY OF THE MID SOUTH 6775 LENOX CENTER COURT MEMPHIS, TN 38115	56-1010742	501(C)(3)	30,357.	0.			COMMUNITY SERVICE
UNITED WAY OF BROWARD COUNTY INC 1300 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	15,000.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVENUE NORFOLK, VA 23513	54-0506322	501(C)(3)	15,000.	0.			COMMUNITY SERVICE
THE FOOD BANK OF WESTERN MASSACHUSETTS, INC - P.O. BOX 160 - HATFIELD, MA 01038	04-2751023	501(C)(3)	31,127.	0.			COMMUNITY SERVICE
UNITED WAY OF HAMPSHIRE COUNTY 71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	12,980.	0.			COMMUNITY SERVICE
VISITING NURSE ASSOCIATION 50 MAPLE STREET SPRINGFIELD, MA 01102	04-2105803	501(C)(3)	12,936.	0.			COMMUNITY SERVICE
GIRLS INCORPORATED OF HOLYOKE 6 OPEN SQUARE WAY HOLYOKE, MA 01040	04-2748244	501(C)(3)	11,431.	0.			COMMUNITY SERVICE
BAYSTATE HEALTH 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2105941	501(C)(3)	10,150.	0.			COMMUNITY SERVICE
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
UNITED WAY OF METROPOLITAN NASHVILLE - 250 VENTURE CIRCLE - NASHVILLE, TN 37228	62-0533104	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
UNITED WAY MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	22-1828435	501(C)(3)	10,000.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
UNITED WAY OF PUERTO RICO P.O. BOX 191914 SAN JUAN, PR 00919-1914	66-0269222	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SAN FRANCISCO, CA 94108	94-1312348	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
ABORTION RIGHTS FUND OF WESTERN MASSACHUSETTS INC - P.O. BOX 2162 - AMHERST, MA 01004	22-2928632	501(C)(3)	8,500.	0.			COMMUNITY SERVICE
UNITED WAY OF FRANKLIN COUNTY 182 SOUTH SECOND STREET CHAMBERSBURG, PA 17201	25-1730590	501(C)(3)	7,612.	0.			COMMUNITY SERVICE
GIRL SCOUTS OF CENTRAL AND WESTERN MASSACHUSETTS INC - 81 GOLD STAR BLVD - WORCESTER, MA 01606	04-2103856	501(C)(3)	6,901.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB OF CHICOPEE 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	6,340.	0.			COMMUNITY SERVICE
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	6,282.	0.			COMMUNITY SERVICE
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	6,250.	0.			COMMUNITY SERVICE
PIONEER VALLEY PROJECT INC 39 OAKLAND STREET SPRINGFIELD, MA 01108	04-3343623	501(C)(3)	5,782.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
GRANBY COMMUNITY FUND INC P.O. BOX 94 GRANBY, CT 06035	06-6037713	501(C)(3)	5,622.	0.			COMMUNITY SERVICE
WEST SPRINGFIELD BOYS AND GIRLS CLUB INC - 615 MAIN STREET - WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	56,412.	0.			COMMUNITY SERVICE
LITERACY VOLUNTEERS OF GREATER HARTFORD INC - 30 ARBOR STREET - HARTFORD, CT 06106	23-7237570	501(C)(3)	5,200.	0.			COMMUNITY SERVICE
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY INC - P.O. BOX 956 - MANCHESTER, CT 06045	41-2047734	501(C)(3)	5,032.	0.			COMMUNITY SERVICE
