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′ ゝ ҈ӷ <b>590-</b> T		EXTENDED TO AUGUST 17, 2020 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  endar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019	<b>1</b>	0 1 7 3 6 0MB No 1545-0687 2018			
partment of the Treasury arnal Revenue Service		► 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)	Ope	n to Public Inspection for c(3) Organizations Only			
Check box if address changed		Name of organization ( Check box if name changed and see instructions.)		identification number es' trust, see ns )			
Exempt under section	Print	COMMUNITY ACTION PIONEER VALLEY	04-2384972				
x 501(c <b>b)(</b> 3 ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  393 MAIN STREET	E Unrelated (See instru	business activity code actions )			
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code GREENFIELD, MA 01301	531120				
Book value of all assets at end of year		F Group exemption number (See instructions.)					
4,923,	633.	G Check organization type ► x 501(c) corporation 501(c) trust 401(a)	) trust	Other trust			
•	-	tion's unrelated trades or businesses.   1 Describe the only (or first) un	related	¥.			
		LATED DEBT-FINANCED INCOME FROM REAL ESTATE . If only one, complete Parts I-V.					
describe the first in the bl	ank spa	ce at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	nal trade or				
business, then complete	Parts III	V					
	•	oration a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes	X No			
If "Yes," enter the name a	es," enter the name and identifying number of the parent corporation.						

1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2	-		
	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedited)	4a		がある全部を含める	-
b	Net gain (loss) (Form 4797, Partill, line 17) (attach Form 4797)	4b		多名的经济的	
C	Capital loss deduction for trusts	4c		は記をからがいが、	
5	Income (loss) from a partnership or an S corporation (attach statement)	5	·	ALIEN SERVE	
	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedul BGDEN, U	7	4,896.	2,741.	2,155.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12		"两个物种基础等的"	
13	Total. Combine lines 3 through 12	13	4,896.	2,741.	2,155.

(A) Income

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

LAURA LABOUNTY

Part | Unrelated Trade or Business Income

14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 80 21 Depreciation (attach Form 4562) 22a 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 Depletion Contributions to deferred compensation plans 24 25 25 Employee benefit programs

J The books are in care of

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

2,155,

2,155.

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Telephone number ▶ (413)376-1126

(C) Net

(B) Expenses

	. (,	COMMITT METTON TIONS						
Part I	11. T	otal Unrelated Business	Taxable Income					
33	Total (	of unrelated business taxable income	computed from all unrelated trades or bu	sinesses (s	ee instruction	s)	33	2,15
34	Amou	nts paid for disallowed fringes					34	1
35	Deduc	tion for net operating loss arising in t	ax years beginning before January 1, 201	8 (see instr	uctions)		35	
36			before specific deduction. Subtract line 3	-	•			
		33 and 34	bololo oposilio doddolioli. Goddaet ililo o	0 0			36	2,15
			! 07			39	37	
37	•	• • • • • •	ee line 37 instructions for exceptions)		••	31	?   <del>3</del> //	1,00
38			ract line 37 from line 36. If line 37 is great	er than line	36,	30	7   1	
		the smaller of zero or line 36					38	1,15
;Part I	<u>V:</u> T	ax Computation						
39	Organ	izations Taxable as Corporations. M	lultiply line 38 by 21% (0.21)			46 ▶	-   39	24
40	Trusts	Taxable at Trust Rates. See instruct	tions for tax computation. Income tax on	the amount	on line 38 fro	m;	変/k	લ
		Tax rate schedule or Schedul	le D (Form 1041)			<b>•</b>	40	
41	_	tax. See instructions					41	
42	-	ative minimum tax (trusts only)				_	42	
		•					43	
43		n Noncompliant Facility Income. See				Цс		
44		Add lines 41, 42, and 43 to line 39 or	40, whichever applies			15	> 4 <u>4</u>	24
		ax and Payments						•
45 a	Foreig	n tax credit (corporations attach Forn	n 1118; trusts attach Form 1116)		45a			3
b	Other	credits (see instructions)			45b			हें
C	Gener	al business credit. Attach Form 3800			45c			,
d	Credit	for prior year minimum tax (attach Fo	orm 8801 or 8827)		45d		- 1900g	· .
-		credits. Add lines 45a through 45d	,		<u></u>		450	2
46		act line 45e from line 44					46	<del></del>
47		taxes. Check if from: Form 425	5	Form 88	ee 🗀 0++	ICF (attach schedule		
<b>\</b>		<del></del>			000 <u> </u>	aπach schedule 11		_
48		tax. Add lines 46 and 47 (see instruct	· ·	_		Ч	· -	
49			65-A or Form 965-B, Part II, column (k), I		1 . 1		49	
50 a	Paym	ents: A 2017 overpayment credited to	2018	5/4	50a	53	9.	E
b	2018	estimated tax payments			50jb			<u>^</u>
C	Tax de	eposited with Form 8868			50c		<b>**</b>	•
d	Foreig	n organizations; Tax paid or withheld	at source (see instructions)		50d			5
e	Backu	p withholding (see instructions)	•		50e			
		for small employer health insurance (	premiums (attach Form 8941)		50f			F
		credits, adjustments, and payments:	Form 2439		1 T		<b>₩</b> .	,
y	$\overline{}$	Form 4136		Total >	50			ا الله
			Other	Total	50g		51	
51		payments. Add lines 50a through 50g						
52		ated tax penalty (see instructions). Ch	•			_	52	
53	Tax d	ue. If line 51 is less than the total of li	nes 48, 49, and 52, enter amount owed			• بي	53	
54			otal of lines 48, 49, and 52, enter amount	overpaid		>>> ▶	- 54	
<b>S655-</b>	Enter	the amount of line 54 you want: Cred	ited to 2019 estimated tax		296.	Refunded >	- 55	5
Part \	ŽIŽ S	Statements Regarding Ce	rtain Activities and Other In	nformati	on (see ins	tructions)		
56	At any	time during the 2018 calendar year,	did the organization have an interest in oi	a signature	or other auth	nority		Yes N
	-		r other) in a foreign country? If "Yes," the	_		-		8-3-3
		, , ,	and Financial Accounts. If "Yes," enter the	•	-			
	here	· · · · -	and i mandar ricodanto. Il 100, onto the		, loroigii dodi	,		x X
c7				-464		. 4aa h		
57			ceive a distribution from, or was it the gra	mor or, or u	ransieror to, a	i toreign trustz		X
		s," see instructions for other forms the	•					
58		the amount of tax-exempt interest rec	eived or accrued during the tax year 🕨 🤇	<u> </u>				
		der pehalties of perior, yddeclafshifat finave reck ankloomeiste Declaration of brebater (	examined this return, including accompanying s other than taxpayer) is based on all information of	chedules and	statements, and	i to the best of my k	nowledge	e and belief, it is true,
Sign	"	<i>TVVVVVT IXX</i> TN		л р. ср.	ou nas any mie	cago		IRS discuss this return with
Here		Muy or III	(\_   \(\frac{1}{2}\)\[\frac{1}{2}\]\[\infty\] EX	ECUTIVE	DIRECTOR	•	•	arer shown below (see
		Signature of officer	Date / / Title					ons)? X Yes N
		Print/Type preparer's name	Preparer's signature	D:	nte	Check	ıf P	PTIN
		This is to be chare a manie	1 Toparor 3 Signature	ا ا				• 117
Paid		HOLLAND T. GWENNY	TOWN DD I GWYNNW	۔ ا	/01 /00	self- employe		D00201206
Prepa	arer	HOWARD L. CHENEY	HOWARD L. CHENEY	μ <sub>ο</sub>	/01/20	1		P00381206
Use (	Only	Firm's name MEYERS BROTHE	<u> </u>			Firm's EIN		04-2713795
	-		EY AVE, SUITE 800					
		Firm's address   HOLYOKE, M	1A 01040			Phone no.	413-5	
823711 0	1-09-19							Form <b>990-T</b> (20

