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Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated
- ☐ Amended  
return
- ☐ Applica-  
tion  
pending

Please  
use IRS  
label or  
print or  
typeSee  
Specific  
Instruc-  
tions**C Name of organization****ECONOMIC DEVELOPMENT COUNCIL OF WESTERN  
MASSACHUSETTS, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**1441 MAIN STREET**

Room/suite

City or town, state or country, and ZIP + 4

**SPRINGFIELD, MA 01103****F Name and address of principal officer** **ALLAN W. BLAIR****SAME AS C ABOVE****D Employer identification number****04-3237124****E Telephone number****(413) 755-1306****G Gross receipts \$** **3,869,274.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c) Group exemption number** ▶**I Tax-exempt status** ☒ 501(c) ( 6 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.WESTERNMASSEDC.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1994** **M State of legal domicile:** **MA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities	<b>REGIONAL ECONOMIC DEVELOPMENT</b>					
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	86				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	86				
5	Total number of employees (Part V, line 2a)	5	62				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total gross 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.				
				Prior Year		Current Year	
8	Contributions and grants (Part VIII, line 1h)			776,450.		717,338.	
9	Program service revenue (Part VIII, line 2g)			3,469,637.		3,091,860.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10,346.		5,917.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			23,842.		54,159.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,280,275.		3,869,274.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,921,019.		3,592,983.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			348,091.		275,147.	
18	Total expenses - add lines 13 through 17 (must equal Part IX, column (A), line 25)			4,269,110.		3,868,130.	
19	Revenue less expenses - subtract line 18 from line 12			11,165.		1,144.	
				Beginning of Current Year		End of Year	
20	Total assets (Part X, line 16)			1,005,812.		1,001,933.	
21	Total liabilities (Part X, line 26)			602,346.		597,323.	
22	Net assets or fund balances - subtract line 21 from line 20			403,466.		404,610.	

**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

Date

**ALLAN W. BLAIR, PRESIDENT/CEO**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature

Date

09/30/10

Check if  
self-  
employed ▶ ☐Preparer's identifying number  
(see instructions)Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4**MEYERS BROTHERS KALICKA, P.C.**  
**330 WHITNEY AVE, SUITE 800**  
**HOLYOKE, MA 01040**

EIN ▶

Phone no. ▶ **413-536-8510**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED OCT 26 2010

2-13 6

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission  
TO STIMULATE AND FACILITATE A VIGOROUS REGIONAL ECONOMY, ENCOURAGING  
AND SUSTAINING CAPITAL INVESTMENT AND QUALITY JOB GROWTH.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
If "Yes," describe these new services on Schedule O.

☐ Yes ☒ No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
If "Yes," describe these changes on Schedule O.

☐ Yes ☒ No

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

COORDINATES ECONOMIC DEVELOPMENT ACTIVITIES WITH OTHER BUSINESS  
DEVELOPMENT GROUPS BY PROVIDING STAFFING AND OTHER SUPPORT SERVICES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

SUPPORTS REGIONAL ECONOMIC DEVELOPMENT, INCLUDING SPONSORING  
CONFERENCES AND CAREER FAIRS

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ► \$

932002  
02-04-10

Form 990 (2009)

16200930 789740 22145

3

2009.04020 ECONOMIC DEVELOPMENT COUNCI 22145\_\_1

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>		<b>X</b>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>X</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

Form 990 (2009)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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>	<b>X</b>	
<b>24a</b> 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 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		
<b>25b</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>		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	5	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	62	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

**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.**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	86	
<b>b</b> Enter the number of voting members that are independent	86	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> 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?	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **LYNN KUCEJKO - (413) 755-1306**  
**1441 MAIN STREET, SPRINGFIELD, MA 01103**

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

## 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. Use Schedule J-2 if additional space is needed.

- year. Use Schedule C-2 if additional space is needed.
- 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. 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 the organization did not compensate any current officer, director, or trustee

[illegible]



**ECONOMIC DEVELOPMENT COUNCIL OF WESTERN  
MASSACHUSETTS, INC.**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>981,428.</b>	<b>0.</b>	<b>141,758.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>	<b>X</b>	
<b>5</b>		<b>X</b>

