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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
UNITED WAY OF PIONEER VALLEY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
184 MILL STREET

City or town, state or country, and ZIP + 4
SPRINGFIELD, MA 01108

D Employer identification number
04-2152680

E Telephone number
(413) 737-4130

G Gross receipts $ 5,503,011

F Name and address of principal officer
BRIAN SMITH
184 MILL STREET
SPRINGFIELD, MA 01108

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)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWPV ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1950 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RAISE RESOURCES, DISTRIBUTE FUNDS, AND PROVIDE SERVICES AIMED TO IMPROVE COMMUNITY CONDITIONS

2 Check this box ▶☐ 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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	28
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	28
6	Total number of volunteers (estimate if necessary)	**6**	1,988
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,395,798	4,273,914
	9 Program service revenue (Part VIII, line 2g)	363,224	618,925
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,578	123,785
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,645	99,980
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,033,245	5,116,604
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,076,917	2,297,444
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,238,951	1,362,512
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶538,009		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	909,930	813,372
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,225,798	4,473,328
	19 Revenue less expenses Subtract line 18 from line 12	807,447	643,276

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	7,112,595	8,854,926
	21 Total liabilities (Part X, line 26)	351,387	986,562
	22 Net assets or fund balances Subtract line 21 from line 20	6,761,208	7,868,364

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

****** | 2011-11-28
Signature of officer | Date

BRIAN SMITH TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RUDY M D'AGOSTINO	RUDY M D'AGOSTINO	2011-11-21	☐	

Firm's name ▶ MEYERS BROTHERS KALICKA PC | Firm's EIN ▶

Firm's address ▶ 330 WHITNEY AVE SUITE 800
HOLYOKE, MA 01040 | Phone no ▶ (413) 536-8510

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE UNITED WAY OF PIONEER VALLEY MOBILIZES PEOPLE AND RESOURCES TO STRENGTHEN OUR COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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 $ 2,803,402 including grants of $ 1,900,322) (Revenue $ 276,965)

FUNDS DISBURSED TO 501(C)(3) ORGANIZATIONS FOR COMMUNITY SERVICES AND INITIATIVES ESTIMATED NUMBER OF PEOPLE SERVED IN THE COMMUNITY IS 175,000

4b (Code) (Expenses $ 189,594 including grants of $ 0) (Revenue $ 156,955)

THE HUMAN SERVICE FORUM IS AN ASSOCIATION OF PRIVATE NON- PROFIT AGENCIES, PUBLIC AGENCIES AND INDIVIDUALS PROVIDING HUMAN SERVICES IN THE AREA

4c (Code) (Expenses $ 147,046 including grants of $ 0) (Revenue $ 185,005)

THE WESTERN MASSACHUSETTS NETWORK TO END HOMELESSNESS IS A COLLABORATION THAT INCLUDES DOZENS OF SERVICE PROVIDERS, MUNICIPALITIES AND STATE AGENCIES IN THE FOUR COUNTIES OF WESTERN MASSACHUSETTS - HAMPDEN, HAMPSHIRE, FRANKLIN AND BERKSHIRE COUNTIES THE NETWORK SEEKS TO MAXIMIZE COLLABORATION, RESOURCES AND BEST PRACTICES IN SERVING THE NEEDS OF PEOPLE WHO ARE HOMELESS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 3,140,042

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	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? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	20		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	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	**2a**	28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	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)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	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?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶ MA

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RAYMOND BERRY
184 MILL STREET
SPRINGFIELD, MA 011081023
(413) 693-0231

