

DOWNEY, SWEENEY, FITZGERALD & CO., P.C.
504 COTTAGE STREET
SPRINGFIELD, MA 01104-3219

HAMPSHIRE COMMUNITY UNITED WAY
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

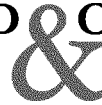
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DOWNEY, SWEENEY, FITZGERALD & CO., P.C.

CERTIFIED
PUBLIC
ACCOUNTANTS



GARY G. FITZGERALD, CPA
KATHERINE A. LIPPMAN, CPA
KEITH H. PURCELL, CPA

ROBERT T. CROWLEY, CPA
EDWARD J. FITZGERALD, CPA
PAUL A. PENNA, CPA

OCTOBER 28, 2016

HAMPSHIRE COMMUNITY UNITED WAY
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2015
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND
SCHEDULE M, NONCASH CONTRIBUTIONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
CURRENT YEAR DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT
MA FORM PC, FORM PC

TAX PREPARATION FEE

DOWNEY, SWEENEY, FITZGERALD & CO., P.C.

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PAUL A. PENNA, CPA

October 26, 2016

HAMPSHIRE COMMUNITY UNITED WAY
71 King Street, PO Box 123
Northampton, MA 01061-0123

HAMPSHIRE COMMUNITY UNITED WAY:

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed on or before November 15, 2016 to:

Non-Profit Org/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

You have a balance due of \$500.00.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

www.mass.gov/ago/epay

The report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Keith H. Purcell, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2016

Prepared for	HAMPSHIRE COMMUNITY UNITED WAY 71 King Street, PO Box 123 Northampton, MA 01061-0123
Prepared by	Downey, Sweeney, Fitzgerald & Co., P.C. 504 Cottage Street Springfield, MA 01104-3219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-EO and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

HAMPSHIRE COMMUNITY UNITED WAY

04-2104792

Name and title of officer

**ROBB MORTON
TREASURER**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,154,309.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DOWNEY, SWEENEY, FITZGERALD & CO., P.C.** to enter my PIN **12740**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

04063933333

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAMPSHIRE COMMUNITY UNITED WAY Doing business as UNITED WAY OF HAMPSHIRE COUNTY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 71 KING STREET, PO BOX 123 City or town, state or province, country, and ZIP or foreign postal code NORTHAMPTON, MA 01061-0123 F Name and address of principal officer: JAMES AYRES 71 KING STREET, NORTHAMPTON, MA 01060	D Employer identification number 04-2104792 E Telephone number 413-584-3962 G Gross receipts \$ 1,279,454. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYHAMPSHIRECOUNTY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1922		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HAMPSHIRE COMMUNITY UNITED WAY'S MISSION IS TO ADVANCE THE COMMON GOOD IN HAMPSHIRE COUNTY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	500
	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.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,113,305.	1,087,865.
	9 Program service revenue (Part VIII, line 2g)	19,318.	31,524.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,379.	33,405.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	539.	1,515.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,154,541.	1,154,309.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	653,536.	688,961.
	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)	366,263.	404,712.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,065.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	164,270.	159,453.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,184,069.	1,253,126.
	19 Revenue less expenses. Subtract line 18 from line 12	-29,528.	-98,817.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,517,121.	1,581,569.
	21 Total liabilities (Part X, line 26)	105,724.	294,585.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,411,397.	1,286,984.

Part II Signature Block

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

Sign Here	Signature of officer ROBB MORTON, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KEITH H. PURCELL, CPA	Preparer's signature Date
	Check if self-employed <input type="checkbox"/>	PTIN P00601405
	Firm's name ▶ DOWNEY, SWEENEY, FITZGERALD & CO., P.C.	Firm's EIN ▶ 04-2544008
	Firm's address ▶ 504 COTTAGE STREET SPRINGFIELD, MA 01104-3219	Phone no. (413) 734-2163

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HAMPSHIRE COMMUNITY UNITED WAY ENGAGES AND INSPIRES THE PEOPLE, EMPLOYERS AND ORGANIZATIONS OF HAMPSHIRE COUNTY TO GIVE, ADVOCATE, AND VOLUNTEER ON BEHALF OF OUR COMMUNITY. LIFTING TOGETHER, WE BUILD STRONG, VIBRANT, AND INCLUSIVE COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 995,066. including grants of \$ 688,961.) (Revenue \$ 31,524.) THROUGH ITS COMMUNITY INVESTMENT PROCESS, HAMPSHIRE COMMUNITY UNITED WAY TOUCHES THE LIVES OF 28,000 (ONE IN SIX) COUNTY RESIDENTS, AND IN DOING SO BENEFITS THE ENTIRE COMMUNITY. ITS STRATEGY INCLUDES CAPACITY-BUILDING, CONVENING, PROBLEM-SOLVING AND DIRECT INVESTMENT IN PROGRAMS AND INITIATIVES THAT CREATE LASTING POSITIVE CHANGE. THESE EFFORTS FOCUS ON AREAS OF CHILDREN & YOUTH, HEALTH & SAFETY, AND ECONOMIC SECURITY - THE CORE BUILDING BLOCKS OF HEALTHY LIVES AND STRONG COMMUNITIES.

