## 'Form,990-EZ

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year
may use this form may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Address change Name change Initial return Termination Amended return Amended retu	557-3290 Exemption
Name change Initial return Initial return Amended return Amended return Amended return Initial return Initial return Initial return Amended return Initial r	557-3290 Exemption
Name change Initial return Initial return Amended return Amended return Amended return Initial return Initial return Initial return Amended return Initial r	557-3290 Exemption
Initial return type. CHICOPEE, MA 01022 Termination Specific Instructions. F Group E	Exemption
Amended return   Specific   Instructions.   F Group E	Exemption
Hamelded return   Itions.	<u> </u>
Application pending Number	
● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting method Other (specify) ▶	Cash X Accrual
	rganization is <b>not</b>
I Website: ► N/A required to attach Sche	edule B (Form 990,
J Tax-exempt status (check only one) — X 501(c) (3) ◄ (Insert no.) 4947(a)(1) or 527 990-EZ, or 990-PF).	
K Check ►if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally n \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to	
<ul> <li>Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ</li> </ul>	145,680.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructi	ons for Part I.)
1 Contributions, gifts, grants, and similar amounts received 1	70,571.
2 Program service revenue including government fees and contracts	
3 Membership dues and assessments	
4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less cost or other hasis and sales expenses 5 b Less cost or other hasis and sales expenses 5 b Less cost or other hasis and sales expenses	1,406.
5a Gross amount from sale of assets other than inventory 5a 38,515.	
b Less cost or other basis and sales expenses 5b 40,247.	
R c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)  See Statement 15c	-1,732.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)  See Statement 1  Sc  Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)  See Statement 1  Gross revenue (not including \$  of contributions	
reported on line 1) . 6a 35,188.	
b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c 7c	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	10,880.
7a Gross sales of inventory, less returns and allowances 7a	
b Less. cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grapts and similar amounts paid (attach schedule)  10 PECEIVED 9	81,125.
To Crarks and similar amounts paid (attach scriedule).	
L 11 Benefits haid to or for members	
12 Salaries, other compensation, and employee benefits  MAY 0 4 2010	
E 13 Professional fees and other payments to independent contractors	20,040.
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 12 13 14 15	
s is Finding, publications, postage, and snipping	771.
16 Other expenses (describe > See Statement 2 ) 16	76,231.
17 Total expenses. Add lines 10 through 16 ► 17	97,042.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-15,917.
N s 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 Other changes in net assets or fund balances (attach explanation)	144 625
No set assets or fund balances at beginning or year (from line 2/, column (A)) (must agree with end-or-year figure reported on prior year's return)  19  Other changes at beginning or year (from line 2/, column (A)) (must agree with end-or-year figure reported on prior year's return)	144,625.
cl = 2 and all all all all all all all all all al	120 700
2. The decide of the organization of the organ	128,708.
	(B) End of year 126 212
22 Cash, savings, and investments 140,112. 22 23 Land and buildings 23	126,212.
24 Other assets (describe ► See Statement 3 ) 4,513. 24	2,496.
25 Total assets (describe - See Statement 5 ) 4,515. [24 ]	
26 Total liabilities (describe ► ). 0 . 26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 144, 625. 27	
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Form 990-EZ (2009) USO COUNCIL OF				-314	12143 Page <b>2</b>
Part III Statement of Program Se		<b>s</b> (See the instructi	ons.)	(Dog	Expenses
What is the organization's primary exempt purpose? See	e Statement 4	· .	<del> </del>	1 (Reg 2 501 (d	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo	oses. In a clear and con	icise manner,	orgai	niżátions ànd section
program title.				for o	thers.)
28 Servicing the personal, e	ducational, social	, recreational	and		
entertainment needs of me	mbers of the armed	forces of the	United		
States of America and the				1	
	is amount includes foreign gra	ants, check here		28a	98,774.
29		· ·			, , , , , , , , , , , , , , , , , , ,
				1	
				1	
(Grants \$ ) If th	ıs amount ıncludes foreign gr	ants chack hare		29 a	
30	is amount includes foreign gr	arits, check here		254	
				1	
				1	
(Grants \$ ) If th	s amount includes foreign gr	ants chack hara		30 a	
31 Other program services (attach schedule		ants, check here		Jua	
· -	) is amount includes foreign gr	ants chack hara	▶□	31 a	
32 Total program service expenses (add line		ants, check here		32	98,774.
Part IV List of Officers, Directors		inlovees list each o	ne even if not cor		
List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	
DAVID JUBINVILLE	President	0.		0.	0.
2 DICKINSON FARM ROAD	0				
SOUTH HADLEY, MA 01075					
ALAN TRACY	Executive Direc	0.		0.	0.
167 PEARL STREET	0	••		•	· ·
SOUTH HADLEY, MA 01075	5				
MARTHA MANGINI	Secretary	0.		0.	0.
27 FOREST RIDGE ROAD	Secretary	0.		υ.	٠.
WEST SPRINGFIELD, MA 01089	0				1
RENE FAIVRE	Treasurer	0.		0.	0.
47 BRITTON STREET	U				
CHICOPEE, MA 01020					
JOSHUA HAMRE	Vice President	0.		0.	0.
100 WALKER AVENUE	0				
CHICOPEE, MA 01022	<u> </u>				
BRUCE MARSHALL	Vice President	0.		0.	0.
100 WALKER AVENUE	0				
CHICOPEE, MA 01022					
					<u> </u>
			•		
				1	
					_
					<u> </u>
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<u> </u>	t 4.3 Other information (Note the statement reguliernents in the institute of the V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
	each activity	33	_	X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
ā	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			.,
,	reporting, and proxy tax requirements?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 a 35 b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	335		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Only the organization file Form 1120-POL for this year?	37ь		х
		3/5		_^_
30 6	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
Ł	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.	<u> </u>		
	Initiation fees and capital contributions included on line 9		•	
Ł	Gross receipts, included on line 9, for public use of club facilities  39b  N/A		ļ	
<b>40</b> a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		ŧ.	
	section 4911 ►		ŧ	
Ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	401		<sub>v</sub>
_		40 b	<u> </u>	X
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u> </u>	•	
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization .			
€	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None	406	<u> </u>	<u> </u>
40 -	The acceptable			
42 6	or The organization's books are in care of ► ALAN TRACY Telephone no ► 413-5.	<u>57-3</u>	290_	
	Located at ► 100 WALKER AVENUE, CHICOPEE, MA ZIP + 4 ► 01022			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ	Yes	No
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	<b>-</b>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			,
	of Form 990-EZ	44	ļ	<u> X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х
BAA		rm 990	EZ (	