UNITED WAY OF DANE COUNTY INC P.O. BOX 7548 MADISON, WI 53707	39-0817532	501(C)(3)	5,000.	0.			COMMUNITY SERVICE
UNITED WAY OF GREATER ROCHESTER INC - 75 COLLEGE AVENUE - ROCHESTER, NY 14607	16-1015782	501(C)(3)	5,000.	0.			COMMUNITY SERVICE
LUBBOCK AREA UNITED WAY INC 1655 MAIN STREET LUBBOCK, TX 79401	75-0961812	501(C)(3)	5,000.	0.			COMMUNITY SERVICE
FINANCIAL CENTERS AT HCC 303 HOMESTEAD AVENUE HOLYOKE, MA 01040	23-7181691	501(C)(3)	50,000.	0.			COMMUNITY SERVICE
COVENANT PREPARATORY SCHOOL 135 BROAD STREET HARTFORD, CT 06105	74-3238578	501(C)(3)	11,817.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 MASS MENTORING PARTNERSHIP INC 105 CHAUNCY STREET BOSTON, MA 02111	22-3207958	501(C)(3)	30,000.	0.			COMMUNITY SERVICE
GREATER LAKE NORMAN YOUNG LIFE 19109 W. CATAWBA AVENUE CORNELIUS, NC 28031	84-0385934	501(C)(3)	5,200.	0.			COMMUNITY SERVICE
SEARCH INSTITUTE 615 FIRST AVENUE MINNEAPOLIS, MN 55413	41-0811842	501(C)(3)	8,504.	0.			COMMUNITY SERVICE
DANA FARBER- JIMMY FUND 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(C)(3)	5,993.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB FAMILY CENTER INC - 100 ACORN STREET - SPRINGFIELD, MA 01109	04-2105940	501(C)(3)	52,668.	0.			COMMUNITY SERVICE
GANDARA MENTAL HEALTH CENTER INC 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)	33,000.	0.			COMMUNITY SERVICE
PARTNERS FOR A HEALTHIER COMMUNITY INC - 280 CHESTNUT STREET - SPRINGFIELD, MA 01104	04-3342182	501(C)(3)	60,000.	0.			COMMUNITY SERVICE
TAPESTRY HEALTH SYSTEMS INC 296 NONOTUCK STREET FLORENCE, MA 01062	23-7303142	501(C)(3)	23,982.	0.			COMMUNITY SERVICE
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER, THE CARE CENTER - 247 CABOT STREET - HOLYOKE, MA 01040	04-2962882	501(C)(3)	50,000.	0.			COMMUNITY SERVICE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
URBAN LEAGUE OF GREATER SPRINGFIELD INC - 1 FEDERAL STREET - SPRINGFIELD, MA 01105	04-2133248	501(C)(3)	40,000.	0.			COMMUNITY SERVICE
YMCA OF GREATER WESTFIELD 67 COURT STREET WESTFIELD, MA 01085	04-2126585	501(C)(3)	25,000.	0.			COMMUNITY SERVICE
FAITH UNLIMITED INSTITUTE 736 STATE STREET SPRINGFIELD, MA 01109	10-0006481	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
WORLD IS OUR CLASSROOM INC 140 HIGH STREET SPRINGFIELD, MA 01105	05-0570393	501(C)(3)	7,500.	0.			COMMUNITY SERVICE
VALLEY TECHNOLOGY OUTREACH 1391 MAIN STREET SPRINGFIELD, MA 01103	26-0348637	501(C)(3)	15,000.	0.			COMMUNITY SERVICE
JUNIOR ACHIEVEMENT OF WESTERN MASSACHUSETTS INC - 1500 MAIN STREET - SPRINGFIELD, MA 01115	04-2088304	501(C)(3)	15,000.	0.			COMMUNITY SERVICE
THE MIDAS COLLABORATIVE INC 20 LINDEN STREET ALLSTON, MA 02134	83-0485169	501(C)(3)	15,000.	0.			COMMUNITY SERVICE
WESTMASS ELDERCARE INC 4 VALLEY MILL ROAD HOLYOKE, MA 01040	04-2545848	501(C)(3)	8,334.	0.			COMMUNITY SERVICE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