THE "INCLUDING GRANTS" FIGURE ABOVE INCLUDES ALLOCATIONS TO PARTNER ORGANIZATIONS LESS ANY DONOR DESIGNATED FUNDS, AND AS SUCH DOES NOT FULLY REPRESENT ALLOCATIONS TO PARTNER ORGANIZATIONS. GRANTS OF

4b (Code:) (Expenses \$ 32,100. including grants of \$) (Revenue \$) HAMPSHIRE COMMUNITY UNITED WAY'S IMPACT IS STRENGTHENED BY PROGRAM ACTIVITIES THAT FALL OUTSIDE ITS COMMUNITY INVESTMENT PROCESS DUE TO THEIR SCOPE, DURATION OR REGIONAL NATURE. THESE INCLUDE THE MASS 2-1-1 STATEWIDE INFORMATION AND REFERRAL SYSTEM, THE EMERGENCY FOOD AND SHELTER PROGRAM, AND ITS REGIONAL INITIATIVE TO ENGAGE DISENFRANCHISED RESIDENTS IN PLANNING FOR COMMUNITY IMPROVEMENT.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 1,027,166.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question ID, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JAMES AYRES, EXECUTIVE DIRECTOR - 413-584-3962 71 KING STREET, NORTHAMPTON, MA 01060

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG WHEAT CHAIR	2.50	X		X				0.	0.	0.
(2) JULIE COWAN VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) ROBB MORTON TREASURER	2.00	X		X				0.	0.	0.
(4) KATE GLYNN SECRETARY	2.00	X		X				0.	0.	0.
(5) JAMES CONNORS DIRECTOR	1.00	X						0.	0.	0.
(6) KEVIN DAY DIRECTOR	1.00	X						0.	0.	0.
(7) MOLLY FEINSTEIN DIRECTOR	3.00	X						0.	0.	0.
(8) JEFF HARNESS DIRECTOR	1.50	X						0.	0.	0.
(9) AMY LANDRY DIRECTOR	1.50	X						0.	0.	0.
(10) ELEANOR LASH DIRECTOR	1.50	X						0.	0.	0.
(11) DEBORAH LEOPOLD DIRECTOR	1.00	X						0.	0.	0.
(12) RENEE MOSS DIRECTOR	1.00	X						0.	0.	0.
(13) CLARE HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(14) MARK NOVOTNY DIRECTOR	1.00	X						0.	0.	0.
(15) SARAH REECE DIRECTOR	1.00	X						0.	0.	0.
(16) DIANA SUTTON-FERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(17) RICHARD VENNE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(19) MARILYN WOODMAN DIRECTOR	1.00	X					0.	0.	0.	
(20) JAMES AYRES EXECUTIVE DIRECTOR	37.50			X			97,277.	0.	6,562.	
(21) ROBERT LAPRE DIRECTOR OF FINANCE	30.00			X			51,126.	0.	14,676.	
1b Sub-total							148,403.	0.	21,238.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							148,403.	0.	21,238.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 27,596.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,060,269.					
	g Noncash contributions included in lines 1a-1f: \$	35,181.					
	h Total. Add lines 1a-1f	▶ 1,087,865.					
Program Service Revenue	2 a DONORS CHOICE ADMIN FE	Business Code 561000	31,524.	31,524.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 31,524.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 37,890.				37,890.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		120,660.					
		b Less: cost or other basis and sales expenses	125,145.				
		c Gain or (loss)	-4,485.				
	d Net gain or (loss)	▶ -4,485.				-4,485.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	561000	1,515.			1,515.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶ 1,515.						
12 Total revenue. See instructions.	▶ 1,154,309.		31,524.	0.	34,920.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	688,961.	688,961.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,706.	95,980.	45,100.	9,626.
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	181,497.	85,064.	14,386.	82,047.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,042.	8,648.	3,240.	4,154.
9 Other employee benefits	26,278.	14,228.	9,864.	2,186.
10 Payroll taxes	30,189.	17,171.	4,427.	8,591.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,100.		9,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	543.		543.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,215.	12,021.	1,591.	1,603.
12 Advertising and promotion	14,020.	7,503.	1,895.	4,622.
13 Office expenses	47,172.	36,274.	5,145.	5,753.
14 Information technology				
15 Royalties				
16 Occupancy	18,298.	14,254.	2,082.	1,962.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,162.	8,621.	991.	2,550.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,974.	8,999.	968.	1,007.
23 Insurance	3,280.	2,650.	324.	306.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN EXPENSES	21,277.	19,380.	239.	1,658.
b PROGRAM EXPENSES	7,412.	7,412.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,253,126.	1,027,166.	99,895.	126,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	89,149.	1	79,690.
	2 Savings and temporary cash investments	59,262.	2	7,929.
	3 Pledges and grants receivable, net	563,478.	3	697,775.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,167.	9	1,738.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 194,310.		
	b Less: accumulated depreciation	10b 128,276.	77,008.	10c 66,034.
	11 Investments - publicly traded securities	646,097.	11	658,847.
	12 Investments - other securities. See Part IV, line 11	74,960.	12	69,556.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,517,121.	16	1,581,569.	
Liabilities	17 Accounts payable and accrued expenses	10,675.	17	16,412.
	18 Grants payable	95,049.	18	278,173.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	105,724.	26	294,585.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,321,744.	27	1,207,735.
	28 Temporarily restricted net assets	24,299.	28	13,895.
	29 Permanently restricted net assets	65,354.	29	65,354.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,411,397.	33	1,286,984.
	34 Total liabilities and net assets/fund balances	1,517,121.	34	1,581,569.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,154,309.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,253,126.
3	Revenue less expenses. Subtract line 2 from line 1	3	-98,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,411,397.
5	Net unrealized gains (losses) on investments	5	-25,596.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,286,984.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,061,255.	1,077,953.	1,105,301.	1,113,305.	1,077,865.	5,435,679.
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	1,061,255.	1,077,953.	1,105,301.	1,113,305.	1,077,865.	5,435,679.
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)						438,914.
6 Public support. Subtract line 5 from line 4.						4,996,765.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,061,255.	1,077,953.	1,105,301.	1,113,305.	1,077,865.	5,435,679.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	10,342.	7,623.	17,155.	21,845.	37,890.	94,855.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5,530,534.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.35 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	91.49 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

HAMPSHIRE COMMUNITY UNITED WAY

Employer identification number

04-2104792

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HAMPSHIRE COMMUNITY UNITED WAY	Employer identification number 04-2104792
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	L-3 KEO 50 PRINCE STREET NORTHAMPTON, MA 01060	\$ 87,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORENCE SAVINGS BANK 85 MAIN STREET FLORENCE, MA 01062	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EASTHAMPTON SAVINGS BANK 36 MAIN STREET EASTHAMPTON, MA 01027	\$ 26,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	C & S WHOLESALE GROCERS, INC. 7 CORPORATE DRIVE KEENE, NH 03431	\$ 47,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS C/O JAMES AYRES 71 KING STREET NORTHAMPTON, MA 01060	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HAMPSHIRE COMMUNITY UNITED WAY	Employer identification number 04-2104792
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HAMPSHIRE COMMUNITY UNITED WAY	Employer identification number 04-2104792
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization HAMPSHIRE COMMUNITY UNITED WAY **Employer identification number** 04-2104792

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	84,653.	77,188.	68,771.	63,827.	66,831.
b Contributions		9,693.			
c Net investment earnings, gains, and losses	-1,585.	1,461.	11,864.	8,171.	276.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,100.	3,000.	2,800.	2,600.	2,649.
f Administrative expenses	719.	689.	647.	627.	631.
g End of year balance	79,249.	84,653.	77,188.	68,771.	63,827.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 82.50 %
- c Temporarily restricted endowment 17.50 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		139,403.	84,694.	54,709.
c Leasehold improvements				
d Equipment		54,907.	43,582.	11,325.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				66,034.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,169,121.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-25,596.	
b	Donated services and use of facilities	2b	40,951.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	15,355.
3	Subtract line 2e from line 1		3	1,153,766.
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	543.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	543.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,154,309.

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

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

1	Total expenses and losses per audited financial statements		1	1,293,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,951.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	40,951.
3	Subtract line 2e from line 1		3	1,252,583.
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	543.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	543.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,253,126.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INCOME GENERATED BY THIS FUND IS TO BE USED FOR GENERAL PROGRAMMATIC EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **HAMPSHIRE COMMUNITY UNITED WAY** Employer identification number **04-2104792**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS- PIONEER VALLEY CHAPTER - 150 BROOKDALE DRIVE - SPRINGFIELD, MA 01104	53-0196605	501(C)3	9,241.	0.	NA	NA	OPERATING
CASA LATINA, INC. 140 PINE STREET, ROOM 6 FLORENCE, MA 01062	22-2477843	501(C)3	14,996.	0.	NA	NA	PROGRAM
SURVIVAL CENTERS, INC. 1200 NORTH PLEASANT STREET NORTH AMHERST, MA 01059	04-2968462	501(C)3	27,536.	0.	NA	NA	OPERATING
BERKSHIRE CHILDREN & FAMILIES, INC. - 480 WEST STREET - PITTSFIELD, MA 01201	04-2226238	501(C)3	49,588.	0.	NA	NA	PROGRAM
HCHC HILLTOWN COLLABORATIVE FOR FAMILIES - 58 OLD NORTH ROAD - WORTHINGTON, MA 01098	04-2161484	501(C)3	16,000.	0.	NA	NA	PROGRAM
FRIENDS OF CHILDREN, INC. 245 RUSSELL STREET #22 HADLEY, MA 01053	22-2952288	501(C)3	20,673.	0.	NA	NA	PROGRAM

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **34.**
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTHAMPTON COMMUNITY CENTER, INC. 12 CLARK STREET EASTHAMPTON, MA 01027	04-2497523	501(C)3	17,343.	0.	NA	NA	OPERATING
BEHAVIORAL HEALTH NETWORK, INC. 417 LIBERTY STREET SPRINGFIELD, MA 01104	04-2103756	501(C)3	19,000.	0.	NA	NA	PROGRAM
COMMUNITY LEGAL AID 20 HAMPTON COURT, SUITE 100 NORTHAMPTON, MA 01060	04-2506744	501(C)3	19,458.	0.	NA	NA	PROGRAM
HAMPSHIRE REGIONAL YMCA 286 PROSPECT STREET NORTHAMPTON, MA 01060	04-2515887	501(C)3	11,894.	0.	NA	NA	PROGRAM
HITCHCOCK CENTER, INC. 525 SOUTH PLEASANT STREET AMHERST, MA 01002	04-2487748	501(C)3	12,787.	0.	NA	NA	PROGRAM
HILLTOWN COMMUNITY DEVELOPMENT CORPORATION HOUSING PROGRAM - 387 MAIN ROAD - CHESTERFIELD, MA 01012	04-2741009	501(C)3	20,000.	0.	NA	NA	PROGRAM
YWCA OF WESTERN MASSACHUSETTS SUPERVISED VISITATION - 1 CLOUGH STREET - SPRINGFIELD, MA 01118	04-2103858	501(C)3	25,000.	0.	NA	NA	PROGRAM
CENTER FOR HUMAN DEVELOPMENT BIG BROTHERS BIG SISTERS OF HAMPSHIRE - 70 BOLTWOOD WALK - AMHERST, MA 01002	04-2503926	501(C)3	43,696.	0.	NA	NA	PROGRAM
NORTHAMPTON SURVIVAL CENTER, INC. 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)3	35,420.	0.	NA	NA	OPERATING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE PASSAGE, INC. 43 CENTER STREET, SUITE 304 NORTHAMPTON, MA 01060	04-2690131	501(C)3	29,411.	0.	NA	NA	OPERATING
PEOPLE'S INSTITUTE OF NORTHAMPTON 38 GOTHIC STREET NORTHAMPTON, MA 01060	04-2104831	501(C)3	21,502.	0.	NA	NA	OPERATING
CENTER FOR HUMAN DEVELOPMENT HOUSING PROGRAMS - 69 CAPITAL DRIVE - WEST SPRINGFIELD, MA 01089	04-2503926	501(C)3	22,969.	0.	NA	NA	PROGRAM
SERVICENET, INC. HOUSING PROGRAMS 129 KING STREET NORTHAMPTON, MA 01060	04-2526194	501(C)3	28,095.	0.	NA	NA	PROGRAM
STAVROS CENTER FOR INDEPENDENT LIVING - 210 OLD FARM ROAD - AMHERST, MA 01002	51-0172014	501(C)3	9,096.	0.	NA	NA	PROGRAM
GIRLS SCOUTS OF CENTRAL & WESTERN MA - 40 HARKNESS AVENUE - EAST LONGMEADOW, MA 01028	04-2103856	501(C)3	8,323.	0.	NA	NA	PROGRAM
VALLEY COMMUNITY DEVELOPMENT CORPORATION - 30 MARKET STREET - NORTHAMPTON, MA 01060	22-2906466	501(C)3	24,793.	0.	NA	NA	PROGRAM
CENTER FOR NEW AMERICANS 42 GOTHIC STREET NORTHAMPTON, MA 01060	04-3224215	501(C)3	22,944.	0.	NA	NA	PROGRAM
COMMUNITY ACTION 393 MAIN STREET GREENFIELD, MA 01301	04-2384972	501(C)3	14,338.	0.	NA	NA	PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND VALLEY ELDER SERVICES, INC. - 320 RIVERSIDE DRIVE - FLORENCE, MA 01062	04-2563340	501(C)3	21,940.	0.	NA	NA	PROGRAM
CARSON CENTER 20 BROAD STREET WARE, MA 01085	04-2316498	501(C)3	16,000.	0.	NA	NA	PROGRAM
CUTCHINS CENTER 78 POMEROY TERRACE NORTHAMPTON, MA 01060	04-2604427	501(C)3	15,056.	0.	NA	NA	PROGRAM
COLLABORATIVE FOR EDUCATIONAL SERVICES - 97 HAWLEY ST - NORTHAMPTON, MA 01060	04-2652893	501(C)3	16,000.	0.	NA	NA	PROGRAM
AMHERST FAMILY CENTER 70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	501(C)3	9,544.	0.	NA	NA	PROGRAM
CRAIG'S DOORS 256 NORTH PLEASANT STREET, SUITE 4A AMHERST, MA 01002	45-2474862	501(C)3	20,000.	0.	NA	NA	PROGRAM
HCHC HEALTHWISE 58 OLD NORTH ROAD WORTHINGTON, MA 01098	04-2161484	501(C)3	29,513.	0.			PROGRAM
HILLTOWN COMMUNITY DEVELOPMENT CORPORATION HEN PROGRAM - 387 MAIN ROAD - CHESTERFIELD, MA 042741009	04-2741009	501(C)3	9,787.	0.			PROGRAM
YWCA OF WESTERN MASSACHUSETTS EMPOWER YOUR LIFE - 1 CLOUGH STREET - SPRINGFIELD, MA 01118	04-2103858	501(C)3	14,518.	0.			PROGRAM

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

USE OF GRANT FUNDS ARE MONITORED BY REVIEW OF STATED USE OF FUNDS BY THE ORGANIZATION AND SITE VISITS TO ORGANIZATIONS RECEIVING FUNDS.

FIGURES IN COLUMN D REPRESENT ALLOCATIONS TO PARTNER ORGANIZATIONS LESS ANY DONOR DESIGNATED FUNDS. AS SUCH, TOTAL ALLOCATIONS TYPICALLY EXCEED THESE AMOUNTS. GROSS ALLOCATION FIGURES ARE AVAILABLE UPON REQUEST TO INFO@UNITEDWAYHAMPSHIRECOUNTY.ORG.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **HAMPSHIRE COMMUNITY UNITED WAY** Employer identification number **04-2104792**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	35,181.	MKT VALUE DONATION D
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HAMPSHIRE COMMUNITY UNITED WAY

Employer identification number

04-2104792

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

\$1,002,406 REPRESENT THE TOTAL EXPENSES RELATED TO PARTNER GRANTS,
DONOR DESIGNATIONS AND OTHER PROGRAMS .

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

HCUW'S GOVERNING BOARD IS MADE UP OF BUSINESS AND CIVIC LEADERS FROM
THROUGHOUT HAMPSHIRE COUNTY. AS SUCH, IT IS NOT UNCOMMON FOR THEM TO HAVE,
OR HAVE HAD, BUSINESS RELATIONSHIPS UNRELATED TO THEIR RESPONSIBILITIES AS
HCUW GOVERNING BOARD MEMBERS

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

HCUW PROVIDES A COPY OF FORM 990 TO ALL GOVERNING BODY MEMBERS NO LESS THAN
FIVE DAYS PRIOR TO A REGULARLY SCHEDULED BOARD MEETING. THE FORM 990 IS
DISCUSSED AT THE BOARD MEETING AND THEN FORMALLY ACCEPTED BY A VOTE OF THE
BOARD.

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

ALL ASPECTS OF THE HCUW CODE OF ETHICS/CONFLICT OF INTEREST POLICY ARE
REVIEWED ANNUALLY AT THE JANUARY MEETING OF THE GOVERNING BOARD, AT WHICH
POINT BOARD MEMBERS ARE REQUIRED TO DECLARE ANY CONFLICTS AND SIGN THE
DECLARATION. THE DOCUMENT IS REVISITED WITH ANY NEW BOARD MEMBERS, AS WELL
AS ANY MEMBER WHO EXPERIENCES A CHANGE IN EMPLOYMENT OR AFFILIATION.

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

THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE
DIRECTOR'S COMPENSATION WITH COMPARABLE COMPENSATION DATA AVAILABLE THROUGH

Name of the organization HAMPSHIRE COMMUNITY UNITED WAY	Employer identification number 04-2104792
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THE UNITED WAY SYSTEMS.

