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Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**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)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

- B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
Western Massachusetts Industry Advancement Fund  
**Number and street (or P O box, if mail is not delivered to street address) Room/suite**  
96A Industry Avenue  
**City or town, state or country, and ZIP + 4**  
Springfield, MA 01104

**D Employer identification number**  
23-7388526  
**E Telephone number**  
(413) 733-8258  
**F Group Exemption Number**

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**  
**G Accounting method**  Cash  Accrual  
Other (specify):

**I Website:** NA  
**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one)  501(c)(6) (insert no)  4947(a)(1) or  527  
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** \$ 116,683

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 96,677
4	Investment income 20,006
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$ of contributions reported on line 1)
6b	Less direct expenses other than fundraising expenses
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe)
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 116,683
Expenses	
10	Grants and similar amounts paid (attach schedule) 10,000
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 4,200
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe) 120,430
17	<b>Total expenses.</b> Add lines 10 through 16 134,630
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -17,947
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 642,363
20	Other changes in net assets or fund balances (attach explanation) 159,761
21	Net assets or fund balances at end of year. Combine lines 18 through 20 784,177

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	642,363	784,177
23 Land and buildings		
24 Other assets (describe)		
25 <b>Total assets</b>	642,363	784,177
26 <b>Total liabilities</b> (describe)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	642,363	784,177







## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7388526

**Name:** Western Massachusetts Industry Advancement Fund

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
William J Sullivan PO Box 267 Holyoke, MA 01041	Trustee 1 00	0	0	0
Frank J Aquadro PO Box 656 Northampton, MA 01061	Trustee 1 00	0	0	0
David P Fontaine 510 Cottage Street Springfield, MA 01104	Trustee 1 00	0	0	0
Earle H Harris III 232 Laconia Street Springfield, MA 01129	Trustee 1 00	0	0	0
Dennis A Sullivan 82-84 North Street Northampton, MA 01060	Trustee 1 00	0	0	0
Gilbert R Heitert Esq 96A Industry Avenue Suite 4 springfield, MA 01104	Fund Manager 10 00	0	0	0

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Western Massachusetts Industry Advancement Fund

**EIN:** 23-7388526

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarship
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	5,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Related to Board Member
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

<b>Item No.</b>	2
<b>Class of Activity</b>	Scholarship
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	5,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	Related to Board Member
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

**TY 2009 Other Changes in Net Assets Schedule**

**Name:** Western Massachusetts Industry Advancement Fund

**EIN:** 23-7388526

Description	Amount
Unrealized Gain on Investments	159,761

**TY 2009 Other Expenses Schedule****Name:** Western Massachusetts Industry Advancement Fund**EIN:** 23-7388526

<b>Description</b>	<b>Amount</b>
Bank Charges	509
Donations	1,000
Management Fee	3,471
Administrative Expenses	115,000
Insurance	450

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** Western Massachusetts Industry Advancement Fund

**EIN:** 23-7388526

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.