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

PART I, LINE 2:

EXPLANATION: A COMMITTEE IS FORMED THAT REVIEWS ALL GRANT APPLICATIONS FOR
 AGENCY ALLOCATIONS. GRANTS ARE ONLY MADE TO PUBLIC CHARITIES THAT HAVE BEEN
 APPROVED BY THE IRS AS 501(C)(3) ORGANIZATIONS AND/OR PUBLIC SCHOOLS OR
 STATE COLLEGES. IN ADDITION, THE GRANTEE ORGANIZATION MUST PROVIDE AUDITED
 FINANCIAL STATEMENTS TO THE UNITED WAY. ANY ORGANIZATION THAT RECEIVES
 GRANT FUNDS OR ASSISTANCE FROM THE UNITED WAY MUST SIGN A MEMORANDUM OF
 UNDERSTANDING AND PROVIDE THE UNITED WAY WITH A COPY OF THE BOARD OF
 DIRECTORS' MINUTES APPROVING THE CONDITIONS OF THE MOU.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **UNITED WAY OF PIONEER VALLEY, INC.**

Employer identification number
04-2152680

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b	
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 in line 1a?	2	
3 Indicate which, if any, of the following the filing 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 type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in 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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DORA ROBINSON PRESIDENT & CEO	(i)	146,362.	0.	0.	10,245.	4,575.	161,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Multiple horizontal lines provided for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization UNITED WAY OF PIONEER
VALLEY, INC.

Employer identification number
04-2152680

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

"STAY IN SCHOOL" CAMPAIGN: THE SPRINGFIELD COLLABORATION FOR CHANGE

(SCC) IS A FIVE-YEAR INITIATIVE FOCUSED ON RAISING THE ACADEMIC

ACHIEVEMENT OF SPRINGFIELD PUBLIC SCHOOL STUDENTS THROUGH THE

DEVELOPMENT OF A COLLABORATIVE AND INTEGRATED SYSTEM OF SUPPORT. IT IS

A UNIQUE PARTNERSHIP BETWEEN THE SPRINGFIELD PUBLIC SCHOOLS, THE

SPRINGFIELD EDUCATION ASSOCIATION, COMMUNITY-BASED ORGANIZATIONS, AND

PARENTS - ALL FOCUSED ON CHANGING THE WAY STUDENT LEARNING IS

APPROACHED AND SUPPORTED.

EXPENSES \$ 86,591. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE WESTERN MASS. NETWORK TO END HOMELESSNESS (WMNEH) IS A

COLLABORATION THAT INCLUDES DOZENS OF SERVICE PROVIDERS, MUNICIPALITIES

AND STATE AGENCIES IN THE FOUR COUNTIES OF WESTERN MASSACHUSETTS -

HAMPDEN, HAMPSHIRE, FRANKLIN AND BERKSHIRE COUNTIES. THE NETWORK SEEKS

TO MAXIMIZE COLLABORATION, RESOURCES AND BEST PRACTICES IN SERVING THE

NEEDS OF PEOPLE WHO ARE HOMELESS. HOUSING FIRST FORMS THE BASIS FOR THE

NEW APPROACH TO SOLVING HOMELESSNESS AND THE NETWORK IS SPEARHEADING

ITS IMPLEMENTATION ACROSS THE REGION. THIS APPROACH SEEKS TO PRESERVE

OR PROVIDE HOUSING FIRST, WITH THE APPROPRIATE SUPPORT SERVICES TO GO

WITH IT, IN ORDER TO EFFECTIVELY REDUCE HOMELESSNESS. THE HOUSING FIRST

APPROACH HAS A PROVEN TRACK RECORD OF SUCCESS ACROSS THE COUNTRY,

INCLUDING RIGHT HERE IN WESTERN MASSACHUSETTS. UWPV PROVIDES FINANCIAL

SUPPORT FOR THE NETWORK, IS ITS FISCAL SPONSOR, AND SERVES ON THE

NETWORK'S LEADERSHIP COUNCIL

EXPENSES \$ 86,357. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,163.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization UNITED WAY OF PIONEER
VALLEY, INC.

Employer identification number
04-2152680

MASS 2-1-1 IS A 24-HOUR ACCESSIBLE PHONE AND WEB-BASED REFERRAL SERVICE

THAT LINKS PEOPLE IN NEED OF ASSISTANCE TO RESOURCES THAT CAN PROVIDE

HELP. 2-1-1 CONNECTS PEOPLE TO IMPORTANT COMMUNITY SERVICES SUCH AS

FOOD, CLOTHING, SHELTER ASSISTANCE, COUNSELING, CHILD CARE INFORMATION,

LEGAL AND FINANCIAL SERVICES. UWPV IS A SIGNIFICANT UNDERWRITER/FUNDER

OF MASS 2-1-1, SERVES ON ITS BOARD OF DIRECTORS, AND IS ACTIVELY

ENGAGED IN STRENGTHENING THIS VITAL SERVICE TO LOCAL RESIDENTS AND

AGENCIES IN THE REGION

EXPENSES \$ 55,285. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LITERACY TRUST: TARGET FUNDING FOR COMMUNITY IMPACT INITIATIVES AND

PROGRAMS THAT ARE SPECIFIC TO IMPROVING FAMILY AND INDIVIDUAL FINANCIAL

STABILITY IN OUR LOCAL COMMUNITIES.