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								267,760	0	20,767

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(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	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	150,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	4,123,914				
	g Noncash contributions included in lines 1a-1f $	7,841				
	h **Total.** Add lines 1a-1f . . . . . ▶		4,273,914			
Program Service Revenue		Business Code				
	2a ADMINISTRATIVE FEES	900099	276,965	276,965		
	b WESTERN MA NETWORK TO	900099	185,005	185,005		
	c HUMAN SERVICE FORUM	900099	156,955	156,955		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		618,925			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		68,996			68,996
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	374,908				
	b Less cost or other basis and sales expenses	320,119				
	c Gain or (loss)	54,789				
	d Net gain or (loss) . . . . . ▶		54,789			54,789
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	166,268				
	b Less direct expenses . . . b	66,288				
	c Net income or (loss) from fundraising events . . ▶		99,980			99,980
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a 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				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		5,116,604	618,925	0	223,765

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	2,297,444	2,297,444		
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	341,125	108,175	232,950	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	790,317	260,743	227,563	302,011
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,533	18,252	16,140	21,141
9 Other employee benefits	56,675	19,032	19,085	18,558
10 Payroll taxes	118,862	38,876	46,509	33,477
a Fees for services (non-employees) Management				
b Legal	1,690		1,690	
c Accounting	34,200		34,200	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	11,702		11,702	
g Other	42,018	15,390	21,778	4,850
12 Advertising and promotion	118,727	52,895	40,310	25,522
13 Office expenses	58,622	23,163	16,888	18,571
14 Information technology				
15 Royalties				
16 Occupancy	31,356	9,861	8,632	12,863
17 Travel	30,659	21,256	2,338	7,065
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	167,630	109,055	44,072	14,503
20 Interest				
21 Payments to affiliates	53,288	38,613	7,027	7,648
22 Depreciation, depletion, and amortization	38,010	13,347	8,980	15,683
23 Insurance	17,547	4,479	5,690	7,378
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEMBERSHIP FEES & DUES	124,344	90,102	16,396	17,846
b EQUIPMENT REPAIR & MAIN	57,472	15,788	19,424	22,260
c MISCELLANEOUS	26,107	3,571	13,903	8,633
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,473,328	3,140,042	795,277	538,009
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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
Assets	1	Cash—non-interest-bearing		52,580	1	52,580
	2	Savings and temporary cash investments		2,331,235	2	3,198,627
	3	Pledges and grants receivable, net		986,524	3	1,159,202
	4	Accounts receivable, net		259,500	4	388,247
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		23,510	9	43,691
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 712,612			
	b	Less accumulated depreciation	10b 410,357	303,889	10c	302,255
	11	Investments—publicly traded securities		1,491,410	11	1,908,513
	12	Investments—other securities See Part IV, line 11		576,615	12	536,611
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,087,332	15	1,265,200
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,112,595	16	8,854,926
Liabilities	17	Accounts payable and accrued expenses		92,563	17	143,715
	18	Grants payable		75,000	18	185,098
	19	Deferred revenue		65,330	19	45,788
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		99,228	21	582,370
	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		19,266	25	29,591
	26	**Total liabilities.** Add lines 17 through 25		351,387	26	986,562
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,043,994	27	4,871,690
	28	Temporarily restricted net assets		1,553,857	28	1,653,103
	29	Permanently restricted net assets		1,163,357	29	1,343,571
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,761,208	33	7,868,364
	34	Total liabilities and net assets/fund balances		7,112,595	34	8,854,926

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	5,116,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,473,328
3	Revenue less expenses Subtract line 2 from line 1	3	643,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,761,208
5	Other changes in net assets or fund balances (explain in Schedule O)	5	463,880
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,868,364

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,049,373	4,813,806	4,416,168	4,395,798	4,273,914	22,949,059
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,049,373	4,813,806	4,416,168	4,395,798	4,273,914	22,949,059
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,912,438
6 **Public Support.** Subtract line 5 from line 4						19,036,621

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,049,373	4,813,806	4,416,168	4,395,798	4,273,914	22,949,059
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,754	145,449	109,211	75,213	68,996	520,623
9 Net income from unrelated business activities, whether or not the business is regularly carried on			150,491	117,645	99,980	368,116
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						23,837,798