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation N/	<u> </u>			
1 Inventory at beginning of year	1		6 Inventory at end of	year		6	
2 Purchases	2		7 Cost of goods sold	Subtract I	ine 6		
3 Cost of labor	3		from line 5. Enter hi	ere and in I	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of sect	on 263A (	with respect to		Yes No
b Other costs (attach schedule)	4b			•	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	·	,,		
Schedule C - Rent Income	(From Real	Property and	Personal Propert	y Leas	ed With Real Pro	perty)	
(see instructions)	•		•	•		• • •	
Description of property		<del></del>					
(1)							
(2)							·
(3)							
(4)							
•	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	d personal property (if the perc rsonal property exceeds 50% ( is based on profit or income)	entage or if	3(a) Deductions directly columns 2(a) ar	connected with and 2(b) (attach s	) the income in chedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	I Income (see ii	nstructions)				<del></del>
		· · · · · · · · · · · · · · · · · · ·	2. Gross income from		3. Deductions directly con to debt-finance		allocable
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) or	ther deductions
			manoco property		(attach schedule)		ach schedule)
				_		SEE STA	
(1) 326 DEERFIELD ROAD, GREE	NFIELD, MA		9,41	3.			5,270.
(2)				_			
(3)						<b>-</b>	<del></del>
(4)				_			<del> </del>
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis illocable to nced property schedule) EMENT 2	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1) 99,337.		191,011.	52.01%	,	4,896	5.	2,741.
(2)			9	,			
(3)			9/	5			
(4)			9/	,			
					inter here and on page 1, Part I, line 7, column (A)		re and on page 1, ne 7, column (8)
Totals				<b>▶</b>	4,896	5.	2,741.
Total dividends-received deductions in	cluded in columi	ı 8	,	-	<b>&gt;</b>		0.
					<del> </del>		

\*Form 990-T (2018) COMMUNITY ACTION PIONEER VALLEY 04-2384972

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part III, 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 minu column 5, but not mo than column 4)	JS
(1)								_
(2)								
(3)								
(4)							<del>-</del> -	
Totals from Part I	•	0.	0.	A STATE OF THE STA		100 100 100 100 100 100 100 100 100 100		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			TO A CONTRACT OF	Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	ο.	0.					0.

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

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

Form 990-T (2018)

FORM 990-T	SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION INTEREST ADMINISTRATIVE INSURANCE			2,976. 1,403. 589. 302.		
	- SUBTOTAL -	- 1		5,	270.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		5,	270.
FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI		ERTY	STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
326 DEERFIELD ROAD,	GREENFIELD MA - SUBTOTAL -	- 1	191,011.	191,	011.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	5		191,	011.