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

IN ADDITION TO THOSE DOCUMENTS AVAILABLE ONLINE THROUGH GUIDESTAR, HCUW
 MAKES ITS GOVERNING DOCUMENTS, CODE OF ETHICS, CONFLICT OF INTEREST POLICY
 AND FINANCIAL STATEMENTS AVAILABLE ON REQUEST. INTERESTED PARTIES MAY
 CONTACT HCUW BY EMAIL, PHONE OR BY MAIL, AT WHICH POINT COPIES OF SUCH
 DOCUMENTS WILL BE SENT ELECTRONICALLY OR IN A HARD COPY. A COPY OF FORM 990
 IS POSTED ON THE HCUW'S WEBSITE.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OFFICE BUILDING											
4	OFFICE BUILDING	063092	SL	40.00	16	139,403.			139,403.	81,209.		3,485.
	* 990 PAGE 10 TOTAL											
	- OFFICE BUILDING					139,403.		0.	139,403.	81,209.	0.	3,485.
	OFFICE EQUIPMENT											
	VARIOUS OFFICE											
5	FURNITURE	063092	SL	10.00	16	16,833.			16,833.	16,833.		0.
	RICOH MP2550											
13	DIGITAL COPIER	071912	SL	3.00	16	3,195.			3,195.	3,106.		89.
	CONF RM TABLE,											
14	CHAIRS, 2 FILE CABINETS	083012	SL	10.00	16	2,765.			2,765.	783.		277.
	* 990 PAGE 10 TOTAL											
	- OFFICE EQUIPMENT					22,793.		0.	22,793.	20,722.	0.	366.
	COMPUTER EQUIPMENT											
	MINITOWERS (2)											
18	MINITOWERS (2)	031414	SL	3.00	16	2,949.			2,949.	1,317.		983.
	SERVER											
20	SERVER	091414	SL	5.00	16	13,130.			13,130.	2,188.		2,626.
	* 990 PAGE 10 TOTAL											
	- COMPUTER EQUIPMENT					16,079.		0.	16,079.	3,505.	0.	3,609.
	SOFTWARE/INTANGIBLE											
	DONATION TRACKER											
15	SOFTWARE	092012	SL	3.00	16	7,495.			7,495.	6,870.		625.
	FUNDRAISING VIDEO											
17	FUNDRAISING VIDEO	101713	SL	3.00	16	8,540.			8,540.	4,982.		2,847.
	* 990 PAGE 10 TOTAL											
	- SOFTWARE/INTANGIBLE					16,035.		0.	16,035.	11,852.	0.	3,472.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					194,310.		0.	194,310.	117,288.	0.	10,932.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HAMPSHIRE COMMUNITY UNITED WAY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OFFICE BUILDING											
4	OFFICE BUILDING	063092	SL	40.00	16	139,403.			139,403.	81,209.		3,485.
	* 990 PAGE 10 TOTAL											
	- OFFICE BUILDING					139,403.		0.	139,403.	81,209.	0.	3,485.
	OFFICE EQUIPMENT											
	VARIOUS OFFICE											
5	FURNITURE	063092	SL	10.00	16	16,833.			16,833.	16,833.		0.
	RICOH MP2550											
13	DIGITAL COPIER	071912	SL	3.00	16	3,195.			3,195.	3,106.		89.
	CONF RM TABLE,											
14	CHAIRS, 2 FILE CABINETS	083012	SL	10.00	16	2,765.			2,765.	783.		277.
	* 990 PAGE 10 TOTAL											
	- OFFICE EQUIPMENT					22,793.		0.	22,793.	20,722.	0.	366.
	COMPUTER EQUIPMENT											
	MINITOWERS (2)											
18	MINITOWERS (2)	031414	SL	3.00	16	2,949.			2,949.	1,317.		983.
	SERVER											
20	SERVER	091414	SL	5.00	16	13,130.			13,130.	2,188.		2,626.
	* 990 PAGE 10 TOTAL											
	- COMPUTER EQUIPMENT					16,079.		0.	16,079.	3,505.	0.	3,609.
	SOFTWARE/INTANGIBLE											
	DONATION TRACKER											
15	SOFTWARE	092012	SL	3.00	16	7,495.			7,495.	6,870.		625.
	FUNDRAISING VIDEO											
17	FUNDRAISING VIDEO	101713	SL	3.00	16	8,540.			8,540.	4,982.		2,847.
	* 990 PAGE 10 TOTAL											
	- SOFTWARE/INTANGIBLE					16,035.		0.	16,035.	11,852.	0.	3,472.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					194,310.		0.	194,310.	117,288.	0.	10,932.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - HAMPSHIRE COMMUNITY UNITED WAY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
4	OFFICE BUILDING	063092	SL	40.00	139,403.		139,403.	84,694.	3,485.
	* 990 PAGE 10 TOTAL - OFFICE BUILDING				139,403.		139,403.	84,694.	3,485.
5	OFFICE EQUIPMENT	063092	SL	10.00	16,833.		16,833.	16,833.	0.
13	VARIOUS OFFICE FURNITURE	071912	SL	3.00	3,195.		3,195.	3,195.	0.
14	RICOH MP2550 DIGITAL COPIER	083012	SL	10.00	2,765.		2,765.	1,060.	277.
	CONF RM TABLE, CHAIRS, 2 FILE CABINETS				22,793.		22,793.	21,088.	277.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				16,079.		16,079.	7,114.	3,275.
18	COMPUTER EQUIPMENT	031414	SL	3.00	2,949.		2,949.	2,300.	649.
20	MINITOWERS (2)	091414	SL	5.00	13,130.		13,130.	4,814.	2,626.
	SERVER				16,079.		16,079.	7,114.	3,275.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT				16,079.		16,079.	7,114.	3,275.
15	SOFTWARE/INTANGIBLE	092012	SL	3.00	7,495.		7,495.	7,495.	0.
17	DONATION TRACKER SOFTWARE	101713	SL	3.00	8,540.		8,540.	7,829.	711.
	FUNDRAISING VIDEO				16,035.		16,035.	15,324.	711.
	* 990 PAGE 10 TOTAL - SOFTWARE/INTANGIBLE				194,310.		194,310.	128,220.	7,748.
	* GRAND TOTAL 990 PAGE 10 DEPR								