EXPENSES \$ 41,335. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER MISCELLANEOUS PROGRAMS

EXPENSES \$ 13,312. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: THERE WAS A BUSINESS RELATIONSHIP BETWEEN TWO BOARD MEMBERS.

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

EXPLANATION: THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE 990 FOR

FILING WHILE A COPY OF THE 990 WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR

TO FILING.

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

332212
09-04-13

Name of the organization UNITED WAY OF PIONEER
VALLEY, INC.

Employer identification number
04-2152680

EXPLANATION: ALL DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY

AND UPON ELECTION ALL CONFLICTS. ANY OFFICER WITH A POTENTIAL CONFLICT OF

INTEREST MUST DISCLOSE THE MATERIAL FACTS TO THE EXECUTIVE DIRECTOR OR THE

CHAIR OF EXECUTIVE COMMITTEE AND RECUSE HIMSELF/HERSELF FROM THE BOARD

MEETING WHILE THE TRANSACTION IS BEING DISCUSSED AND VOTED UPON.

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

EXPLANATION: 15A. UNITED WAY OF AMERICA GUIDELINES/COMPARABILITY DATA ARE

USED BY THE FINANCE COMMITTEE FOR THE DETERMINATION OF FAIR COMPENSATION

FOR THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: 15B. THE ORGANIZATION UTILIZED A

THIRD PARTY TO CONDUCT AN EXECUTIVE COMPENSATION STUDY. THE RESULTS WERE

SHARED WITH THE HUMAN RESOURCE AND EXECUTIVE COMMITTEES FOR ACTION.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE ORGANIZATION'S 990 AND 1023 ARE ALSO AVAILABLE UPON

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 107,950.

NET LOSSES FROM UNCOLLECTIBLE PLEDGES -228,450.

TOTAL TO FORM 990, PART XI, LINE 9 -120,500.

Name of the organization UNITED WAY OF PIONEER VALLEY, INC.

Employer identification number 04-2152680

PART XIII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS NOT CHANGED FROM THE PRIOR YEAR, ITS OVERSIGHT PROCESS OR SELECTION PROCESS FOR THE AUDIT OF ITS FINANCIAL STATEMENTS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number (EIN) or 04-2152680
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1441 MAIN STREET, SUITE 147	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MA 01103	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RAYMOND BERRY

- The books are in the care of ▶ 1441 MAIN STREET - SPRINGFIELD, MA 01108-1023
Telephone No. ▶ 413-693-0231 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

JUNE 30, 2014

Prepared for	RAYMOND BERRY, V.P. FINANCE UNITED WAY OF PIONEER VALLEY, INC. 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103
Prepared by	MEYERS BROTHERS KALICKA, P.C. 330 WHITNEY AVE, SUITE 800 HOLYOKE, MA 01040
Mail tax return to	NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	FORM PC MUST BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING. ENCLOSE A CHECK FOR \$500 MADE PAYABLE TO COMMONWEALTH OF MASSACHUSETTS. INCLUDE THE ORGANIZATION'S MASSACHUSETTS ATTORNEY GENERAL SIX-DIGIT ACCOUNT NUMBER AND "2013 FORM PC" ON THE REMITTANCE. ALSO INCLUDE THE ORGANIZATION'S FISCAL YEAR END DATE IN THIS FORMAT (06/14).

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/13 to 06/30/14

Attorney General's Account #: 009080

Federal ID #: 04-2152680

When did the organization first engage in charitable work in Massachusetts? 08/17/1950

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 07/01/1971

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Check all items attached (if applicable)
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Probate Account
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[X] Filing Fee
[] Amended Articles/By-Laws

Organization Data

Name: UNITED WAY OF PIONEER VALLEY, INC.

Mailing Address: 1441 MAIN STREET, SUITE 147

City: SPRINGFIELD State: MA ZIP: 01103

Phone Number: 413-737-2691 Fax Number: 413-788-4130

Email: DROBINSON@UWPV.ORG Website: WWW.UWPV.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 7, and Type of Organization (Table 2) with code 16.