Form 990-l	EZ (2009) USO COUNCIL OF PIO	NEER VALLEY. IN	rc.	04-3142	:143 Page <b>4</b>
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 494 ection 4947(a)(1) no	7(a)(1) nonexemponexemponexempt charita	ble trusts must answe	ly. All section
for pi  47 Did ti  48 Is the  49a Did ti  b If 'Ye  50 Comempi	the organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule (he organization engage in lobbying activities organization a school as described in set he organization make any transfers to an es,' was the related organization a section plete this table for the organization's five oyees) who each received more than \$100,000	ct political campaign act C, Part I les? If 'Yes,' complete Section 170(b)(1)(A)(ii)? If exempt non-charitable if 527 organization?	tivities on behalf of or Schedule C, Part II f 'Yes,' complete Sche related organization?	in opposition to candidates edule E officers, directors, trustees	Yes No 46 X 47 X 48 X 49a X 49b
<b>51</b> Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated in s none, enter 'None.'	·		
None	(a) Name and address of each independent cont	racior paid more than \$100,000		(b) Type of service	(c) Compensation
<b>d</b> Total	number of other independent contractors	each receiving over \$1	00,000	<b>-</b>	
Sign Here	Under penalties of perjury, I declare that I have exartine, correct, and complete Declaration of preparer  Signature of Officer	mined this return, including acci (other than officer) is based on	ompanying schedules and st all information of which pre	atements, and to the best of my knoparer has any knowledge    4/3-6/3-0	10
	Type or print name and title			BACCULIVE DITECT	cor