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

June 30, 2016

Prepared for	HAMPSHIRE COMMUNITY UNITED WAY 71 King Street, PO Box 123 Northampton, MA 01061-0123
Prepared by	Downey, Sweeney, Fitzgerald & Co., P.C. 504 Cottage Street Springfield, MA 01104-3219
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	November 15, 2016
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:</p> <p>Www.mass.gov/ago/epay</p> <p>All the necessary attachments should be included with Form PC before filing.</p>

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

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

Form PC

Report for the Fiscal Period: 07/01/15 to 06/30/16Attorney General's Account #: 011905Federal ID #: 04-2104792

Electronic Payment Confirmation #: _____

When did the organization first engage in
charitable work in Massachusetts?01/01/1922Has the organization applied for or been granted
IRS tax exempt status? Yes NoIf yes, date of application **OR** date of determination letter:08/01/1958

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions? Yes No**Check all items attached
(if applicable)**

- Filing Fee or
 Electronic Payment Confirmation #
- Copy of IRS Return
 Audited Financial Statements/Review
- Amended Articles/
By-Laws
- Schedule A-1
 Schedule A-2
 Schedule RO
 Probate Account

Organization DataName: HAMPSHIRE COMMUNITY UNITED WAYMailing Address: 71 KING STREET, PO BOX 123City: NORTHAMPTON State: MA ZIP: 01061-0123Phone Number: 413-584-3962 Fax Number: (413)-584-5114Email: _____ Website: WWW.UNITEDWAYHAMPSHIRECOUNTY.ORG

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

Category	Code	Category	Code
County (Table 1)	8	Organization Purpose Code 1	61
Type of Organization (Table 2)	16	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

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

- On what date was the organization created? 01/01/1922
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

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

Other (please describe): _____

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

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,087,865.
B.	Gross support and revenue	1,158,794.
C.	Program services and similar amounts paid out	1,027,166.
D.	Fundraising expenses	126,065.
E.	Management and general expenses	99,895.
F.	Payments to affiliates	0.
G.	Total expenses	1,253,126.
H.	Net assets or fund balances at the end of the year	1,286,984.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	DEBRA FOLEY CAMPAIGN DIRECTOR	37.00	65,475.	5,291.	0.
2.	ROBERT LAPRE DIRECTOR OF FINANCE	30.00	52,206.	15,821.	0.
3.	VICTORIA LUCADELLO COMMUNITY INVESTMENT MANAGER	37.00	45,989.	12,623.	0.
4.	KAREN O'CONNELL DIRECTOR OF DONOR GIVING	23.00	40,471.	2,024.	0.
5.	JAMES AYRES EXECUTIVE DIRECTOR	37.50	98,500.	6,785.	0.

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	DOWNEY, SWEENEY FITZGERALD	9,100.	AUDIT/TAX
2.	RC COMMUNICATIONS	3,945.	MARKETING
3.	PAUL SHOUL	5,000.	MARKETING/PHOTOGR
4.	SETH MIAS	3,200.	EVENTS
5.	PARAGUS	11,135.	INFORMATION TECHNOLOGY

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

Bank	Address	Phone Number
FLORENCE SAVINGS BANK	85 MAIN ST., FLORENCE, MA 01062	(413)586-1300
NORTHAMPTON COOPERATIVE BANK	67 KING ST., NORTHAMPTON, MA 01060	(413)584-4474
EASTHAMPTON SAVINGS BANK	PO BOX 351, EASTHAMPTON, MA 01027	(413)527-4111