Please check box if final return prior to dissolution: []

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 08/17/1950
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	5,830,290.
B.	Gross support and revenue	6,343,394.
C.	Program services and similar amounts paid out	4,943,150.
D.	Fundraising expenses	504,556.
E.	Management and general expenses	736,383.
F.	Payments to affiliates	0.
G.	Total expenses	6,184,089.
H.	Net assets or fund balances at the end of the year	7,688,041.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	DORA ROBINSON (W-2) PRESIDENT & CEO	35.00	146,362.	10,245.	4,574.
2.	SYLVIA DEHASS-PHILLIPS (W-2) SVP COMMUNITY IMPACT	35.00	94,211.	6,595.	2,024.
3.	MICHAEL DECHIARA (W-2) MGR COMMUNITY PLANNING & DEV	35.00	73,930.	5,175.	1,787.
4.	RAYMOND BERRY (W-2) SR VP FINANCE & ADMIN	35.00	100,033.	7,002.	2,024.
5.	PORTIA ALLEN (W-2) DIRECTOR COMM INVESTMENTS	35.00	64,358.	4,503.	5,761.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	PAMELA CARYL SCHWARTZ	49,170.	CONSULTING
2.	MEYERS BROTHERS KALICKA	40,864.	AUDIT AND TAX PREPARATION
3.	SPRINGFIELD PUBLIC SCHOOLS	116,957.	CONSULTING
4.	HOLYOKE PUBLIC SCHOOLS	65,400.	CONSULTING
5.	PHILLIBER RESEARCH ASSOCIATES	40,000.	CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone numbers):

Bank	Address	Phone Number
PEOPLESBANK	314 HIGH ST HOLYOKE, MA 01040	413-493-7411

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: RAYMOND BERRY

Street Address: 1441 MAIN STREET

City: SPRINGFIELD State: MA ZIP Code: 01103

Phone Number: 413-693-0231

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

SEE STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

SEE STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

NAME AND ADDRESS

TITLE

DORA ROBINSON
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

PRESIDENT & CEO

NAME AND ADDRESS

TITLE

RAYMOND BERRY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

SR VP FINANCE

NAME AND ADDRESS

TITLE

JEFFREY FIALKY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

CAROL KATZ
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

BRIAN SMITH
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

TREASURER

NAME AND ADDRESS

TITLE

MANUEL ANDRADE
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

DEBORAH BUCKLEY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

DR. CALVIN J. MCFADDEN, SR.
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS	TITLE
NICHOLAS FYNTRILAKIS 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
KATHRYN DUBE 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
LOUIS ABBATE 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
HELEN CAULTON-HARRIS 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
KEVIN MAYNARD 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
ALPHONSE MORASSI, JR. 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
RUSSELL DENVER 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	CLERK
SCOTT SADOWSKY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	DIRECTOR
DR. WILLIAM MESSNER 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103	CHAIR

NAME AND ADDRESS

TITLE

ARLENE PUTNAM
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

JOAN KAGAN
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

MATTHEW HAAS
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

MICHAEL WEEKES
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

BENNETT MARKENS
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

VICE CHAIR

NAME AND ADDRESS

TITLE

SCOTT GRODSKY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

STEVEN LOWELL
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

MATTHEW GEFFIN
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

GEORGE ARWADY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

PATRICK LEARY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

MAURA MCCAFFREY
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

SUSAN MIELNIKOWSKI
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

NAME AND ADDRESS

TITLE

DANIEL WARWICK
1441 MAIN STREET, SUITE 147
SPRINGFIELD, MA 01103

DIRECTOR

FORM PC

PAGE 4 LINE 18

STATEMENT 2

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
RAYMOND BERRY	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
DORA ROBINSON	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
DORA ROBINSON	RESPONSIBLE FOR FUNDRAISING

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
RAYMOND BERRY	CUSTODY OF FINANCIAL RECORDS

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
BRIAN SMITH	AUTHORIZED TO SIGN CHECKS

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
DORA ROBINSON	AUTHORIZED TO SIGN CHECKS

