

Form **990**

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

2015
Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 **and ending** JUN 30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF PIONEER VALLEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1441 MAIN STREET, SUITE 147 City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01103 F Name and address of principal officer: PATRICK LEARY SAME AS C ABOVE	D Employer identification number 04-2152680 E Telephone number 413-737-2691 G Gross receipts \$ 4,616,780. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWPV.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1950 M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: MOBILIZE PEOPLE AND RESOURCES TO STRENGTHEN COMMUNITIES.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	1738
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	6,007,773.	3,256,747.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,825.	426,527.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,794.	78,756.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,737.	58,975.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,582,129.	3,821,005.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,311,475.	2,241,883.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,493,236.	1,577,228.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 571,758.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,395,490.	1,062,171.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,200,201.	4,881,282.
19	Revenue less expenses. Subtract line 18 from line 12	381,928.	-1,060,277.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	8,541,467.	6,593,030.
22	Net assets or fund balances. Subtract line 21 from line 20	741,744.	216,286.
22		7,799,723.	6,376,744.

Part II Signature Block

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

Sign Here	Signature of officer PATRICK LEARY, TREASURER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name RUDY M. D'AGOSTINO	Preparer's signature RUDY M. D'AGOSTINO	Date 05/23/17	Check if self-employed <input type="checkbox"/>	PTIN P00962620
	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) 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 \$ 2,849,081. including grants of \$ 2,241,883.) (Revenue \$ 97,774.) 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 \$ 139,625. including grants of \$ 0.) (Revenue \$ 140,659.) 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

4c (Code:) (Expenses \$ 210,871. including grants of \$ 0.) (Revenue \$ 207,317.) REGIONAL ANTIRACISM - A COMMUNITY INITIATIVE DEVELOPED TO ACKNOWLEDGE AND REVERSE THE IMPACT OF RACISM IN OUR COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 416,886. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 3,616,463.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