**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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	529,838.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	187,500.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f		717,338.					
	Program Service Revenue	2 a CONTRACT REVENUE	Business Code	561499	1525491.	1525491.		
		b WMDC CONTRACT		561499	786,327.	786,327.		
c CHAMBER CONTRACT			561499	711,111.	711,111.			
d MUNICIPAL SERVICES REV			561499	58,931.	58,931.			
e WMECO FUNDS FOR BUS. D			561499	10,000.	10,000.			
f All other program service revenue								
g Total. Add lines 2a-2f				3091860.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			5,917.			5,917.
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
	b Less rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b Less direct expenses	b						
	c Net income or (loss) from fundraising events							
	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 MISCELLANEOUS INCOME		900099	54,159.			54,159.		
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			54,159.					
12 Total revenue. See instructions.			3869274.	3091860.	0.	60,076.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	310,567.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,586,941.			
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	204,442.			
9 Other employee benefits	254,286.			
10 Payroll taxes	236,747.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,900.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,047.			
12 Advertising and promotion	122,016.			
13 Office expenses	24,482.			
14 Information technology				
15 Royalties				
16 Occupancy	38,823.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,650.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,338.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>DUES &amp; SUBSCRIPTIONS</b>	11,660.			
b <b>MAINTENANCE</b>	5,407.			
c <b>INSURANCE - OTHER</b>	5,332.			
d <b>MISCELLANEOUS</b>	492.			
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,868,130.			
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	568,491.	1	356,204.
	2 Savings and temporary cash investments	169,332.	2	131,405.
	3 Pledges and grants receivable, net	47,482.	3	27,855.
	4 Accounts receivable, net	168,281.	4	445,769.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,726.	9	7,461.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 182,624.		
	b Less accumulated depreciation	10b 149,385.	10c	33,239.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,005,812.	16	1,001,933.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	215,014.	17	207,629.
	18 Grants payable		18	
	19 Deferred revenue	45,315.	19	42,815.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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. Complete Part X of Schedule D	342,017.	25	346,879.
	26 <b>Total liabilities.</b> Add lines 17 through 25	602,346.	26	597,323.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	390,416.	27	391,560.
	28 Temporarily restricted net assets	13,050.	28	13,050.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	403,466.	33	404,610.
	34 <b>Total liabilities and net assets/fund balances</b>	1,005,812.	34	1,001,933.

Form 990 (2009)

Part XI

Financial Statements and Reporting

	Yes	No
<div>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</div> <div>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</div>		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
<div>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?</div> <div>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</div>	X	
<div>d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both</div> <div><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</div>		
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
<div>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</div>		

Form 990 (2009)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

**2009**

Open to Public  
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

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

Name of organization <b>ECONOMIC DEVELOPMENT COUNCIL OF WESTERN MASSACHUSETTS, INC.</b>	Employer identification number <b>04-3237124</b>
---	---

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

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A** Check ☐ if the filing organization belongs to an affiliated group  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	529,838.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	33,910.
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	33,910.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	33,910.
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.



**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **ECONOMIC DEVELOPMENT COUNCIL OF WESTERN  
MASSACHUSETTS, INC.**Employer identification number  
**04-3237124****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? ☐ Yes ☐ No

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 XIV

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		13,838.	13,539.	299.
d Equipment		121,893.	106,868.	15,025.
e Other		46,893.	28,978.	17,915.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				33,239.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,869,274.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,868,130.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,144.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,144.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,869,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,869,274.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,869,274.

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

1	Total expenses and losses per audited financial statements	1	3,868,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,868,130.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,868,130.

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**ECONOMIC DEVELOPMENT COUNCIL OF WESTERN  
MASSACHUSETTS, INC.**

Employer identification number

**04-3237124**

**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 in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Compensation committee              | <input 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. 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		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed</b>
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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ECONOMIC DEVELOPMENT COUNCIL OF WESTERN  
MASSACHUSETTS, INC.