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May the IRS discuss this return with the preparer shown above? See instructions

BAA

►X Yes No Form **990-EZ** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Employer identification number USO COUNCIL OF PIONEER VALLEY, INC. 04-3142143 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts g from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated C d l Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support organization in col (i) listed in your organization in col (i) organized in the US? (described on lines 1.9 above or IRC section the organization in col (i) of (see instructions)) governing document? your support? Yes Yes Nο Yes No No Total

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	edule A (Form 990 or 990-EZ) 2009					04-3142143	
Pai	t II. Support Schedule for	Organization	s Described in	Sections 170	0(b)(1)(A)(iv) a	nd 170(b)(1)(A	)(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)			
Sec	tion A. Public Support	<del></del>	<del></del>		_	<del>,</del>	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5							
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 i organization, check this box and	s for the organiza	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support	Percentage				
	Public support percentage for 20			11, column (f)		14	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	•		15	
16a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box blicly supported org	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, chec	ck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o licly supported org	n line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances test or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test, check this i	box and stop here	. Explain in Part IV	/ how
ŧ	<ul> <li>10%-facts-and-circumstances tes or more, and if the organization is organization meets the 'facts-and</li> </ul>	meets the 'facts-a	ind-circumstances	' test, check this l	box and stop here	.Explain in Part IV	5 is 10% ∕ how the
18	Private foundation. If the organiz	ation did not che	ck a box on line, 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see instr	ructions >

