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EXTENDED TO AUGUST 17, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019 1909

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section with fields for organization name (COMMUNITY ACTION PIONEER VALLEY), address (393 MAIN STREET, GREENFIELD, MA 01301), and identification numbers.

Section C: Book value of all assets at end of year (4,923,633) and Section G: Check organization type (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (UNRELATED DEBT-FINANCED INCOME FROM REAL ESTATE).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Section J: The books are in care of LAURA LABOUNTY, Telephone number (413) 376-1126.

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a-4c Capital gain net income, 5-12 Other income, and 13 Total.

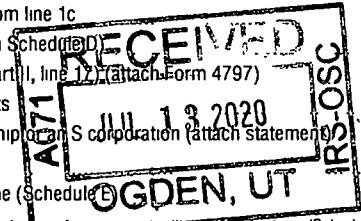


Table for Part II: Deductions Not Taken Elsewhere. Rows include 14 Compensation of officers, 15 Salaries and wages, 16-20 Repairs, bad debts, interest, taxes, and charitable contributions, 21-28 Other deductions, 29 Total deductions, 30-32 Unrelated business taxable income.

Received in Batching on Aug 9, 8 AM '20 SCANNED OCT 20 2020

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33 through 38. Total amount for line 38 is 1,155.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39 through 44. Total amount for line 44 is 243.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a through 55. Total amount for line 55 is 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Preparer information section including Print/Type preparer's name (HOWARD L. CHENEY), Preparer's signature, Date (06/01/20), Firm's name (MEYERS BROTHERS KALICKA, P.C.), Firm's address (330 WHITNEY AVE, SUITE 800, HOLYOKE, MA 01040), Firm's EIN (04-2713795), and Phone no. (413-536-8510).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	326 DEERFIELD ROAD, GREENFIELD, MA	9,413.		SEE STATEMENT 1
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) SEE STATEMENT 2	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	99,337.	191,011.	52.01%	4,896.
(2)			%	2,741.
(3)			%	
(4)			%	
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			4,896.	2,741.
Total dividends-received deductions included in column 8				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		2,976.	
INTEREST		1,403.	
ADMINISTRATIVE		589.	
INSURANCE		302.	
- SUBTOTAL -	1		5,270.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			5,270.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
326 DEERFIELD ROAD, GREENFIELD MA		191,011.	
- SUBTOTAL -	1		191,011.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			191,011.