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

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

Address: _____
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ROBERT LAPRE

Street Address: 71 KING STREET

City: NORTHAMPTON State: MA ZIP Code: 01060

Phone Number: (413)-584-3962

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

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

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

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

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

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

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

STATEMENT 1

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

STATEMENT 2

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

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

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JAMES AYRES 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	EXECUTIVE DIRECTOR
ROBERT LAPRE 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR OF FINANCE
DOUG WHEAT 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	CHAIR
JULIE COWAN 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	VICE-CHAIR
ROBB MORTON 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	TREASURER
KATE GLYNN 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	SECRETARY
JAMES CONNORS 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR
KEVIN DAY 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR
MOLLY FEINSTEIN 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR
JEFF HARNESS 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR
AMY LANDRY 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR
ELEANOR LASH 71 KING STREET, PO BOX 123 NORTHAMPTON, MA 01061-0123	DIRECTOR

DEBORAH LEOPOLD
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

RENEE MOSS
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

CLARE HIGGINS
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

MARK NOVOTNY
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

SARAH REECE
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

DIANA SUTTON-FERNANDEZ
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

RICHARD VENNE
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

STEPHEN WILLIAMS
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

MARILYN WOODMAN
71 KING STREET, PO BOX 123
NORTHAMPTON, MA 01061-0123

DIRECTOR

NAME AND ADDRESS

AREA OF RESPONSIBILITY

JAMES AYRES
71 KING STREET
NORTHAMPTON, MA 01061

AUTHORIZED TO SIGN CHECKS

ROBB MORTON
71 KING STREET
NORTHAMPTON, MA 01061

AUTHORIZED TO SIGN CHECKS

DOUG WHEAT
71 KING STREET
NORTHAMPTON, MA 01061

AUTHORIZED TO SIGN CHECKS

JAMES AYRES
71 KING STREET
NORTHAMPTON, MA 01061

RESPONSIBLE FOR CUSTODY OF FUNDS

JAMES AYRES
71 KING STREET
NORTHAMPTON, MA 01061

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BOARD OF DIRECTORS
71 KING STREET
NORTHAMPTON, MA 01061

RESPONSIBLE FOR FUNDRAISING

ROBERT LAPRE
71 KING STREET
NORTHAMPTON, MA 01061

CUSTODY OF FINANCIAL RECORDS

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

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

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

If yes, please attach an explanation.

Yes No

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

If yes, please attach an explanation.

Yes No

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

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

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

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

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

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

STATEMENT 3

FORM PC

PAGE 6, LINE 24

STATEMENT 3

NAME AND ADDRESS

JAMES AYRES
71 KING STREET
NORTHAMPTON, MA 01060

NATURE OF TRANSACTION

WAGES

AMOUNT INVOLVED

98,500.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

RENEE MOSS
71 KING STREET
NORTHAMPTON, MA 01060

NATURE OF TRANSACTION

GRANTS TO AGENCY WHERE BOARD MEMBER IS EMPLOYED

AMOUNT INVOLVED

50,000.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

DEBORAH LEOPOLD
71 KING STREET
NORTHAMPTON, MA 01060

NATURE OF TRANSACTION

GRANT TO AGENCY WHERE BOARD MEMBER IS EMPLOYED

AMOUNT INVOLVED

19,000.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

CLARE HIGGINS
71 KING STREET
NORTHAMPTON, MA 01060

NATURE OF TRANSACTION

GRANTS TO AGENCY WHERE BOARD MEMBER IS EMPLOYED

AMOUNT INVOLVED

15,000.

PROCEDURE FOLLOWED

BOARD APPROVED

Signature Required

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

Signature: _____ Date: _____

Printed Name: ROBB MORTON

Title: TREASURER

Name of Preparer: DOWNEY, SWEENEY, FITZGERALD & CO., P.C.

Address 504 COTTAGE STREET

City SPRINGFIELD State MA ZIP Code 01104-3219

Phone Number (413) 734-2163

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

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

UNITED WAY OF HAMPSHIRE COUNTY

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

JAMES AYRES

Name and Title: EXECUTIVE DIRECTOR

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

ROBB MORTON

Name and Title: TREASURER

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

Name and Title:

Address

City

State

ZIP Code

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

JAMES AYRES

Name and Title: EXECUTIVE DIRECTOR

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

ROBB MORTON

Name and Title: TREASURER

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

Name and Title:

Address

City

State

ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

UNITED WAY OF HAMPSHIRE COUNTY

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

JAMES AYRES

Name and Title: EXECUTIVE DIRECTOR

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

ROBB MORTON

Name and Title: TREASURER

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

Name and Title:

Address

City

State

ZIP Code

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

JAMES AYRES

Name and Title: EXECUTIVE DIRECTOR

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

ROBB MORTON

Name and Title: TREASURER

Address 71 KING STREET

City NORTHAMPTON

State MA

ZIP Code 01060

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

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

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

Signature: _____ Date: _____

Printed Name: ROBB MORTON

Title: TREASURER

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No