Schedule A (Form 990 or 990-EZ) 2009 USO COUNCIL OF PIONEER VALLEY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	cked the box on lin	e 9 of Part I.)				
Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·				<del> </del>	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	58,259.	41,167.	67,174.	66,086.	71,977.	304,663.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge	2,400.	2,400.	2,400.	2,400.		9,600.
6	Total. Add lines 1 through 5	60,659.	43,567.	69,574.	68,486.	71,977.	314,263.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						314,263.
		h		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			,
Sec	tion B. Total Support						
	tion B. Total Support	(3) 2005	<b>(P)</b> 2006	(a) 2007	(4) 2008	(a) 2000	(D Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9		60,659.	43,567.	69,574.	68,486.	71,977.	314,263.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,284.	43,567.	69,574. 4,856.			
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	60,659.	43,567.	69,574.	3,099.	71,977.	314, 263. 16, 752. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	3,284.	43,567.	69,574. 4,856.	68,486.	1,406.	314, 263. 16, 752.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	3,284.	43,567.	69,574. 4,856.	3,099.	1,406.	314, 263. 16, 752. 0. 16, 752.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,284.	43,567.	69,574. 4,856.	3,099.	1,406.	314, 263. 16, 752. 0. 16, 752. 0.
Cale 9 10 a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12)	3,284.	43,567.	4,856. 4,856.	3,099.	1,406. 1,406.	314, 263. 16, 752. 0. 16, 752.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and	3, 284.  3, 284.	43,567. 4,107. 4,107.	4,856. 4,856.	3,099.	1,406. 1,406.	314, 263. 16, 752. 0. 16, 752. 0.
Cale 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12)	3, 284.  3, 284.	43,567. 4,107. 4,107.	4,856. 4,856.	3,099.	1,406. 1,406.	314, 263. 16, 752. 0. 16, 752. 0.
Cale 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 i organization, check this box and	3, 284.  3, 284.  3, 284.  s for the organizat stop here.	43,567. 4,107. 4,107. on's first, second,	4,856. 4,856. third, fourth, or	3,099.	1,406. 1,406.	314,263. 16,752. 0. 16,752. 0. 331,015. ►□
Cale 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	3, 284.  3, 284.  3, 284.  s for the organizat stop here.  blic Support F 09 (line 8, column	43,567.  4,107.  4,107.  on's first, second,  ercentage  (f) divided by line	4,856. 4,856. third, fourth, or	3,099.	71, 977.  1, 406.  1, 406.  section 501(c)(3)	314,263. 16,752. 0. 16,752. 0. 331,015. ►□  94.9%
Cale 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Pu Public support percentage from 20	3, 284.  3, 284.  3, 284.  s for the organizat stop here. liblic Support P 09 (line 8, column 2008 Schedule A, F	43,567.  4,107.  4,107.  4,107.  on's first, second,  ercentage (f) divided by line Part III, line 15	4,856. 4,856. third, fourth, or	3,099.	71, 977. 1, 406. 1, 406.	314,263. 16,752. 0. 16,752. 0. 331,015. ►□
Cale 9 10 a  b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Public support percentage from 20 Public support percentage from 21 tion D. Computation of Inventorial support per	3, 284.  3, 284.  3, 284.  s for the organizat stop here.  bblic Support P 09 (line 8, column 2008 Schedule A, F/estment Incor	43,567.  4,107.  4,107.  4,107.  4,107.  Percentage (f) divided by line Part III, line 15 ne Percentage	4,856. 4,856. third, fourth, or	3,099. 3,099.	71, 977.  1, 406.  1, 406.  section 501(c)(3)	314,263. 16,752. 0. 16,752. 0. 331,015. ►□  94.9%  95.4%