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, address, and telephone number of the person who possesses the organization's books and records: 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) BRIAN SMITH TREASURER	2.00	X		X			0.	0.	0.	
(3) MANUEL ANDRADE DIRECTOR	2.00	X					0.	0.	0.	
(4) NICHOLAS FYNTRILAKIS DIRECTOR	2.00	X					0.	0.	0.	
(5) KATHRYN DUBE DIRECTOR	2.00	X					0.	0.	0.	
(6) HELEN CAULTON-HARRIS DIRECTOR	2.00	X					0.	0.	0.	
(7) RUSSELL DENVER DIRECTOR	2.00	X					0.	0.	0.	
(8) SCOTT SADOWSKY DIRECTOR	2.00	X					0.	0.	0.	
(9) DR. WILLIAM MESSNER DIRECTOR	2.00	X					0.	0.	0.	
(10) MICHAEL WEEKES DIRECTOR	2.00	X					0.	0.	0.	
(11) BENNETT MARKENS CHAIR	2.00	X		X			0.	0.	0.	
(12) SCOTT GRODSKY DIRECTOR	2.00	X					0.	0.	0.	
(13) STEVEN LOWELL DIRECTOR	2.00	X					0.	0.	0.	
(14) MATTHEW GEFFIN DIRECTOR	2.00	X					0.	0.	0.	
(15) GEORGE ARWADY DIRECTOR	2.00	X					0.	0.	0.	
(16) PATRICK LEARY DIRECTOR	2.00	X					0.	0.	0.	
(17) MAURA MCCAFFREY 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) SUSAN MCCOY CLERK	2.00	X		X				0.	0.	0.
(19) DANIEL WARWICK DIRECTOR	2.00	X						0.	0.	0.
(20) JEFFREY CIUFFREDA DIRECTOR	2.00	X						0.	0.	0.
(21) WILLIAM DAVILA DIRECTOR	2.00	X						0.	0.	0.
(22) SHAUN DWYER DIRECTOR	2.00	X						0.	0.	0.
(23) JENNIFER ENDICOTT VICE CHAIR	2.00	X		X				0.	0.	0.
(24) DANIEL FINNEGAN DIRECTOR	2.00	X						0.	0.	0.
(25) V. VAN JOHNSON, III DIRECTOR	2.00	X						0.	0.	0.
(26) KATHLEEN PLANTE DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								485,573.	0.	51,592.
d Total (add lines 1b and 1c)								485,573.	0.	51,592.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,256,747.				
	g Noncash contributions included in lines 1a-1f: \$		26,802.				
	h Total. Add lines 1a-1f		3,256,747.				
Program Service Revenue	2 a ANTI-RACISM WORK GROUP	Business Code	900099	190,000.	190,000.		
	b WESTERN MA NETWORK TO		900099	140,659.	140,659.		
	c ADMIN. FEES-FUNDRAIS.		900099	78,551.	78,551.		
	d ANTI-RACISM WORKSHOP		900099	17,317.	17,317.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			426,527.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			51,466.		51,466.	
	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				
		823,065.					
		b Less: cost or other basis and sales expenses			795,775.		
		c Gain or (loss)			27,290.		
	d Net gain or (loss)			27,290.		27,290.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	11,712.				
		b Less: direct expenses	b	0.			
		c Net income or (loss) from fundraising events			11,712.		11,712.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	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	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER		900099	26,005.			26,005.	
	b EXPENSE REIMBURSEMENT		900099	19,223.	19,223.		
	c SEMINARS-FUNDRAISING		611430	2,035.		2,035.	
	d All other revenue						
e Total. Add lines 11a-11d			47,263.				
12 Total revenue. See instructions.			3,821,005.	445,750.	0.	118,508.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,241,883.	2,241,883.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	266,181.		266,181.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,015,143.	543,845.	97,800.	373,498.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,292.	17,504.	32,228.	26,560.
9 Other employee benefits	108,448.	49,660.	32,228.	26,560.
10 Payroll taxes	111,164.	46,989.	31,070.	33,105.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	34,000.		34,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,110.		22,110.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	325,790.	250,655.	64,364.	10,771.
12 Advertising and promotion	107,827.	84,378.	8,067.	15,382.
13 Office expenses	86,414.	41,407.	25,412.	19,595.
14 Information technology				
15 Royalties				
16 Occupancy	134,828.	104,976.	14,337.	15,515.
17 Travel	10,414.	3,973.	3,000.	3,441.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	98,548.	76,688.	10,518.	11,342.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,778.	13,227.	14,084.	9,467.
23 Insurance	17,423.	6,437.	6,400.	4,586.
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 MA 211 FEES	54,443.	54,443.		
b MISCELLANEOUS	30,256.	30,256.		
c MEMBERSHIP DUES	27,579.		27,579.	
d USED EQUIP/MISC	25,302.	25,302.		
e All other expenses	50,459.	24,840.	3,683.	21,936.
25 Total functional expenses. Add lines 1 through 24e	4,881,282.	3,616,463.	693,061.	571,758.
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	1,102,835.	1	1,005,232.
	2 Savings and temporary cash investments	1,213,561.	2	223,429.
	3 Pledges and grants receivable, net	1,313,042.	3	821,526.
	4 Accounts receivable, net		4	81,626.
	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	19,907.	9	23,517.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 542,374.		
	b Less: accumulated depreciation	10b 399,131.	176,890.	10c 143,243.
	11 Investments - publicly traded securities	3,340,365.	11	3,018,451.
	12 Investments - other securities. See Part IV, line 11	92,827.	12	87,255.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,282,040.	15	1,188,751.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,541,467.	16	6,593,030.	
Liabilities	17 Accounts payable and accrued expenses	142,943.	17	44,954.
	18 Grants payable	13,169.	18	73,012.
	19 Deferred revenue	332,678.	19	31,714.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	184,497.	21	26,209.
	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	68,457.	25	40,397.
	26 Total liabilities. Add lines 17 through 25	741,744.	26	216,286.
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	4,910,409.	27	3,674,533.
	28 Temporarily restricted net assets	1,524,575.	28	1,430,591.
	29 Permanently restricted net assets	1,364,739.	29	1,271,620.
	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	7,799,723.	33	6,376,744.	
34 Total liabilities and net assets/fund balances	8,541,467.	34	6,593,030.	

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	3,821,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,881,282.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,060,277.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,799,723.
5	Net unrealized gains (losses) on investments	5	-88,559.
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	-274,143.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,376,744.

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** (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,236,894.	4,072,581.	5,601,840.	5,771,717.	3,092,723.	22,775,755.
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	4,236,894.	4,072,581.	5,601,840.	5,771,717.	3,092,723.	22,775,755.
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)						3,976,009.
6 Public support. Subtract line 5 from line 4.						18,799,746.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,236,894.	4,072,581.	5,601,840.	5,771,717.	3,092,723.	22,775,755.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	67,008.	88,500.	39,347.	43,765.	51,466.	290,086.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	111,634.	142,509.	128,511.	141,881.	11,712.	536,247.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						23,602,088.
12 Gross receipts from related activities, etc. (see instructions)					12	2,023,902.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	79.65 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	77.26 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

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" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,715,232.	4,399,609.	3,872,928.	3,580,184.	3,756,206.
b Contributions	4,617.	272,537.	200.	873.	1,225.
c Net investment earnings, gains, and losses	-102,922.	62,855.	543,637.	304,035.	-117,778.
d Grants or scholarships					
e Other expenditures for facilities and programs	300,000.				50,210.
f Administrative expenses	22,300.	19,769.	17,156.	12,164.	9,259.
g End of year balance	4,294,627.	4,715,232.	4,399,609.	3,872,928.	3,580,184.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 68.36 %
- b Permanent endowment 29.61 %
- c Temporarily restricted endowment 2.03 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		147,193.	64,631.	82,562.
d Equipment		395,181.	334,500.	60,681.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				143,243.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,188,751.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,188,751.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	23,567.
(3) ACCRUED OTHER	643.
(4) ACCRUED PAYROLL AND TAXES	16,187.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,397.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,141,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-88,559.	
b	Donated services and use of facilities	2b	83,613.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-4,946.
3	Subtract line 2e from line 1		3	3,146,384.
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	674,621.	
c	Add lines 4a and 4b		4c	674,621.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,821,005.

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

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

1	Total expenses and losses per audited financial statements		1	4,564,417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	83,613.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	83,613.
3	Subtract line 2e from line 1		3	4,480,804.
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	400,478.	
c	Add lines 4a and 4b		4c	400,478.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,881,282.

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:

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:

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 SUCH TAX POSITIONS

Part XIII Supplemental Information (continued)

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, 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET LOSSES FROM UNCOLLECTIBLE PLEDGES	181,024.
DONOR CHOICE CONTRIBUTIONS REPORTED AS REVENUE ON 990	400,478.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	93,119.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	674,621.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE CONTRIBUTIONS PAID OUT AS GRANTS	400,478.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 150 BROOKDALE DRIVE SPRINGFIELD, MA 01104	53-0196605	501(C)(3)	35,275.	0.			BASIC NEEDS GRANT
BETTER HOMES, INC. 5 NORTHAMPTON AVE SPRINGFIELD, MA 01109-3330	04-6190467	501(C)(3)	29,325.	0.			SELF SUFFICIENCY GRANT
BIG BROTHERS/BIG SISTERS OF HAMPDEN COUNTY - 101 STATE STREET, STE 601 - SPRINGFIELD, MA 01103-2071	04-2800998	501(C)(3)	37,321.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB FAMILY CENTER, INC - 100 ACORN STEERT - SPRINGFIELD, MA 01109-2430	04-2105940	501(C)(3)	52,664.	0.			EDUCATION GRANT
BOYS & GIRLS CLUB OF GREATER HOLYOKE - 70 NICK COSMOS WAY - HOLYOKE, MA 01040-5218	04-2103792	501(C)(3)	55,671.	0.			EDUCATION GRANT
BOYS & GIRLS CLUB OF GREATER WESTFIELD - 28 WEST SILVER STREET - WESTFIELD, MA 01086-0128	04-2464259	501(C)(3)	25,602.	0.			HEALTH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 56.

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) (2015)

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
BOYS & GIRLS CLUB OF LUDLOW 91 CLAUDIAS WAY LUDLOW, MA 01056-3101	04-2089767	501(C)(3)	42,565.	0.			EDUCATION GRANT
BOYS & GIRLS CLUB OF WEST SPRINGFIELD - 615 MAIN STREET - WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	57,304.	0.			EDUCATION GRANT
CAREER POINT 850 HIGH STREET HOLYOKE, MA 01040	04-3283306	501(C)(3)	50,000.	0.			SELF SUFFICIENCY GRANT
CATHOLIC CHARITIES -DIOCESE OF SPRINGFIELD - 65 ELLIOT STREET - SPRINGFIELD, MA 01105	86-1121553	501(C)(3)	65,129.	0.			BASIC NEEDS/ SELF SUFFICIENCY GRANT
COGIC FAMILY SERVICES, INC. 35 ALDEN STREET SPRINGFIELD, MA 01109-3701	45-0605136	501(C)(3)	30,000.	0.			SELF SUFFICIENCY GRANT
FOOD BANK OF WESTERN MASS 97 NORTH HATFIELD ROAD PO BOX 160 HATFIELD, MA 01038	04-2751023	501(C)(3)	43,029.	0.			BASIC NEEDS GRANT
FRIENDS OF THE HOMELESS, INC. 755 WORTHINGTON STREET SPRINGFIELD, MA 01105	22-2786732	501(C)(3)	30,698.	0.			BASIC NEEDS GRANT
GANDARA MENTAL HEALTH CENTER 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)	35,164.	0.			HEALTH GRANT
GIRLS INC OF HOLYOKE 6 OPEN SQUARE WAY HOLYOKE, MA 01041-6812	04-2748244	501(C)(3)	103,399.	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 COMMUNITY CENTER OF SPRINGFIELD - 1160 DICKINSON STREET - SPRINGFIELD, MA 01108-3122	04-2103802	501(C)(3)	55,000.	0.			EDUCATION GRANT
LORRAINE'S SOUP KITCHEN & PANTRY 170 PENDEXTER AVE CHICOPEE, MA 01013	04-2616751	501(C)(3)	11,365.	0.			BASIC NEEDS GRANT
MARTIN LUTHER KING JR FAMILY SERVICES - 106 WILBRAHAM RD - SPRINGFIELD, MA 01109	04-2647035	501(C)(3)	52,888.	0.			EDUCATION GRANT
NUESTRAS RAICES, INC 329 MAIN STREET HOLYOKE, MA 01040	04-3182556	501(C)(3)	25,652.	0.			SELF SUFFICIENCY GRANT
OPEN PANTRY COMMUNITY SERVICES, INC. - 287 STATE STREET - SPRINGFIELD, MA 01105	52-1084599	501(C)(3)	18,859.	0.			BASIC NEEDS GRANT
OUR COMMUNITY FOOD PANTRY 220 COLLEGE HIGHWAY SOUTHWICK, MA 01077	90-0635553	501(C)(3)	8,310.	0.			BASIC NEEDS GRANT
PARTNERS FOR A HEALTHIER COMMUNITY 55 PRATT STREET, 1ST FLOOR SPRINGFIELD, MA 01107	04-3342182	501(C)(3)	45,000.	0.			HEALTH GRANT
PROVIDENCE MINISTRIES FOR THE NEEDY INC. - 51 HAMILTON STREET, PO BOX 6269 - HOLYOKE, MA 01041	04-2898893	501(C)(3)	15,962.	0.			BASIC NEEDS GRANT
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY, INC - 1441 MAIN STREET, STE 111 - SPRINGFIELD, MA 01103-1406	22-2489896	501(C)(3)	55,200.	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
SALVATION ARMY-SPRINGFIELD AREA SERVICES - 170 PEARL STREET - SPRINGFIELD, MA 01105	13-5562351	501(C)(3)	55,949.	0.			COMMUNITY SERVICE
SOUTH END COMMUNITY CENTER PO BOX 30192 SPRINGFIELD, MA 01103-0192	04-2103854	501(C)(3)	60,000.	0.			COMMUNITY SERVICE
SPRINGFIELD NEIGHBORHOOD HOUSING SERVICES - 111 WILBRAHAM RD - SPRINGFIELD, MA 01109-3127	04-2658190	501(C)(3)	35,000.	0.			COMMUNITY SERVICE
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION - 721 STATE STREET - SPRINGFIELD, MA 01109-4109	04-2374279	501(C)(3)	46,860.	0.			COMMUNITY SERVICE
SPRINGFIELD RESCUE MISSION 19 BLISS STREET SPRINGFIELD, MA 01102	52-1047790	501(C)(3)	20,929.	0.			COMMUNITY SERVICE
SPRINGFIELD SCHOOL VOLUNTEERS 1550 MAIN STREET SPRINGFIELD, MA 01103-1422	04-2643527	501(C)(3)	21,670.	0.			COMMUNITY SERVICE
STAND FOR CHILDREN 38 CHAUCEY STREET, SUITE 700 BOSTON, MA 02111	52-1957214	501(C)(3)	10,000.	0.			COMMUNITY SERVICE
TAPESTRY HEALTH SYSTEMS 296 NONOTUCK STREET, STE 2 FLORENCE, MA 01062-2674	23-7303142	501(C)(3)	19,593.	0.			HEALTH GRANT
THE CARE CENTER 247 CABOT STREET HOLYOKE, MA 01040	04-2962882	501(C)(3)	52,336.	0.			EDUCATION GRANT

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 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)	31,979.	0.			BASIC NEEDS/ EDUCATION GRANT
URBAN LEAGUE OF SPRINGFIELD ONE FEDERAL STREET SPRINGFIELD, MA 01105-1199	04-2133248	501(C)(3)	41,518.	0.			EDUCATION GRANT
VALLEY OPPORTUNITY COUNCIL 35 MT CARMEL AVE CHICOPEE, MA 01013	04-2692763	501(C)(3)	56,396.	0.			EDUCATION GRANT/ BASIC NEEDS
WESTERN MASS COUNCIL/BSA 1 ARCH ROAD, SUITE 5 WESTFIELD, MA 01085	04-2104279	501(C)(3)	12,853.	0.			FUND EXPLORING EXPLOSION PROGRAM
WOMANSHELTER/COMPANERAS PO BOX 1099 HOLYOKE, MA 01041-1099	04-2716766	501(C)(3)	74,537.	0.			BASIC NEEDS
YMCA OF GREATER WESTFIELD 67 COURT STREET WESTFIELD, MA 01085	04-1859893	501(C)(3)	27,341.	0.			EDUCATION GRANT
YWCA OF WESTERN MASS 1 CLOUGH STREET SPRINGFIELD, MA 01118-2213	04-2103858	501(C)(3)	92,220.	0.			BASIC NEEDS/ SELF SUFFICIENCY GRANT
ABORTION RIGHTS FUND OF WESTERN MASSACHUSETTS - P.O. BOX 2162 - AMHERST, MA 01004	22-2928632	501(C)(3)	7,500.	0.			COMMUNITY SERVICE
BOYS & GIRLS CLUB OF CHICOPEE 580 MEADOW STREET CHICOPEE, MA 01013	04-2166805	501(C)(3)	6,273.	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
BAYSTATE VISITING NURSE ASSOCIATION & HOSPICE - 50 MAPLE STREET P.O. BOX 9058 - SPRINGFIELD, MA 01102-9058	04-2105803	501(C)(3)	8,253.	0.			COMMUNITY SERVICE
GREATER WESTFIELD EMERGENCY FOOD PANTRY - 101 MEADOW STREET #1 - WESTFIELD, MA 01085	04-3049616	501(C)(3)	15,962.	0.			BASIC NEEDS GRANT
LEADERSHIP PIONEER VALLEY 1 FEDERAL STREET #101 SPRINGFIELD, MA 01105	46-2125214	501(C)(3)	10,125.	0.			LEADERSHIP TRAINING
LINK TO LIBRARIES, INC. 83 BLUEGRASS DRIVE EAST LONGMEADOW, MA 01028	26-3155657	501(C)(3)	6,000.	0.			READING ANY PLACE PROGRAM COMMUNITY SERVICE
SQUARE ONE, INC 705 COOKMAN AVENUE 2ND FLOOR ASBURY PARK, NJ 07712	04-2103855	501(C)(3)	13,036.	0.			COMMUNITY SERVICE
WELLSPRING COOPERATIVE 143 MAIN STREET SPRINGFIELD, MA 01105	46-5509253	501(C)(3)	5,000.	0.			SCALING UP FOR JOB CREATION
YMCA OF GREATER SPRINGFIELD 275 CHESTNUT STREET SPRINGFIELD, MA 01104	04-1859893	501(C)(3)	28,323.	0.			COMMUNITY SERVICE
BAYSTATE HEALTH INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01107	04-2105941	501(C)(3)	7,221.	0.			HEALTH GRANT
BAYSTATE HEALTH FOUNDATION 280 CHESTNUT STREET SPRINGFIELD, MA 01199	04-3549011	501(C)(3)	6,434.	0.			HEALTH GRANT

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
FINANCIAL SUCCESS CENTERS AT HOLYOKE COMMUNITY COLLEGE - 303 HOMESTEAD AVE - HOLYOKE, MA 01040		GOVERNMENT ENTIT	50,000.	0.			EDUCATIONAL GRANT
GREATER HOLYOKE YMCA 171 PINE STREET HOLYOKE, MA 01040	04-2128269	501(C)(3)	43,564.	0.			EDUCATIONAL GRANT
HOLYOKE DAY NURSERY, INC 159 CHESTNUT STREET HOLYOKE, MA 01040	04-2104313	GOVERNMENT ENTIT	40,936.	0.			EDUCATIONAL GRANT
SPRINGFIELD PUBLIC SCHOOLS/STAY IN SCHOOL PROGRAM - 49 CADWELL DRIVE - SPRINGFIELD, MA 01104		501(C)(3)	8,036.	0.			EDUCATIONAL GRANT
FINANCIAL SUCCESS CENTERS AT SPRINGFIELD TECHNICAL COLLEGE - 1 ARMORY STREET - SPRINGFIELD, MA 01105		GOVERNMENT ENTIT	10,000.	0.			EDUCATIONAL GRANT

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

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

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

2015

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
04-2152680

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <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

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?

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DORA ROBINSON PRESIDENT & CEO	(i)	154,721.	0.	0.	15,963.	0.	170,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	1,500.	3RD PARTY SALES PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CERTIFIC)	X	20	25,302.	FACE VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

2015

Open to Public
Inspection

Name of the organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT FOR THE NETWORK, IS ITS FISCAL SPONSOR, AND SERVES ON THE
NETWORK'S LEADERSHIP COUNCIL

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

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 \$ 54,443. 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 \$ 7,247. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER MISCELLANEOUS PROGRAMS

EXPENSES \$ 286,078. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

"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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
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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 \$ 69,118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE 990 FOR FILING; A COPY OF
THE 990 WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

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

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:

LINE 15A: UNITED WAY OF AMERICA GUIDELINES/COMPARABILITY DATA ARE USED BY
THE FINANCE COMMITTEE FOR THE DETERMINATION OF FAIR COMPENSATION FOR THE
CEO. THE LAST TIME A COMPENSATION STUDY WAS PERFORMED FOR THE CEO WAS MARCH
2013.

LINE 15B: THE ORGANIZATION UTILIZED A THIRD PARTY TO CONDUCT AN EXECUTIVE
COMPENSATION STUDY. THE RESULTS WERE SHARED WITH THE HUMAN RESOURCE AND

Name of the organization UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number 04-2152680
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EXECUTIVE COMMITTEES FOR ACTION.

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

THE ORGANIZATION'S 990 AND 1023 ARE ALSO AVAILABLE UPON REQUEST.

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

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	-93,119.
NET LOSSES FROM UNCOLLECTIBLE PLEDGES	-181,024.
TOTAL TO FORM 990, PART XI, LINE 9	-274,143.

PART XIII, LINE 2C:

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF PIONEER VALLEY, INC.	Employer identification number (EIN) or 04-2152680
	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year , or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date