12	Gross receipts from related activities, etc (See instructions)	12	2,331,555

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	79 860 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	84 450 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-2152680
Name: UNITED WAY OF PIONEER VALLEY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEFFREY FIALKY DIRECTOR	2 00	X						0	0	0
MICHAEL KATZ CLERK THROUGH APRIL 2011	2 00	X		X				0	0	0
BRIAN SMITH TREASURER	2 00	X		X				0	0	0
MANUEL ANDRADE DIRECTOR	2 00	X						0	0	0
MAURA GEARY DIRECTOR	2 00	X						0	0	0
DEBORAH BUCKLEY DIRECTOR	2 00	X						0	0	0
DR CALVIN J MCFADDEN SR DIRECTOR	2 00	X						0	0	0
ROBERT CASALE DIRECTOR	2 00	X						0	0	0
KATHRYN DUBE CHAIR	2 00	X		X				0	0	0
LOUIS ABBATE DIRECTOR	2 00	X						0	0	0
HELEN CAULTON-HARRIS DIRECTOR	2 00	X						0	0	0
KEVIN MAYNARD FORMER CHAIR	2 00	X		X				0	0	0
THOMAS CREED DIRECTOR	2 00	X						0	0	0
ALPHONSE MORASSI JR DIRECTOR	2 00	X						0	0	0
JAY PRIMACK DIRECTOR	2 00	X						0	0	0
JEAN JACKSON DIRECTOR	2 00	X						0	0	0
RUSSELL DENVER CLERK	2 00	X		X				0	0	0
SCOTT SADOWSKY DIRECTOR	2 00	X						0	0	0
DR WILLIAM MESSNER VICE CHAIR	2 00	X		X				0	0	0
MYRA SMITH DIRECTOR	2 00	X						0	0	0
KIMBERLYNN CARTELLI-LIQUORI DIRECTOR	2 00	X						0	0	0
ARLENE PUTNAM DIRECTOR	2 00	X						0	0	0
JOAN KAGAN DIRECTOR	2 00	X						0	0	0
MATTHEW HAAS DIRECTOR	2 00	X						0	0	0
JAMES W TROMPKE DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ALAN INGRAM DIRECTOR	2 00	X						0	0	0
MICHAEL WEEKES DIRECTOR	2 00	X						0	0	0
GEORGE L EVANS DIRECTOR	2 00	X						0	0	0
JEFFERY SULLIVAN CAMPAIGN CABINET CHAIR	2 00	X		X				0	0	0
EMURRIEL HOLLOWAY DIRECTOR THROUGH APRIL 2011	2 00	X						0	0	0
OSCAR E RAMOS DIRECTOR THROUGH APRIL 2011	2 00	X						0	0	0
JOAN KAGAN EX OFFICIO MEMBER THROUGH APRIL 2011	2 00	X						0	0	0
MELINDA M PHELPS EX OFFICIO MEMBER THROUGH APRIL 2011	2 00	X						0	0	0
DORA ROBINSON PRESIDENT & CEO	40 00			X				124,615	0	9,888
RONALD COPES INTERIM CEO	40 00			X				73,436	0	5,704
RAYMOND BERRY VP FINANCE	40 00			X				69,709	0	5,175

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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

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 may 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,198,893	2,888,194	3,488,330		
b Contributions	999	65,284	12,026		
c Investment earnings or losses	567,858	284,387	-603,928		
d Grants or scholarships					
e Other expenditures for facilities and programs		26,641			
f Administrative expenses	11,544	12,331	8,234		
g End of year balance	3,756,206	3,198,893	2,888,194		

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

- a Board designated or quasi-endowment ▶ 62 000 %
- b Permanent endowment ▶ 2 000 %
- c Term endowment ▶ 36 000 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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		7,740		7,740
b Buildings		427,144	274,193	152,951
c Leasehold improvements				
d Equipment		272,973	136,164	136,809
e Other		4,755		4,755
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				302,255

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) TIME DEPOSITS	455,562	F
(B) INVESTMENTS HELD AT COMMUNITY FOUNDATION	81,049	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	536,611	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST AND DIVIDENDS RECEIVABLE	4,328
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,260,872
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,265,200