ADDRESS

1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
WILLIAM MESSNER	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
RAYMOND BERRY	AUTHORIZED TO SIGN CHECKS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
RAYMOND BERRY	RESPONSIBLE FOR CUSTODY OF FUNDS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
SYLVIA DEHAAS-PHILLIPS	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
BRIAN SMITH	CUSTODY OF FINANCIAL RECORDS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
RAYMOND BERRY	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
SARAH TANNER	RESPONSIBLE FOR FUNDRAISING
<u>ADDRESS</u>	
1441 MAIN STREET SPRINGFIELD, MA 01103	

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
CAROL CARROLL	CUSTODY OF FINANCIAL RECORDS

ADDRESS
 1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
CAROL CARROLL	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS
 1441 MAIN STREET SPRINGFIELD, MA 01103

<u>NAME</u>	<u>AREA OF RESPONSIBILITY</u>
DORA ROBINSON	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS
 1441 MAIN STREET SPRINGFIELD, MA 01103

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SEE STATEMENT 3

FORM PC

PAGE 6 LINE 24

STATEMENT 3

NAME

THE RETIREMENT ADVANTAGE INC

ADDRESS

115 WEST 29TH STREET NEW YORK, NY 10001

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOARD MEMBER WORKS FOR PENSION PLAN ADMINISTRATION COMPANY

1,943.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

USI INSURANCE SERVICES

ADDRESS

123 INTERSTATE DRIVE WEST SPRINGFIELD, MA 01089

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOARD MEMBER WORKS FOR THE INSURANCE COMPANY

10,820.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

LUTHERAN FAMILY SERVICES

ADDRESS

14 EAST WORCESTER STREET WORCESTER, MA 01604

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOD OF UWPV IS BOARD MEMBER OF LFS WHICH RECEIVED A GRANT FROM UWPV

5,000.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

SPRINGFIELD SCHOOL VOLUNTEERS

ADDRESS

1550 MAIN STREET SPRINGFIELD, MA 01103

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOD OF UWPV IS A BOARD MEMBER OF SSV WHICH RECEIVED A GRANT FROM UWPV

21,450.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

THE YMCA

ADDRESS

63 SPRINGFIELD STREET AGAWAM, MA 01001

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOD OF UWPV IS A BOARD MEMBER OF YMCA WHICH RECEIVED A GRANT FROM UWPV

25,000.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

PARTNERS FOR A HEALTHIER COMMUNITY

ADDRESS

280 CHESTNUT STREET, 6TH FLOOR SPRINGFIELD, MA 01101

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOD OF UWPV IS A BOARD MEMBER OF PHC WHICH RECEIVED A GRANT FROM UWPV

60,000.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME

LEADERSHIP PIONEER VALLEY

ADDRESS

1 FEDERAL STREET SPRINGFIELD, MA 01101

NATURE OF TRANSACTION

AMOUNT INVOLVED

BOD OF UWPV IS A BOARD MEMBER OF PLPV WHICH RECEIVED A GRANT FROM UWPV

10,000.

PROCEDURE FOLLOWED

BOARD APPROVED

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: BRIAN SMITH

Title: TREASURER

Name of Preparer: MEYERS BROTHERS KALICKA, P.C.

Address 330 WHITNEY AVE, SUITE 800

City HOLYOKE State MA ZIP Code 01040

Phone Number 413-536-8510

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input checked="" type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (*specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BRIAN SMITH

Name and Title: BOARD TREASURER

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

DORA ROBINSON

Name and Title: PRESIDENT&CEO

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BRIAN SMITH

Name and Title: BOARD TREASURER

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

DORA ROBINSON

Name and Title: PRESIDENT&CEO

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

Name and Title:

Address

City State ZIP Code

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input checked="" type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DORA ROBINSON

Name and Title: PRESIDENT&CEO

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

BRIAN SMITH

Name and Title: TREASURER

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DORA ROBINSON

Name and Title: PRESIDENT&CEO

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

BRIAN SMITH

Name and Title: TREASURER

Address 1441 MAIN STREET, SUITE 147

City SPRINGFIELD State MA ZIP Code 01103

Name and Title:

Address

City State ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Print Name: BRIAN SMITH

Title: TREASURER

Signature: _____ Date: _____

Print Name: _____

Title: _____