Employer identification number

04-3237124

FORM 990, PART VI, SECTION A, LINE 6: APPROVAL BY EXISTING MEMBERS IS  
REQUIRED BEFORE AN ENTITY CAN BECOME A CONTRIBUTOR. ALL CONTRIBUTORS ARE  
MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE GOVERNING BODY  
MAY VOTE TO ACCEPT NEW CONTRIBUTORS AND ALL CONTRIBUTORS ARE AUTOMATICALLY  
MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: APPROVAL BY MEMBERS OF THE  
GOVERNING BODY IS REQUIRED TO ACCEPT NEW CONTRIBUTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD HAS DELEGATED REVIEW OF  
THE 990 TO THE COMPENSATION COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15: COMMITTEE USES COMPARABILITY STUDY  
OF SIMILAR SIZE EXEMPT ORGANIZATIONS IN NEW ENGLAND.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

PART XI, LINE 2C

FINANCIAL STATEMENT OVERSIGHT

NO CHANGE.

- 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).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>ECONOMIC DEVELOPMENT COUNCIL OF WESTERN MASSACHUSETTS, INC.</b>	Employer identification number <b>04-3237124</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1441 MAIN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SPRINGFIELD, MA 01103</b>	

**Check type of return to be filed** (File a separate application for each return)

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

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

**LYNN KUCEJKO**

- The books are in the care of **1441 MAIN STREET - SPRINGFIELD, MA 01103**

Telephone No **(413) 755-1306**

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 **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning , and ending

6 If this tax year 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 IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 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	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

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 **CPA**

Date

Form **8868** (Rev. 4-2009)





*The Economic Development Council  
Of Western Massachusetts*

## **OFFICERS AND BOARD OF DIRECTORS February 2010**

**Charles D'Amour (Chair)**  
President & COO  
Big Y Foods, Inc.  
P O Box 7048  
Springfield MA 01102-7840  
ADDRESS: 2145 Roosevelt Avenue  
Springfield MA 01104  
413 504-4003  
413 504-6500 Fax  
[damourch@bigy.com](mailto:damourch@bigy.com)

**Peter F. Straley (Vice Chair)**  
President & CEO  
Health New England  
One Monarch Place, Suite 1500  
Springfield MA 01144-1500  
413 787-4000 X3050  
413 785-5035 Fax  
[pstraley@hne.com](mailto:pstraley@hne.com)

**Kevin B. Vann (Treasurer)**  
President  
Dufault, Vann & Carella  
P O Box 401  
Chicopee MA 01021-0401  
ADDRESS: 819 Worcester Street  
Springfield MA 01151  
413 543-6177  
413 543-4040 Fax  
[kvann@dufaultvann.com](mailto:kvann@dufaultvann.com)

**Peter Clarke, (Secretary)**  
President  
Western Massachusetts Electric Company  
P O Box 2010  
West Springfield MA 01090  
ADDRESS: One Federal Street, Bldg 111-4  
Springfield MA 01105  
413 787-9292  
413 787-9363 Fax  
[clarkpj@nu.com](mailto:clarkpj@nu.com)

**Allan W Blair, President & CEO**  
EDC of Western MA  
1441 Main Street  
Springfield, MA 01103  
413 755-1365  
413 755-1371 Fax  
[a.blair@westernmassedc.com](mailto:a.blair@westernmassedc.com)

**Ronald J. Abdow, President**  
Abdow Corporation  
1111 Elm Street, Suite 10  
West Springfield MA 01089-1809  
413 736-5451  
413 733-9582 Fax  
NO E-MAIL

**Paul M. Accorsi, Sr.**  
Senior Vice President, MA Operations  
NewAlliance Bank  
P O Box 149  
West Springfield MA 01090-0149  
ADDRESS: 225 Park Avenue  
West Springfield MA 01089  
413 747-1416  
[paccorsi@newalliancebank.com](mailto:paccorsi@newalliancebank.com)

**George Arwady**  
Publisher & CEO  
Republican Newspaper  
1860 Main Street  
Springfield, MA 01103  
(413) 788-1312  
(413) 788-1212 Fax  
[garwady@repub.com](mailto:garwady@repub.com)

**Honorable Michael Bissonnette**  
Mayor of the City of Chicopee  
Market Square  
Chicopee MA 01013  
413 594-1500  
413 594-1504 Fax  
[mbissonnette@chicopeema.gov](mailto:mbissonnette@chicopeema.gov)

**Robert Bolduc, President**  
Pride Stations & Stores  
246 Cottage Street  
Springfield MA 01104-4002  
413 737-6992  
413 731-5852 Fax  
[tripride@comcast.net](mailto:tripride@comcast.net)