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED VACATION	28,086
ACCRUED PAYROLL	1,475
ACCRUED OTHER	30
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	29,591

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,116,604
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,473,328
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	643,276
4	Net unrealized gains (losses) on investments	4	283,666
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	180,214
9	Total adjustments (net) Add lines 4 - 8	9	463,880
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,107,156

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	5,679,613
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	283,666		
b	Donated services and use of facilities	2b	32,841		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	246,502		
e	Add lines **2a** through **2d**			2e	563,009
3	Subtract line **2e** from line **1**			3	5,116,604
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 should equal Form 990, Part I, line 12)			5	5,116,604

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

1	Total expenses and losses per audited financial statements			1	4,572,457
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	32,841		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	66,288		
e	Add lines **2a** through **2d**			2e	99,129
3	Subtract line **2e** from line **1**			3	4,473,328
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 should equal Form 990, Part I, line 18)			5	4,473,328

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, 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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE UNITED WAY RECEIVES FUNDS THAT ARE SPECIFICALLY DESIGNATED BY DONORS TO GO TO OTHER ORGANIZATIONS THESE FUNDS, LESS AN ADMINISTRATIVE FEE, ARE NOT RECORDED AS REVENUE BY THE UNITED WAY BUT RATHER AS A LIABILITY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FOOTNOTE REGARDING UNCERTAIN TAX POSITIONS PER THE FINANCIAL STATEMENTS READS AS FOLLOWS PROFESSIONAL ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS, IN ACCORDANCE WITH PROFESSIONAL STANDARDS RELATED TO THE ACCOUNTING FOR INCOME TAXES THEY REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE UNITED WAY'S TAX EXEMPT STATUS MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION THE UNITED WAY'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDING ON OR AFTER JUNE 30, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 180,214
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES NET AGAINST INCOME 66,288 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 180,214
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES NET AGAINST INCOME 66,288

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	166,268			166,268
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	166,268			166,268
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	30,000			30,000
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,288			36,288
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				66,288
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				99,980

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 54

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A COMMITTEE IS FORMED THAT REVIEWS ALL GRANT APPLICATIONS FOR AGENCY ALLOCATIONS GRANTS ARE ONLY MADE TO PUBLIC CHARITIES THAT HAVE BEEN APPROVED BY THE IRS AS 501 (C)(3) ORGANIZATIONS AND/OR PUBLIC SCHOOLS OR STATE COLLEGES IN ADDITION, THE GRANTEE ORGANIZATION MUST PROVIDE AUDITED FINANCIAL STATEMENTS TO THE UNITED WAY ANY ORGANIZATION THAT RECEIVES GRANT FUNDS OR ASSISTANCE FROM THE UNITED WAY MUST SIGN A MEMORANDUM OF UNDERSTANDING AND PROVIDE THE UNITED WAY WITH A COPY OF THE BOARD OF DIRECTORS' MINUTES APPROVING THE CONDITIONS OF THE MOU

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2152680
Name: UNITED WAY OF PIONEER VALLEY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUNBAR COMMUNITY CENTER33 OAK ST SPRINGFIELD,MA 01109	04-2313311	501(C)3	78,528				COMMUNITY SERVICE
YMCA OF GREATER SPRINGFIELD275 CHESTNUT ST SPRINGFIELD,MA 01104	04-1859893	501(C)3	62,399				COMMUNITY SERVICE
SPRINGFIELD DAY NURSERY947 MAIN STREET SPRINGFIELD,MA 01103	04-2103855	501(C)3	66,669				COMMUNITY SERVICE
MARTIN LUTHER KING JR COMM CENTERPO BOX 91026 SPRINGFIELD,MA 01139	04-2647035	501(C)3	32,563				COMMUNITY SERVICE
BOYS & GIRLS CLUB OF GREATER HOLYOKEPO BOX 6256 SPRINGFIELD,MA 01041	04-2103792	501(C)3	52,101				COMMUNITY SERVICE
SPFLD BOY CLUB & CAREW HILL GIRLS CLUB481 CAREW STREET SPRINGFIELD,MA 01104	04-1858620	501(C)3	76,766				COMMUNITY SERVICE
SPRINGFIELD GIRLS CLUB FAMILY CENTER100 ACORN ST SPRINGFIELD,MA 01109	04-2105940	501(C)3	41,035				COMMUNITY SERVICE
SOUTH END COMMUNITY CENTER29 HOWARD ST SPRINGFIELD,MA 01105	04-2103854	501(C)3	32,589				COMMUNITY SERVICE
GIRLS INC OF HOLYOKEPO BOX 6812 HOLYOKE,MA 01041	04-2748244	501(C)3	22,866				COMMUNITY SERVICE
GREATER HOLYOKE YMCA 171 PINE ST HOLYOKE,MA 01040	04-2192693	501(C)3	30,264				COMMUNITY SERVICE
GIRL SCOUTS OF CENTRAL & WESTERN MASS81 GOLD STAR BOULEVARD WORCESTER,MA 01606	04-2103856	501(C)3	20,240				COMMUNITY SERVICE
BHN LIBERTY STREET CLINIC417 LIBERTY STREET SPRINGFIELD,MA 01104	04-2103756	501(C)3	79,792				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF THE HOMELESS769 WORTHINGTON ST SPRINGFIELD,MA 01105	22-2786732	501(C)3	18,644				COMMUNITY SERVICE
THE HAROLD GRINSPOON CHARITABLE FOUNDATION 380 UNION STREET WEST SPRINGFIELD,MA 01089	22-2738277	501(C)3	8,000				COMMUNITY SERVICE
SPFLD VIETNAMESE-AMERICAN CIVIC ASSOC 433 BELMONT AVE SPRINGFIELD,MA 01108	04-3239763	501(C)3	20,360				COMMUNITY SERVICE
URBAN LEAGUE OF SPRINGFIELD765 STATE ST SPRINGFIELD,MA 01109	04-2133248	501(C)3	23,495				COMMUNITY SERVICE
AMERICAN RED CROSSPIONEER VALLEY CHAPTER506 COTTAGE STREET SPRINGFIELD,MA 01104	53-0196605	501(C)3	188,152				COMMUNITY SERVICE
AMERICAN RED CROSSWESTFIELD CHAPTER48 BROAD STREET WESTFIELD,MA 01085	53-0196605	501(C)3	17,139				COMMUNITY SERVICE
HOMEWORK HOUSE OF HOLYOKE54 NORTH SUMMER STREET HOLYOKE,MA 01040	52-2666698	501(C)3	5,000				COMMUNITY SERVICE
BIG BROTHERSBIG SISTERS OF HAMPDEN COUNTY101 STATE STREET SUITE 601 SPRINGFIELD,MA 01103	04-2800998	501(C)3	48,206				COMMUNITY SERVICE
BOYS & GIRLS CLUB OF GREATER WESTFIELD28 W SILVER STREET P O BOX 128 WESTFIELD,MA 01086	04-2464259	501(C)3	45,311				COMMUNITY SERVICE
CHICOPEE VISITING NURSE ASSOCIATION2024 WESTOVER ROAD CHICOPEE,MA 01022	04-2103986	501(C)3	10,027				COMMUNITY SERVICE
CENTER FOR HUMAN DEVELOPMENT332 BIRNIE AVENUE SPRINGFIELD,MA 01107	04-2503926	501(C)3	64,500				COMMUNITY SERVICE
RENNIE CENTER FOR EDUCATION RESEARCH & POLICY131 MOUNT AUBURN STREET CAMBRIDGE,MA 02138	51-0548106	501(C)3	10,000				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN MASSACHUSETTS COUNCILBOY SCOUTS OF AMERICA249 EXCHANGE STREET CHICOPEE,MA 01013	04-2104279	501(C)3	13,016				COMMUNITY SERVICE
PARTNERS FOR A HEALTHIER COMMUNITYP O BOX 4895 SPRINGFIELD,MA 01101	04-3442182	501(C)3	25,000				COMMUNITY SERVICE
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY INC1441 MAIN STREET SPRINGFIELD,MA 01103	22-2489896	501(C)3	220,729				COMMUNITY SERVICE
HOLYOKE DAY NURSERY 159 CHESTNUT STREET HOLYOKE,MA 01040	04-2104313	501(C)3	15,043				COMMUNITY SERVICE
HOLYOKE VISITING NURSES ASSOCIATION INC113 HAMPDEN STREET HOLYOKE,MA 01040	04-2104310	501(C)3	22,970				COMMUNITY SERVICE
JEWISH COMMUNITY CENTER OF SPRINGFIELD 1160 DICKINSON STREET SPRINGFIELD,MA 01108	04-2103802	501(C)3	44,276				COMMUNITY SERVICE
JEWISH FAMILY SERVICE OF WESTERN MASSACHUSETTS15 LENOX STREET SPRINGFIELD,MA 01108	04-2104352	501(C)3	83,951				COMMUNITY SERVICE
LUDLOW BOYS & GIRLS CLUB91 CLAUDIAS WAY LUDLOW,MA 01056	04-2089767	501(C)3	23,236				COMMUNITY SERVICE
MAB-COMMUNITY SERVICES267 HIGH STREET HOLYOKE,MA 01040	04-2109859	501(C)3	30,000				COMMUNITY SERVICE
SPRINGFIELD PARTNERS FOR COMMUNITY ACTION 393 MAIN STREET GREENFIELD,MA 01301	04-2384972	501(C)3	5,000				COMMUNITY SERVICE
THE MIDAS COLLABORATIVE20 LINDEN STREET ALLSTON,MA 02134	83-0485169	501(C)3	10,000				COMMUNITY SERVICE
NORTH END COMMUNITY CENTER471 PLAINFIELD STREET SPRINGFIELD,MA 01107	23-7371934	501(C)3	19,938				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUERTO RICAN CULTURAL CENTER38 SCHOOL STREET SPRINGFIELD,MA 01105	04-2678310	501(C)3	12,000				COMMUNITY SERVICE
RIVER VALLEY COUNSELING CENTER319 BEECH STREET HOLYOKE,MA 01040	04-2174657	501(C)3	15,000				COMMUNITY SERVICE
SALVATION ARMY - HOLYOKE271 APPLETON ST HOLYOKE,MA 01041	13-5562351	501(C)3	35,633				COMMUNITY SERVICE
SALVATION ARMY - SPRINGFIELD AREA SERVICES170 PEARL STREET SPRINGFIELD,MA 01101	13-5562351	501(C)3	79,651				COMMUNITY SERVICE
THE CARE CENTER247 CABOT STREET HOLYOKE,MA 01040	04-2962882	501(C)3	18,554				COMMUNITY SERVICE
WEST SPRINGFIELD BOYS & GIRLS CLUB615 MAIN STREET WEST SPRINGFIELD,MA 01089	04-2105827	501(C)3	13,200				COMMUNITY SERVICE
WOMANSHELTERCOMPANERAS P O BOX 1099 HOLYOKE,MA 01041	04-2716766	501(C)3	29,539				COMMUNITY SERVICE
YMCA OF GREATER WESTFIELD67 COURT STREET WESTFIELD,MA 01085	04-2126585	501(C)3	39,047				COMMUNITY SERVICE
YWCA OF WESTERN MASSACHUSETTS1 CLOUGH STREET SPRINGFIELD,MA 01118	04-2103858	501(C)3	111,931				COMMUNITY SERVICE
AGAWAM COUNSELING CENTERPO BOX 2738 SPRINGFIELD,MA 01101	04-2103756	501(C)3	20,087				COMMUNITY SERVICE
EL INSTITUTO DE LA FAMILIA2383 MAIN STREET SPRINGFIELD,MA 01107	23-7371934	501(C)3	10,500				COMMUNITY SERVICE
MSPCC235 CHESTNUT ST SPRINGFIELD,MA 01103	04-2103596	501(C)3	8,000				COMMUNITY SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ASSOCIATION FOR COMMUNITY LIVING1 CARANDO DRIVE SPRINGFIELD,MA 01104	04-2210685	501(C)3	5,000				COMMUNITY SERVICE
PIONEER VALLEY AMERICAN RED CROSS506 COTTAGE STREE SPRINGFIELD,MA 01104	53-0196605	501(C)3	25,000				COMMUNITY SERVICE
BERKSHIRE HOUSING DEVELOPMENT CORPORATIONONE FENN ST 3RD FLOOR PITTSFIELD,MA 01201	04-2483322		11,462				COMMUNITY SERVICE
COMMUNITY ACTION OF THE FRANKLINHAMPSHIRE & NORTH QUABBIN393 MAIN STREET GREENFIELD,MA 01301	04-2384972	501(C)(3)	20,688				COMMUNITY SERVICE
NEW ENGLAND FARM WORKERS' COUNCIL1628 MAIN STREET 2 SPRINGFIELD,MA 01103	06-0872959	501(C)(3)	81,325				COMMUNITY SERVICE
CENTER FOR ASSESSMENT AND POLICY DEVELOPMENT1622 RIVERSIDE DR TRENTON,NJ 08618	23-2525512	501(C)(3)	10,000				COMMUNITY SERVICE
SPRINGFIELD PUBLIC SCHOOLS1550 MAIN STREET SPRINGFIELD,MA 01103	04-6001415	PUBLIC SCHOOL	103,000				COMMUNITY SERVICE

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF PIONEER VALLEY INC

Employer identification number
04-2152680

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THERE WAS A BUSINESS RELATIONSHIP BETWEEN TWO BOARD MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION'S BY-LAWS WERE AMENDED ON MAY 18, 2011 THE WORDING OF THE MISSION STATEMENT IN THE PRIOR BY-LAWS READ AS FOLLOWS "THE UNITED WAY OF PIONEER VALLEY IS A COMMUNITY BUILDING ORGANIZATION THAT EXISTS TO HELP DONORS ACHIEVE CHARITABLE GOALS AND TO FUND LOCAL HUMAN SERVICE AND COMMUNITY NEEDS" THE MISSION STATEMENT IN THE 2011 AMENDED BY-LAWS IS AS FOLLOWS "THE UNITED WAY OF PIONEER VALLEY MOBILIZES PEOPLE AND RESOURCES TO STRENGTHEN OUR COMMUNITIES " THIS IS NOT A CHANGE IN THE ORGANIZATION'S OVERALL MISSION BUT RATHER, A MORE STREAMLINED SIMPLIFICATION OF ITS PURPOSE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT OR FINANCE COMMITTEE WILL REVIEW AND APPROVE THE 990 FOR FILING WHILE A COPY OF THE 990 WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY AND UPON ELECTION ALL CONFLICTS ANY OFFICER WITH A POTENTIAL CONFLICT OF INTEREST MUST DISCLOSE THE MATERIAL FACTS TO THE EXECUTIVE DIRECTOR OR THE CHAIR OF EXECUTIVE COMMITTEE AND RECUSE HIMSELF/HERSELF FROM THE BOARD MEETING WHILE THE TRANSACTION IS BEING DISCUSSED AND VOTED UPON

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	UNITED WAY OF AMERICA GUIDELINES/COMPARABILITY DATA ARE USED BY THE FINANCE COMMITTEE FOR THE DETERMINATION OF FAIR COMPENSATION FOR THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S 990 AND 1023 ARE ALSO AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 283,666 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 180,214 TOTAL TO FORM 990, PART XI, LINE 5 463,880