Cale 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupublic support percentage from 2 tion D. Computation of Investment income percentage for 20.	3, 284.  3, 284.  3, 284.  3, 284.  s for the organizat stop here.  blic Support P 09 (line 8, column 2008 Schedule A, Frestment Incorpor 2009 (line 10c, corpor 2009 (line 2009 2009 200) line 2009 (line 2009 2009 200) line 2009 (line 2009 200) line 2009 200) line 2009 (line 2009 200) line 2009 200) line 2009 2000 2000 2000 2000 2000 2000 200	43,567.  4,107.  4,107.  4,107.  4,107.  Percentage (f) divided by line Part III, line 15 ne Percentage olumn (f) divided by	4,856. 4,856. third, fourth, or 13, column (f))	3,099. 3,099.	71, 977.  1, 406.  1, 406.  section 501(c)(3)  15 16	314,263. 16,752. 0. 16,752. 0. 331,015. ►□ 94.9% 95.4% 5.1%
Cale 9 10 a 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 Investment income percentage for Investment Income Investm	3, 284.  3, 284.  3, 284.  3, 284.  s for the organizate stop here.  blic Support Progress Schedule A, Frestment Incorpor 2009 (line 10c, com 2008 Schedule	43,567.  4,107.  4,107.  4,107.  4,107.  ercentage (f) divided by line Part III, line 15 ne Percentage olumn (f) divided by A, Part III, line 17	4, 856.  4, 856.  third, fourth, or  3, column (f))	3,099. 3,099. fifth tax year as a	71, 977.  1, 406.  1, 406.  section 501(c)(3)  15 16  17 18	314,263. 16,752. 0. 16,752. 0. 331,015. ►□ 94.9% 95.4% 5.1% 4.6%
Cale 9 10 a  b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box	3, 284.  3, 284.  3, 284.  3, 284.  s for the organization did ox and stop here.	43,567.  4,107.  4,107.  4,107.  4,107.  4,107.  Percentage  (f) divided by line Part III, line 15  ne Percentage olumn (f) divided by A, Part III, line 17 not check the box the organization quantitation of the organization o	4,856.  4,856.  4,856.  third, fourth, or  13, column (f))  by line 13, column on line 14, and lualifies as a public	68, 486.  3, 099.  3, 099.  fifth tax year as a	71, 977.  1, 406.  1, 406.  section 501(c)(3)  15 16  17 18  n 33-1/3%, and linanization	314,263. 16,752. 0. 16,752. 0. 331,015. ► □ 94.9% 95.4% 5.1% 4.6% e 17 is not ► X
Cale 9 10 a  b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 inganization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	3, 284.  3, 284.  3, 284.  3, 284.  s for the organization did ox and stop here.  c organization did ox and stop here.  e organization did ox and stop here.  e organization did ox and stop here.  e organization did	43,567.  4,107.  4,107.  4,107.  4,107.  4,107.  Percentage (f) divided by line Part III, line 15  ne Percentage olumn (f) divided by A, Part III, line 17 not check the box fine organization quant the check a box or not ch	4,856.  4,856.  4,856.  third, fourth, or  13, column (f))  by line 13, column on line 14, and I ualifies as a publication line 14 or 19a.	68, 486.  3, 099.  3, 099.  fifth tax year as a a city supported organd line 16 is more than city supported organd line 16 is more and line 16 is more than the city supported organd line 16 is more than the city supported organd line 16 is more than the city supported organd line 16 is more than the city supported organization.	71, 977.  1, 406.  1, 406.  1, 406.  15 16  17 18  n 33-1/3%, and linanization e than 33-1/3%, and	314,263. 16,752. 0. 16,752. 0. 331,015. ► □ 94.9% 95.4% 5.1% 4.6% e 17 is not ► X

