				ENDED TO AU						
Form 9	90⁴T	1	xempt Orgai							OMB No 1545-0047
1		For cal	endar year 2019 or other tax yea	nd proxy tax und			• •	7∞ 30, 2020	7	2019
		l roi cai		irs.gov/Form990T for in		·			-	2013
	ent of the Treasury evenue Service	▶	Do not enter SSN number						. [Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructio	ns.)		(Emple	yer identification number byees' trust, see ctions)
R Even	npt under section	Print	COMMUNITY ACTION	PIONEER VALLEY					ŀ	-2384972
	01(c ((3)	or	Number, street, and room		K See II	estructions.			E Unrela	ited business activity code
	08(e) 220(e)	Type	393 MAIN STREET		.,				(See in	structions)
	08A530(a)		City or town, state or prov	rince, country, and ZIP of	r foreig	n postal code				
	29(a)		GREENFIELD, MA 0						53112	0
C Book v	alue of all assets of year		F Group exemption numb		<u> </u>	1 1		T 1		
11.5.11	7,969		G Check organization type	<u> </u>				401(a)		Other trust
		•	tion's unrelated trades or b LATED DEBT-FINANC!		1			the only (or first) un		than and
	·		ce at the end of the previou				-	complete Parts I-V.		
	ess, then complete	•	•	is sentence, complete i a	ii to i ai	a II, complete a oc	, nouun	S IVI TOT CACH AUGINOTI	ai ii auc	OI .
-			oration a subsidiary in an a	affiliated group or a parer	nt-subs	idiary controlled gr	oup?	> [Ye	s X No
If "Ye:	s," enter the name a	ınd ident	ifying number of the paren	t corporation. 🕨			•			
J The b			AURA LABOUNTY					one number 🕨 (4		
Part			de or Business Inc	ome		(A) Income		(B) Expenses	•	(C) Net
	oss receipts or sale				١.			1		
\	ss returns and allov		A 1 7)	c Balance	1c 2			*		
~ U	est of goods sold (S oss profit Subtract		•		3			•	-	
	ipital gain net incom				4a					· <u>-</u> · · · · · · · · · · · · · · · · · · ·
	, <u> </u>	•	art II, line 17) (attach Form	4797)	4b		Á			
	pital loss deduction			,	4c				-	
5 Inc	come (loss) from a	partners	thip or an S corporation (at	tach statement)	5					*
	nt income (Schedu				6					
	related debt-financ		,		7	4,	855.	2	324.	2,531.
			nd rents from a controlled	-	8 9					
	ploited exempt activ		ın 501(c)(7), (9), or (17) or me (Schedule I)	ganization (Scheuble G)	10					
	lvertising income (S	-	• •		11				- 	
	her income (See ins		•		12				<i></i>	
13 To	otal. Combine lines				13		855.		324.	2,531.
Part			ot Taken Elsewher be directly confected wi				ions)			
14 C			rectors, and trustees (Sche		-	<u>`</u>			14	
15 S	alaries and wages								15	
16 R	lepairs and mainten	ance							16	
	ad debts			FOCI	75	\overline{n}			17	
	nterest (attach sche	dule) (se	ee instructions)	RECEI	<u>v </u>	닉이			18	
	axes and licenses	Form 45	S62)	100	000	OSO-SH 20 21a	1	i	19	
20 D	ess denreciation (attack	roini 4.	o Schedule A and elsewher		ZUZ) 21a			21b	
22 D	epletion		562) a Schedule A and elsewherd				1		22	<u> </u>
	ontributions to defe			OGDEN	٧, ٢				23	
	mployee benefit pro								24	
	xcess exempt expe		•						25	
	xoess readership co								26	
,	fher deductions (at		·						27	0.
	otal deductions A		14 through 27 ncome before net operating	lace daduation Subtrac	t line o	R from line 12			28	2,531.
			oss arising in tax years beg						25	2,331.
/	see instructions)	June 1	ood arrowing in tack yours beg	,g on or antor banda	٠, ٠, ٤٠				30	0.
<i>,</i>	•	axable ır	come. Subtract line 30 fro	m line 29					31	2,531.
923701 0	11-27-20 LHA F 0	r Paper	work Reduction Act Notice	, see instructions.						Form 990-T (2019)

Form 990	0-T(20 to COMMUNITY ACTION PIONEER VALLEY	04-2384972	Page 2
Part	Total Unrelated Business Taxable Income	<u> </u>	
32、	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	2,531.
	Amounts paid for disallowed fringes	33	
	Charitable contributions (see instructions for limitation rules)	, 3,4	0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 39		2,531.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	2,531.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	-		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37		1,531.
Diam		1 33 1	1,331,
	V Tax Computation	140	322.
_	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	762.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income See Instructions	} 44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	48	322.
	V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	_	
b	Other credits (see instructions)	_	
С	General business credit. Attach Form 3800 46c	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	1
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	322.
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	48	
49	Total tax Add lines 47 and 48 (see instructions)	1 49	322.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments. A 2018 overpayment credited to 2019	6.	
b	2019 estimated tax payments 51b		
c	Tax deposited with Form 8868 25	0.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
е	Backup withholding (see instructions) 51e		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
	Other credits, adjustments, and payments Form 2439	1	
	Form 4136 Other Total > 51g		
52	Total payments Add lines 51a through 51g	62	546.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	- 55	224.
<i>-</i>	Enter the amount of line 55 you want. Credited to 2020 estimated tax	▶ 56	0.
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
٠.	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		 x
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		l x
30	If "Yes," see instructions for other forms the organization may have to file.		- , -
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		i 1
	Under possitioned position. I declare that I have examined the return including accompanying schedules and statements, and to the best of my kind.	nowledge and belief, it is	true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		•
Here	EXECUTIVE DIRECTOR	May the IRS discuss the	
	Signature of officer Date Title	the preparer shown belownstructions)? X Y	
			es No
	Print/Type prepater's name Preparer's signature Date Check	ıf PTIN	
Paid	self- employe		
Prep	parer HOWARD L. CHENEY HOWARD L. CHENEY 06/01/21	P00381206	
-	Only Firm's name MEYERS BROTHERS KALICKA, P.C. Firm's EIN	04-271379	5
	330 WHITNEY AVE, SUITE 800		
	Firm's address HOLYOKE, MA 01040 Phone no.	413-536-8510	
923711	01-27-20	Form 9	90-T (2019)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invento	ory valuation N/A				—
1 Inventory at beginning of year	1	I	6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. Su	ubtract I	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	ed With Real Prop	perty)	
1. Description of property							
(1)							
(2)							_
(3)							
(4)							
	Rent receiv	ed or accrued			0/0\0.4		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than than	` of rent for per	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)	
(1)							
(2)	-						
(3)							
(4)							
Total .	0.	Total		0.			
(c) Total income. Add totals of columns here 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 Del	ot-Financed	I Income (see in	nstructions)				
			2. Gross income from		Deductions directly confit to debt-finance		
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
						SEE STATEMENT 1	
(1) 326 DEERFIELD ROAD, GREE	NFIELD, MA		10,782.			5,1	60.
(2)				<u> </u>		<u> </u>	
(3)				<u> </u>			
(4)	····						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule) EMENT 2	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
(1) 82,735.		183,752.	45.03%		4,855	. 2,3	24.
(2)			%				
(3)			%		_		
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (8)	
Totals			>		4,855	. 2,3	324.
Total dividends-received deductions in	icluded in columi	ı 8			>		0.
						Form 990-T (2	019)

Schedule F - Interest,		_,	,		Controlled O				- (555 116		<u>-1</u>
1. Name of controlled organiza	ition	2. Emj identifi num	cation		elated income instructions)		al of specified nents made	includ	rt of column 4 led in the contraction's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)								<u> </u>			
(3)											
(4)				l							
Nonexempt Controlled Organ	ızatıons										
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified paye made	ments	10 Part of colu in the controll gross		nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)						1					
(3)											
(4)	1										
							Add colur Enter here and line 8, d		e 1, Part I, A)	Enter h	Id columns 6 and 11 lere and on page 1, Part I, line 8, column (B)
Schedule G - Investme	ant Incor	ne of a	Saction	501/c)/	7) (Q) or	(17) Or	nanization		0.		0
	ructions)	ne or a	Section	1 50 1(0)(<i>1</i>), (9), 01	(17) (1)	yanızanı	1			
	cription of inco	me			2. Amount of	ıncome	3 Deduction directly connection (attach scheduler)	cted	4 Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)								-			
(2)											1
(3)					ļ	1					1
(4)						+					
Totals					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (8)
Schedule I - Exploited (see instr		Activity	Incom	ne, Othe	r Than Ac		ng Income)			
1. Description of exploited activity	2. G unrelated incomi trade or b	business e from	directly with pr of un	spenses connected roduction related ss income	4. Net incom from unrelated business (co minus colum gain, comput- through	I trade or blumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											1
(4)	 				†	1			1		<u> </u>
	Enter her page 1, line 10,	Part I,	page	ere and on 1, Part I, , col (B)					ı		Enter here and on page 1, Part II, line 25
Totals	1	0.		0.	<u></u>						0.
Schedule J - Advertis											
Part I Income From	Periodic	als Rep	orted c	on a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulation		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)					1						
Totals (carry to Part II, line (5))			0.	······································	0.						0
Totale (ourly to rait ii, iiio (0))			<u></u>		·		1		<u> </u>		Form 990-T (2019

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)	<u> </u>	-	-	-		
(3)				,		
(4)						
Totals from Part I	0.	. 0.			• • •	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)	1			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	- ·	<u> </u>	•	0.

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

1. Name	2 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		>	0

Form 990-T (2019)

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION INTEREST ADMINISTRATIVE INSURANCE			2,976. 1,271. 653. 260.		_
	- SUBTOTAL -	- 1		5,	160.
TOTAL OF FORM 990-1	C, SCHEDULE E, COLUMN	3(B)		5,	160.
FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI		RTY	STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
	GREENFIELD MA		183,752.		
326 DEERFIELD ROAD,	- SUBTOTAL -	- 1		183,	752.