**Douglas A Bowen**  
President & CEO  
PeoplesBank  
330 Whitney Avenue  
Holyoke MA 01040  
(413) 493-7480  
[dbowen@bankatpeoples.com](mailto:dbowen@bankatpeoples.com)

**George Burtch, V.P.**  
Hasbro Corporation  
443 Shaker Road  
E. Longmeadow, MA 01028  
413-526-2341  
413- 526-4000 Fax  
[gburtch@hasbro.com](mailto:gburtch@hasbro.com)

**Thomas Burton, President**  
Hampden Bank  
P O Box 2048  
19 Harrison Avenue  
Springfield MA 01102  
413 452-5112  
413 746-4018 Fax  
[tburton@hampdenbank.com](mailto:tburton@hampdenbank.com)

**Anthony S. Caprio, President**  
Western New England College  
1215 Wilbraham Road  
Springfield MA 01119  
413 782-1243  
413 796-2149 Fax  
[acaprio@wnec.edu](mailto:acaprio@wnec.edu)

**Fran Cataldo, Jr.**  
C & W Realty  
95 State Street  
Springfield MA 01103  
413 781-2926  
413 737-4886 Fax  
413 519-2066  
[f.cataldo@cwrealty.com](mailto:f.cataldo@cwrealty.com)

**John Chandler, Sr. V.P. & Chief Mkt. Officer**  
MassMutual Financial Group  
1295 State Street  
Springfield, MA 01111  
413 744 8787  
413 744 4545 Fax  
[jchandler@massmutual.com](mailto:jchandler@massmutual.com)

**Gregory Chiecko, Sales Director**  
Eastern States Exposition  
1305 Memorial Avenue  
West Springfield MA 01089  
413 205-5019  
413 787-0127  
[gchiecko@thebige.com](mailto:gchiecko@thebige.com)

**Carol T. Christ, President**  
Smith College  
College Hall 20  
Northampton MA 01063  
413 585-2100  
413 585-2123 Fax  
[Cchrist@smith.edu](mailto:Cchrist@smith.edu)

**Honorable Richard Cohen**  
Mayor of the Town of Agawam  
36 Main Street  
Agawam, MA 01001  
413 786-4520  
413 786-9927 Fax  
[rcohen@agawam.ma.us](mailto:rcohen@agawam.ma.us)

**Richard Collins, President**  
United Bank  
P O Box 9020  
West Springfield MA 01090  
ADDRESS: 95 Elm Street  
West Springfield MA 01089  
413 787-1207  
413 731-8129 Fax  
[rcollins@bankatunited.com](mailto:rcollins@bankatunited.com)

**Tom Creed, SVP**  
Regional Commercial Lending Executive  
Berkshire Bank  
31 Court Street  
Westfield MA 01085  
(413) 564-6211  
(413) 562-2817 Fax  
(413) 348-2898 Cell  
[tcreed@berkshirebank.com](mailto:tcreed@berkshirebank.com)

**Joanne V. Creighton, President**  
Mount Holyoke College  
50 College Street  
South Hadley MA 01075  
413 538-2185  
413 538-2000 Home  
413 538-2391 Fax  
[jlewis@mtholyoke.edu](mailto:jlewis@mtholyoke.edu)

**Ellen Cummings**  
Regional Director, External Affairs  
Central & Western MA  
Verizon  
251 Locke Drive, Room S3D06A  
Marlboro MA 01752  
508 624-2219  
413 731-8606 Fax  
[Ellen.m.cummings@verizon.com](mailto:Ellen.m.cummings@verizon.com)

**Stephen A. Davis, President**  
Ventry Industries, LLC  
P O Box 23  
Springfield MA 01144  
ADDRESS: One Monarch Place, Suite 1450  
Springfield MA 01144  
413 734-1476  
413 734-8539 Fax  
[sdavis@ventryllc.com](mailto:sdavis@ventryllc.com)

**John DeBarge, President**  
Arrow Security  
P O Box 1250  
Springfield MA 01101  
413 732-6787  
413 732-4257 Fax  
[jdebarge@arrowsecurity.com](mailto:jdebarge@arrowsecurity.com)

**Roland G Desrochers**  
President & CEO  
Monson Savings Bank  
P O Box 188  
Monson MA 01057  
ADDRESS: 146 Main Street  
Monson MA 01057  
413 267-1221  
413 267-3705 Fax  
[rdesrochers@monsonsavings.com](mailto:rdesrochers@monsonsavings.com)

**Francis D. Dibble, Esquire**  
Bulkley Richardson & Gelinas  
1500 Main Street, Suite 2700  
Springfield, MA 01115-5507  
(413) 272-6246  
(413) 785-5060 Fax  
[fdibble@bulkley.com](mailto:fdibble@bulkley.com)

**Dr. Evan S. Dobelle, President**  
Westfield State College  
P O Box 1630  
Westfield MA 01086  
ADDRESS: 333 Western Avenue  
Westfield MA 01089  
413 572-5200  
413 572-4843 Fax  
[edobelle@wsc.ma.edu](mailto:edobelle@wsc.ma.edu)

**Paul S. Doherty, Esquire**  
Doherty, Wallace, Pillsbury & Murphy  
1414 Main Street, 19<sup>th</sup> Floor  
Springfield MA 01144  
413 733-3111 x 310  
413 734-3910 Fax  
[pdoherty@dwpm.com](mailto:pdoherty@dwpm.com)

**Raymond Evans**  
714 Fuller Road  
Ludlow MA 01056  
(413) 589-9977 (Home)  
(413) 530-9697 (Cell)  
[rjevans714@charter.net](mailto:rjevans714@charter.net)

**Dr. Richard B. Flynn, President**  
Springfield College  
263 Alden Street  
Springfield MA 01109  
413-748-3241  
413-748-3746 Fax  
[rflynn@spfldcol.edu](mailto:rflynn@spfldcol.edu)

**John Gallup**  
64 Cambridge Street  
Longmeadow MA 01106  
413 567-0698 Home  
413 567-0817 Fax  
[jggcamb@comcast.net](mailto:jggcamb@comcast.net)

**Honorable Edward J. Gibson**  
Mayor of the Town of West Springfield  
26 Central Street  
West Springfield MA 01089  
413 263-3041  
413 746-5592 Fax  
[mayored@west-springfield.ma.us](mailto:mayored@west-springfield.ma.us)

**Daniel M. Glanville, Vice President**  
Government Affairs  
Comcast CT/West Region  
3303 Main Street  
Springfield MA 01007  
413 730-4540  
413 736-2774  
[Dan\\_Glanville@cable.comcast.com](mailto:Dan_Glanville@cable.comcast.com)

**David W. Glidden, Regional President**  
TD Banknorth N.A.  
P O Box 3034  
Springfield MA 01103  
ADDRESS: 1441 Main Street  
Springfield MA 01103-1437  
413 748-8274  
413 732-0492 Fax  
[david.glidden@tdbanknorth.com](mailto:david.glidden@tdbanknorth.com)

**Michael Golden, President & CEO**  
Smith & Wesson  
2100 Roosevelt Avenue  
Springfield MA 01104  
413 747-3349  
413 739-8528 Fax  
[mgolden@smith-wesson.com](mailto:mgolden@smith-wesson.com)

**Andreas Gottzmann**  
President & CEO  
Suddekor LLC  
340 Bowles Road  
Agawam MA 01001  
413 821-9012  
413 821-9010 Fax  
[agottzmann@suddekorllc.com](mailto:agottzmann@suddekorllc.com)

**Alfred Griggs**  
One Roundhouse Plaza, Suite 302  
Northampton MA 01060  
413 586-2922  
413 586-4423 Fax  
[agriggs@choiceonemail.com](mailto:agriggs@choiceonemail.com)

**Thomas Hazen**  
17 College View Heights  
South Hadley MA 01075  
413 533-2188 Home  
413 533-0663  
[thazen@comcast.net](mailto:thazen@comcast.net)

**John Heaps, President/CEO**  
Florence Savings Bank  
P O Box 60700  
Florence MA 01062-0700  
ADDRESS: 85 Main Street  
Florence MA 01062  
413 587-1777  
413 582-9491 Fax  
[jheaps@florencebank.com](mailto:jheaps@florencebank.com)

**Honorable Mary Clare Higgins**  
Mayor of the City of Northampton  
210 Main Street, Room 12  
Northampton MA 01060  
413 587-1249  
413 587-1275 Fax  
[mayor@northamptonma.gov](mailto:mayor@northamptonma.gov)

**William S Hogan, Jr., President & CEO**  
Easthampton Savings Bank  
36 Main Street  
Easthampton MA 01028  
413 527-4111  
413 527-0659 Fax (HR)  
[wsh@bankesb.com](mailto:wsh@bankesb.com)

**Dr. Robert C. Holub**  
Office of the Chancellor  
UMass-Amherst  
374 Whitmore Admin Building  
Amherst MA 01003  
413 545-2211  
[chancellor@umass.edu](mailto:chancellor@umass.edu)

**Dale Janes, CEO**  
NUVO Bank  
1500 Main Street  
Springfield, MA 01144-7000  
413 787 2701  
413 787 2771  
[djanes@nuvobank.com](mailto:djanes@nuvobank.com)

**Aaron Julien, Publisher**  
Daily Hampshire Gazette  
115 Conz Street  
Northampton MA 01060  
413 585-5000  
413-585-5299 Fax  
[ajulien@gazettenet.com](mailto:ajulien@gazettenet.com)

**Honorable Daniel M. Knapik**  
Mayor of the City of Westfield

59 Court Street  
Westfield, MA 01085  
413 572-6200  
413 572-6274 Fax  
[d.knapik@cityofwestfield.org](mailto:d.knapik@cityofwestfield.org)

**Marie Laflamme, Owner**  
Centennial Insurance Agency  
863 Montgomery Street  
Chicopee MA 01013  
413 536-2655  
413 532-5374 Fax  
[mlaflamme@gaudreaugroup.com](mailto:mlaflamme@gaudreaugroup.com)

**David W. Lahr, Plant Manager**  
Solutia Inc.  
730 Worcester St  
Indian Orchard, MA 01151  
(413) 730-3000  
413 730-2609 Fax  
[dwlahr@solutia.com](mailto:dwlahr@solutia.com)

**James M. Lavelle, General Manager**  
Holyoke Gas & Electric  
99 Suffolk Street  
Holyoke, MA 01040  
413 536-9311  
413 536-9315 Fax  
[jlavelle@hged.com](mailto:jlavelle@hged.com)

**Carol A. Leary, President**  
Bay Path College  
588 Longmeadow Street  
Longmeadow MA 01106  
413 565-1241  
413 565-1106 Fax  
[cleary@baypath.edu](mailto:cleary@baypath.edu)

**John Libera**  
139 Taylor Street  
Granby, MA 01033  
467-9381  
[jjlibera@yahoo.com](mailto:jjlibera@yahoo.com)

**Ned Lidvall, President & CEO**  
Friendly's Ice Cream Corporation  
1855 Boston Road  
Wilbraham, MA 01095-1098  
413 731-4010  
413 731-4455 Fax  
[ned.lidvall@friendlys.com](mailto:ned.lidvall@friendlys.com)

**Larry Litton**  
Park President  
Six Flags New England  
P O Box 307

Agawam MA 01001  
(413) 786-9300 x 3202  
(413) 786-1332 Fax  
[llitton@sfne.com](mailto:llitton@sfne.com)

Honorable William F. Martin  
Mayor of the Town of Greenfield  
14 Court Square, 2<sup>nd</sup> Floor  
Greenfield, MA 01301  
413 772 1560  
413 772 1519 Fax  
[Mayor@townofgreenfield.org](mailto:Mayor@townofgreenfield.org)

John Maybury, President  
Maybury Material Handling  
90 Denslow Road  
East Longmeadow MA 01028  
413 525-4216  
413 525-8231 Fax  
[jmaybury@maybury.com](mailto:jmaybury@maybury.com)

Vincent McCorkle  
President & CEO  
Sisters of Providence Health System  
P O Box 9012  
Springfield MA 01102-9012  
413 748-9315  
413 781-7217 Fax  
[Vincent.Mccorkle@sphs.com](mailto:Vincent.Mccorkle@sphs.com)

William F. Messner, President  
Holyoke Community College  
303 Homestead Avenue  
Holyoke MA 01040  
413 552-2700  
413 543-8975 Fax  
[Wmessner@hcc.mass.edu](mailto:Wmessner@hcc.mass.edu)

Steven Mitus  
Executive Vice President & CFO  
Balise Motor Sales  
1102 Riverdale Street  
West Springfield MA 01089  
(413) 733-8604  
(413) 781-4270 Fax  
[smitus@baliseauto.com](mailto:smitus@baliseauto.com)

Paul Peter Nicolai, Esquire  
Nicolai Law Group, P.C.  
Tarbell-Watters Building  
146 Chestnut Street  
Springfield MA 01103-1539  
413 272-2000 X 222  
413 272-2010 Fax  
[paul.nicolai@niclawgrp.com](mailto:paul.nicolai@niclawgrp.com)  
Keith Parent, CEO  
Court Square Group, Inc.  
1350 Main Street  
Springfield MA 01103

413 746-0054  
413 746-0058 Fax  
[parent@courtsquaregroup.com](mailto:parent@courtsquaregroup.com)

Paul C. Picknelly, President  
Monarch Enterprises  
One Monarch Place, 25<sup>th</sup> Floor  
Springfield MA 01144  
413 263-2035  
413 747-8065 Fax  
[PPicknelly@sheratonspringfield.com](mailto:PPicknelly@sheratonspringfield.com)

Peter A. Picknelly, Jr., President  
Peter Pan Bus Lines, Inc.  
1776 Main Street  
Springfield MA 01102-1776  
413 781-2900 x1224  
413 746-8671 Fax  
[peter@peterpanbus.com](mailto:peter@peterpanbus.com)

Dave Pirkle, President  
LENOX®/American Saw  
301 Chestnut Street  
East Longmeadow MA 01028-0504  
413 526-5322  
413 526-5562 Fax  
[david.pirkle@lenoxsaw.com](mailto:david.pirkle@lenoxsaw.com)

Honorable Elaine A. Pluta  
Mayor of the City of Holyoke  
536 Dwight Street, Room #1  
Holyoke, MA 01040  
413 322-5510  
413 322-5515 Fax  
[plutae@ci.holyoke.ma.us](mailto:plutae@ci.holyoke.ma.us)

Hank J. Porten, President  
Holyoke Medical Center  
575 Beech Street  
Holyoke MA 01040  
413 534-2500  
413 534-2664 Fax  
[demarco\\_aline@holyokehealth.com](mailto:demarco_aline@holyokehealth.com)

Dan Prestegaard  
Senior Vice President & COO  
Financial Partners Inc (FPI)  
67 Hunt Street, Suite 2  
Agawam MA 01001  
413 271-8711  
413 789-2541  
[Dan.prestegaard@financialpartners.com](mailto:Dan.prestegaard@financialpartners.com)

Robert L. Pura, President  
Greenfield Community College  
1 College Drive  
Greenfield MA 01301

413 775-1410  
413 774-4676 Fax  
[pura@gcc.mass.edu](mailto:pura@gcc.mass.edu)

**Arlene Putnam**  
Independent Consultant  
122 Candlewood Drive  
Enfield, CT 06082  
[aputnam122@aol.com](mailto:aputnam122@aol.com)

**W. Lowell Putnam, President**  
Video Communications, Inc.  
146 Chestnut Street  
Springfield MA 01103  
413 272-7205  
413 272-7201 Fax  
[lowell.putnam@vcisolutions.com](mailto:lowell.putnam@vcisolutions.com)

**John Reed, President**  
Mestek, Inc.  
260 No. Elm Street  
Westfield MA 01085  
413 568-9571  
413 564-5814 Fax  
[jcarlin@mestek.com](mailto:jcarlin@mestek.com)

**Jeffrey W. Roberts, Esquire**  
Robinson, Donovan  
1500 Main Street, Suite 1600  
Springfield MA 01115  
413 732-2301  
413 785-4658 Fax  
[jroberts@robinson-donovan.com](mailto:jroberts@robinson-donovan.com)

**Steven M. Roberts, President**  
F. L. Roberts & Co., Inc.  
P O Box 1964  
Springfield MA 01102-1964  
ADDRESS: 93 West Broad Street  
Springfield MA 01105  
413 537-6067 - Direct  
413 781-7444 x 78  
413 781-4328 Fax  
[steven\\_roberts@flroberts.com](mailto:steven_roberts@flroberts.com)

**Ira Rubenzahl, President**  
Springfield Technical Community College  
One Armory Square, Suite 1  
P O Box 22458  
Springfield MA 01102  
413 755-4906  
413 755-6308 Fax  
[irubenzahl@stcc.edu](mailto:irubenzahl@stcc.edu)

**Craig W. Rydin**  
Chairman & CEO  
Yankee Candle, Inc.  
P O Box 110

South Deerfield MA 01373  
ADDRESS: 16 Yankee Candle Way  
South Deerfield MA 01373  
413 665-8306 413 665-9743 Fax  
[crydin@yankeecandle.com](mailto:crydin@yankeecandle.com)

**Honorable Domenic Sarno**  
Mayor of the City of Springfield  
City Hall, Court Square  
Springfield MA 01103  
413 787-6100  
413 787-6104 Fax  
[dsarno@springfieldcityhall.com](mailto:dsarno@springfieldcityhall.com)

**Mary Ellen Scott, President**  
United Personnel Services  
1331 Main Street  
Springfield MA 01103  
413 736-0800  
413 747-9021 Fax  
[mescott@unitedpersonnel.com](mailto:mescott@unitedpersonnel.com)

**Paul Scully, President**  
Country Bank  
75 Main Street  
Ware MA 01082  
800-322-8233  
413 967-3289 Fax  
[pscully@countrybank.com](mailto:pscully@countrybank.com)

**Larry Shaffer, Town Manager**  
Town of Amherst  
4 Boltwood Avenue  
Amherst MA 01002  
413 259-3002  
860 870-3665 Home  
[townmanager@amherstma.gov](mailto:townmanager@amherstma.gov)

**David Shrair, Esquire**  
Cooley, Shrair, P.C.  
1380 Main Street  
Springfield MA 01103-1616  
413 781-0750  
413 733-3042 Fax  
[dshrair@cooleyshrair.com](mailto:dshrair@cooleyshrair.com)

**David Southworth, President & CEO**  
Southworth Paper Company  
265 Main Street  
Agawam, MA 01001  
413 789-1200  
413 789-9629 Fax  
[dsouthworth@southworth.com](mailto:dsouthworth@southworth.com)

**Jeffrey Sullivan, Executive Vice President**  
United Bank  
P O Box 9020  
West Springfield MA 01090

ADDRESS: 95 Elm Street  
West Springfield MA 01089  
413 787-1244  
413 731-8129 Fax  
413 788-8063 Home  
413 478-4299 Cell  
[jsullivan@bankatunited.com](mailto:jsullivan@bankatunited.com)

Springfield MA 01115-5507  
413 272-6257  
413 785-5060 Fax  
[dparke@bulkley.com](mailto:dparke@bulkley.com)

**Honorable Michael A. Tautznik**  
Mayor of the City of Easthampton  
50 Payson Avenue  
Easthampton MA 01027  
413 529-1470 X 51  
413 529-1488 Fax  
[miket@easthampton.org](mailto:miket@easthampton.org)

**Mark R. Tolosky, President/CEO**  
Baystate Health  
280 Chestnut Street  
Springfield MA 01199  
413 794-5890  
413 787-5003 Fax  
[Luz.Sullivan@baystatehealth.org](mailto:Luz.Sullivan@baystatehealth.org)

**Michael E Tucker, Esquire**  
President & CEO  
Greenfield Co-Operative Bank  
63 Federal Street  
Greenfield MA 01301  
(413) 772-0293 x 124  
[mtucker@greenfieldcoopbank.com](mailto:mtucker@greenfieldcoopbank.com)

**William J. Wagner, President**  
Chicopee Savings Bank  
P O Box 300  
Chicopee MA 01013  
ADDRESS: 70 Center Street  
Chicopee MA 01013-0300  
413 594-6692  
413 594-5266 Fax  
[wwagner@chicopeesavings.com](mailto:wwagner@chicopeesavings.com)

**Donald Williams, President and CEO**  
Westfield Bank  
P O Box 1626  
Westfield MA 01085  
ADDRESS: 131 Elm Street  
Westfield MA 01085  
413 572-4212  
413 562-0852 Fax  
[dwilliams@westfieldbank.com](mailto:dwilliams@westfieldbank.com)

#### **EDC COUNSEL**

**David A. Parke, Esquire**  
Bulkley, Richardson and Gelinas, LLP  
1500 Main Street, Suite 2700