Schedule /	A (Forr	n 990	or 99	0-EZ)	2009	US	0 (	COUN	CIL	OF	PIC	ONEE	R V	ALLEY	, INC			04-3	1421	43	1	Page 4
Part IV	Sup	plem	enta	al Info	orma	tion.	. Co	mpl	ete t	his p	part	to pr	ovid	e the e	explan	ation	s req	uired	by Pa	art II, I	ine 10	<del>);</del>
	"Par	ť II, li	ne 1	7а оі	r 17b;	and	d Pa	art II	l, lin	e 12	. Pr	ovide	e any	other	addit	ional	infori	<u>matior</u>	า. Se	e instr	uction	ıs.
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545 0047

	e organization						Employer identifica	
USO C	OUNCIL OF PIONEER VA						04-314214	3
Part I	Fundraising Activities. Completerm 990EZ filers are not requ	ete if the organ	ization an	swered 'Ye t	es' to Form 990, Part IV	, line 17		
1 Ind	icate whether the organization r	aised funds thr	ough any	of the follo	wing activities. Check a	III that a	pply.	
	Mail solicitations				Solicitation of non-	governm	ent grants	
	Internet and email solicitations				Solicitation of gove	•	•	
	Phone solicitations				Special fundraising		granto	
<b>—</b>	In-person solicitations				opecial fundraising	events		
<b>2</b> a Did		r oral agreeme	nt with an	v individua	d (including officers, dire	actors t	rustaas or kav	
em	the organization have written o ployees listed in Form 990, Part	VII) or entity in	n connectí	on with pro	ofessional fundraising s	ervices?	rustees of Key	Yes No
<b>b</b> If '\	Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ities (fundi	aise <b>r</b> s) pu	rsuant to agreements u	nder wh	ich the fundrais	er is to be
	(i) Name of individual or entity (fundraiser)  (ii) Activity (iii) Did fundraiser have custody or control of contributions?		dy or control	(iv) Gross receipts from activity	or (	mount paid to retained by) aiser listed in col.(i)	(vi) Amount paid to (or retained by) organization	
				Υ				Organization
			Yes	No		İ		
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Tot				▶				
3 List or l	all states in which the organiza icensing.	tion is registere	ed or licen	sed to soli	cit funds or has been n	otified it	is exempt from	registration
		- <b></b>						
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		G (Form 990 or 990-EZ) 2009 USO COL			04-31		Page 2
Par	<u> </u>	Fundraising Events. Complete it reported more than \$15,000 on F	the organization a form 990-EZ, line (	enswered 'Yes' to F ba. List events with	form 990, Part IV, gross receipts gre	line 18, or ater than \$5	5,000.
	•		(a) Event #1 SPECIAL EVENTS	<b>(b)</b> Event #2	(c) Other Events	(d) Total Ev (Add col. (a) t col (c)	hrough
R E			(event type)	(event type)	(total number)		, ———
ころろくのと	1	Gross receipts	35,188.			35	,188.
E	2	Less. Charitable contributions.					
	_ 3	Gross income (line 1 minus line 2)	35,188.			35	<u>,188.</u>
	4	Cash prizes			· <u></u>		
D	5	Noncash prizes					<u></u>
D-RECT	6	Rent/facility costs				_	
	7	Food and beverages					
X P	8	Entertainment					
EXPEZSES	9	Other direct expenses	24,308.			24	,308.
3	10	Direct expense summary. Add lines 4- th	rough 9 in column (d)		•	24	,308.
		Net income summary. Combine lines 3, c			<u> </u>		,880.
Pai	† <b>!</b> !!	<b>Gaming.</b> Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ration answered 'Yo a.	es' to Form 990, Pa	art IV, line 19, or re	eported mor	e than
REVENU			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga (Add col. (a) total col. (c)	through
Ë	1	Gross revenue					
D X I P R E	2	Cash prizes					
DIRECT	3	Non-cash prizes					
5	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		_
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		<b></b>		
				l	_		
	8	Net gaming income summary. Combine l	ines i, column (a) and	line /		YE	S NO
9		er the state(s) in which the organization op				9a	
		ne organization licensed to operate gaming lo,' explain.	activities in each of the	ese states:		34	-
		re any of the organization's gaming license	s revoked, suspended	or terminated during the	tax year?	10 a	
•	, ii c 	'es,' explain					
11	 Doe	es the organization operate gaming activities	es with nonmembers?				
12	ls tl	ne organization a grantor, beneficiary or truninister charitable gaming?		mber of a partnership or	r other entity formed to	12	
BAA		mister chartable garring:	TEEA3702L	02/05/10	Schedule <b>G</b> (Fo		EZ) 2009

Page 2

YES   NO   Name.   N	Schedule G (Form 990 or 990-EZ) 2009 USO COUNCIL OF PIONEER VALLEY, INC. 04-	-3142143	P	age 3
a The organization's facility b An outside facility  13a	•		YES	NO
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.  Name.  Address.  Address.  15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b if 'Yes,' enter the amount of gaming revenue received by the organization \$	13 Indicate the percentage of gaming activity operated in.			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.  Name.   Address.   Address.    15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party.  Name.    Address.    Gaming manager information  Name.    Gaming manager compensation    \$  Description of services provided.      Independent contractor	a The organization's facility	8		
Name.    Address.    15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  bit 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party.  c If 'Yes,' enter name and address of the third party.  Name.    Address.    Gaming manager information  Name.    Gaming manager compensation    \$  Description of services provided.     Director/officer    Employee    Independent contractor	<b>b</b> An outside facility	8		
Address.   15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  c if 'Yes,' enter name and address of the third party.  Name.   Address.   Gaming manager information  Name.   Gaming manager compensation   \$  Description of services provided.	14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords.		
Address.   15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  c if 'Yes,' enter name and address of the third party.  Name.   Address.   Gaming manager information  Name.   Gaming manager compensation   \$  Description of services provided.				
Address.   15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b if 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  c if 'Yes,' enter name and address of the third party.  Name.   Address.   Gaming manager information  Name.   Gaming manager compensation   \$  Description of services provided.	Name. •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  c If 'Yes,' enter name and address of the third party.  Name. \[ \begin{align*} Address. \] align				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$  c If 'Yes,' enter name and address of the third party.  Name. \[ \begin{align*} Address. \] align	Address. ►			
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party.  Name. ▶				
of gaming revenue retained by the third party \$  c If 'Yes,' enter name and address of the third party.  Name. ▶	15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15	a	
c If 'Yes,' enter name and address of the third party.  Name.  Address.  Address.  Gaming manager information  Name.  Gaming manager compensation  Substitution  Substitut	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the ar	mount		
Name. ►	of gaming revenue retained by the third party \$			
Address.   16 Gaming manager information  Name.   Gaming manager compensation   Description of services provided.   Director/officer   Employee  Independent contractor	c If 'Yes,' enter name and address of the third party.	Į.		
Address.   16 Gaming manager information  Name.   Gaming manager compensation   Description of services provided.   Director/officer   Employee  Independent contractor		•		
Address.   16 Gaming manager information  Name.   Gaming manager compensation   Description of services provided.   Director/officer   Employee  Independent contractor	Name. •			
Name. ►  Gaming manager information  Name. ►  Gaming manager compensation ► \$  Description of services provided. ►  Director/officer		ŀ		
Name.   Gaming manager compensation   \$ Description of services provided.   Director/officer   Employee   Independent contractor	Address. •			
Name.   Gaming manager compensation   \$ Description of services provided.   Director/officer   Employee   Independent contractor				
Gaming manager compensation ► \$  Description of services provided. ►  □ Director/officer □ Employee □ Independent contractor	16 Gaming manager information			
Gaming manager compensation ► \$  Description of services provided. ►  □ Director/officer □ Employee □ Independent contractor				
Description of services provided. ►	Name, •	[		
Description of services provided. ►	0			
Director/officer Employee Independent contractor  17 Mandatory distributions	Gaming manager compensation > \$			
Director/officer Employee Independent contractor  17 Mandatory distributions	December of company woulded.			
17 Mandatory distributions	Description of services provided.			
17 Mandatory distributions	Director/officer DEmployee DIndependent contractor			
		ļ		
	17 Mandatory distributions	Į.		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain	the 17	a	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		ļ	1	
organization's own exempt activities during the tax year. > \$	· · · · · · · · · · · · · · · · · · ·			
		G (Form 990 or	990-EZ	2009

2009	Federal Statements		Page <sup>2</sup>	
Client 7	USO COUNCIL OF PIONEER VALLE	Y, INC.	04-3142143	
4/22/10			08 45AI	
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninve	ntory Sales			
Publicly Traded Securiti	es			
Gross Sales Price: Cost or Other Basis:	38,515. 40,247.			
	Total Gain (Loss) Publicly	Traded Securities <u>\$</u>	-1,732.	
	Total Net Gain (Loss) From 1	Noninventory Sales 🕏	-1,732.	
· · · · · · · · · · · · · · · · · · ·				
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses				
	s, and Meetings	\$	585. 3,386. 2,017. 1,491. 38,781. 2,739. 24,409. 1,203. 325. 549. 746.	

Statement 3 Form 990-EZ, Part II, Line 24 Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	Total $\frac{$}{$}$ $\frac{4,513}{4,513}$	. \$ 2,496. \$ 2,496.

Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To fulfill the purpose of a United Service Organization.

2009	Federal Statements	Page 2
Client 7	USO COUNCIL OF PIONEER VALLEY, INC.	04-3142143
4/22/10		08.45AM
Statement 5 Form 990-EZ Regarding T	Z, Part VI ransfers Associated with Personal Benefit Contracts	
(a) Did t indirectly (b) Did t	he organization, during the year, receive any funds, directly or , to pay premiums on a personal benefit contract? he organization, during the year, pay premiums, directly or , on a personal benefit contract?	No No
indiffectly, on	, on a personal benefit contract:	140
		į
		: