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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
63 UNION STREET

City or town, state or country, and ZIP + 4
NEW BEDFORD, MA 02740

D Employer identification number
04-3280353

E Telephone number
(508) 996-8253

G Gross receipts $ 7,904,534

F Name and address of principal officer
CRAIG DUTRA
63 UNION STREET
NEW BEDFORD, MA 02740

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFSEMA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS IS TO IMPROVE AND PROTECT THE QUALITY OF LIFE IN OUR REGION BY PROMOTING COLLABORATION AND UNDERSTANDING AMONG ALL MEMBERS OF THE COMMUNITY, PROVIDING A FLEXIBLE PERMANENT VEHICLE FOR DONORS WITH DIVERSE INTERESTS, PROTECTING THE COMMUNITY'S ENDOWMENT THROUGH PRUDENT INVESTMENT AND EFFECTIVE STEWARDSHIP, EXPANDING THE COMMUNITY'S ENDOWMENT THROUGH APPROPRIATE SOLICITATION, AND ASCERTAINING COMMUNITY NEEDS AND OPPORTUNITIES AND ACTING AS AN INFORMED GRANTMAKER

2 Check this box ▶ ☐ 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**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total gross 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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,787,329	3,032,572
	9 Program service revenue (Part VIII, line 2g)	65,401	56,182
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-245,568	-1,023,958
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,031	1,725
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,618,193	2,066,521
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,848,920	1,389,420
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	315,697	324,786
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶421,132		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	727,761	981,111
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,892,378	2,695,317
	19 Revenue less expenses Subtract line 18 from line 12	-274,185	-628,796

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	14,373,453	18,039,392
	21 Total liabilities (Part X, line 26)	822,483	837,191
	22 Net assets or fund balances Subtract line 21 from line 20	13,550,970	17,202,201

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

****** | 2010-06-24
Signature of officer | Date

CRAIG DUTRA PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Richard B Dionne	Date 2010-06-24	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: Anstiss & Co PC, 21 George Street, Lowell, MA 01852			EIN ▶
			Phone no ▶ (978) 452-2500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF THE COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS IS TO IMPROVE AND PROTECT THE QUALITY OF LIFE IN OUR REGION BY PROMOTING COLLABORATION AND UNDERSTANDING AMONG ALL MEMBERS OF THE COMMUNITY, PROVIDING A FLEXIBLE PERMANENT VEHICLE FOR DONORS WITH DIVERSE INTERESTS, PROTECTING THE COMMUNITY'S ENDOWMENT THROUGH PRUDENT INVESTMENT AND EFFECTIVE STEWARDSHIP, EXPANDING THE COMMUNITY'S ENDOWMENT THROUGH APPROPRIATE SOLICITATION, ASCERTAINING COMMUNITY NEEDS AND OPPORTUNITIES AND ACTING AS AN INFORMED GRANTMAKER

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 ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,927,914 including grants of $ 1,389,420) (Revenue $ 2,083,642)

GRANT MAKING FOR COMMUNITY NEEDS

4b (Code) (Expenses $ including grants of $) (Revenue $)

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** ▶ $ 1,927,914

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII.*			
	• 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? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	76		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	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 Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 24		
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?	2	Yes	
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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CRAIG DUTRA PRESIDENT
63 UNION STREET
NEW BEDFORD, MA 02740
(508) 996-8253

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MS MARGHERITA BALDWIN DIRECTOR	2 00	X						0	0	0
MR PETER C BOGLE Esq CLERK	5 00	X		X				0	0	0
MS LINDA BODENMANN VICE-CHAIR	5 00	X		X				0	0	0
MR SETH GARFIELD DIRECTOR	2 00	X						0	0	0
MR PETER BULLARD ESQ DIRECTOR	2 00	X						0	0	0
MR CARL J CRUZ DIRECTOR	2 00	X						0	0	0
MR JOHN J FEITELBERG FORMER CLERK	2 00	X						0	0	0
MS ELIZABETH ISHERWOOD PAST-CHAIR	2 00	X						0	0	0
MR WILLIAM KENNEDY FORMER DIRECTOR	2 00	X						0	0	0
REV ROBERT LAWRENCE DIRECTOR	2 00	X						0	0	0
MR THOMAS LYONS CHAIR	10 00	X		X				0	0	0
MS PRISCILLA DITCHFIELD DIRECTOR	2 00	X						0	0	0
MS MARY LOUISE NUNES C TREASURER	10 00	X		X				0	0	0
MR CALVIN SIEGAL FORMER DIRECTOR	2 00	X						0	0	0
MR PAUL DOWNEY DIRECTOR	2 00	X						0	0	0
MR RICHARD LAFRANCE DIRECTOR	2 00	X						0	0	0
ATTORNEY JUNE SMITH DIRECTOR	2 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	(C) Position (check all that apply)						(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			
SR KATHLEEN HARRINGTON DIRECTOR	2 00	X						0	0	0
ALBERT E LEES III DIRECTOR	2 00	X						0	0	0
MR RICHARD TOOMEY ESQ DIRECTOR	2 00	X						0	0	0
ROBERT WARD ESQ DIRECTOR	2 00	X						0	0	0
MS DEBORAH A MCLAUGHLIN DIRECTOR	2 00	X						0	0	0
MS HANNAH MOORE DIRECTOR	2 00	X						0	0	0
MR GEORGE OLIVEIRA DIRECTOR	2 00	X						0	0	0
MR JAMES S HUGHES DIRECTOR	2 00	X						0	0	0
MR ERIC H STRAND DIRECTOR	2 00	X						0	0	0
MR EDWARD G SIEGAL CP DIRECTOR	2 00	X						0	0	0
MR CRAIG DUTRA PRESIDENT	40 00			X				108,073	0	10,245
1b Total . . . . . ▶								108,073	0	10,245

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	8,220			
	c	Fundraising events	1c	94,265			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,930,087			
	g	Noncash contributions included in lines 1a-1f $ 17,344					
	h	**Total.** Add lines 1a-1f		3,032,572			
Program Service Revenue			Business Code				
	2a	WORKSHOP FEES	900,099	50,341	50,341		
	b	Administrative Fees	541,610	5,841	5,841		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		56,182			
	3	Investment income (including dividends, interest and other similar amounts)		412,820			412,820
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,383,985				
	b	Less cost or other basis and sales expenses	5,820,763				
	c	Gain or (loss)	-1,436,778				
	d	Net gain or (loss)		-1,436,778			-1,436,778
Other Revenue	8a	Gross income from fundraising events (not including $ 18,975 of contributions reported on line 1c) See Part IV, line 18	a 94,265				
	b	Less direct expenses	b 17,250				
	c	Net income or (loss) from fundraising events		1,725			1,725
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	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				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		2,066,521	56,182	0	-1,022,233

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,389,420	1,389,420		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,318	29,580	59,158	29,580
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	166,464	85,905	38,530	42,029
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,638	4,449	2,007	2,182
9 Other employee benefits	9,315	5,069	3,779	467
10 Payroll taxes	22,051	9,056	7,449	5,546
11 Fees for services (non-employees)				
a Management				
b Legal	1,100		1,100	
c Accounting	9,000		9,000	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	73,865	73,865		
g Other	288,932	132,349	110,176	46,407
12 Advertising and promotion	37,962	23,980	4,434	9,548
13 Office expenses	60,702	21,250	28,131	11,321
14 Information technology	15,283	6,277	5,163	3,843
15 Royalties				
16 Occupancy	35,700	14,662	12,059	8,979
17 Travel	28,086	1,921	26,165	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	93,309	38,322	31,520	23,467
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,870	4,054	3,334	2,482
23 Insurance	4,890	624	4,266	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FUNDRAISING EXPENSES	249,852	16,826		233,026
b PROGRAM EXPENSES	61,259	61,259		
c PUBLICATIONS	6,890	6,890		
d PROMOTIONAL MATERIALS	2,433	430		2,003
e DEVELOPMENT	1,978	1,726		252
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,695,317	1,927,914	346,271	421,132
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		150,153	1	472,683
	2	Savings and temporary cash investments		1,326,084	2	1,585,293
	3	Pledges and grants receivable, net		291,478	3	340,642
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,217	9	8,476
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 106,128			
	b	Less accumulated depreciation	10b 82,749	28,652	10c	23,379
	11	Investments—publicly traded securities		12,564,169	11	15,608,919
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,700	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,373,453	16	18,039,392
Liabilities	17	Accounts payable and accrued expenses		26,439	17	49,729
	18	Grants payable		241,131	18	109,285
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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 Complete Part X of Schedule D		554,913	25	678,177
	26	**Total liabilities.** Add lines 17 through 25		822,483	26	837,191
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,496,513	27	14,844,258
	28	Temporarily restricted net assets		1,402,267	28	1,621,696
	29	Permanently restricted net assets		652,190	29	736,247
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		13,550,970	33	17,202,201
	34	Total liabilities and net assets/fund balances		14,373,453	34	18,039,392

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

Part I 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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a 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 name, city, and state

_____

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).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 to 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,939,961	1,594,415	4,152,474	2,787,329	3,032,572	13,506,751
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	1,939,961	1,594,415	4,152,474	2,787,329	3,032,572	13,506,751
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)						2,220,569
6 **Public Support.** Subtract line 5 from line 4						11,286,182

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,939,961	331,349	4,152,474	2,787,329	3,032,572	13,506,751
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	214,065	331,349	398,864	480,320	412,820	1,837,418
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						15,344,169

12 Gross receipts from related activities, etc (See instructions)	12	189,938

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	73 550 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	73 360 %

16a **33 1/3% support test—2009.** 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 ☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	30	
2	Aggregate contributions to (during year)	457,887	
3	Aggregate grants from (during year)	352,338	
4	Aggregate value at end of year	1,808,283	

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? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	12,145,062	16,462,436			
b Contributions	810,300	637,115			
c Investment earnings or losses	2,812,712	-4,096,650			
d Grants or scholarships	453,729	632,277			
e Other expenditures for facilities and programs	305,173	32,267			
f Administrative expenses	152,192	193,295			
g End of year balance	14,856,980	12,145,062			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 93 400 %
- b Permanent endowment ▶ 1 640 %
- c Term endowment ▶ 4 960 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,786	5,815	8,971
d Equipment		54,123	45,893	8,230
e Other		37,219	31,041	6,178
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				23,379

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
FISCAL SPONSORSHIP FUNDS	59,024
AGENCY ENDOWMENT FUNDS	619,153
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	678,177

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,066,521
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,695,317
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-628,796
4	Net unrealized gains (losses) on investments	4	4,277,369
5	Donated services and use of facilities	5	5,158
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,500
9	Total adjustments (net) Add lines 4 - 8	9	4,280,027
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,651,231

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,272,683
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,277,369		
b	Donated services and use of facilities	2b	5,158		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	4,282,527
3	Subtract line **2e** from line **1**			3	1,990,156
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	73,865		
b	Other (Describe in Part XIV)	4b	2,500		
c	Add lines **4a** and **4b**			4c	76,365
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,066,521

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,621,452
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,621,452
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	73,865		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	73,865
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,695,317

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE COMMUNITY OF SOUTHEASTERN MASSACHUSETTS INTENDS TO USE ENDOWMENT FUNDS FOR MAKING GRANT DISTRIBUTIONS TO OTHER AREA NON-PROFIT ORGANIZATIONS TO BE USED FOR THE GENERAL GOOD OF THE COMMUNITY
Part X	Description of Uncertain Tax Positions Under FIN 48	The Organization, incorporated under Chapter 180 of the Massachusetts General Laws as a tax exempt entity, has been granted tax-exempt status under Internal Revenue Code (IRC) Section 501(c)(3) and is classified as other than a private foundation as defined by section 509(a) of the IRC Therefore, it is generally exempt from federal and state income taxes Accordingly, no provision for income taxes has been provided for in the accompanying financial statements Effective with the current year the Organization is required by FASB ASC 740-10 (formerly FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes) to evaluate and disclose tax positions that could have an effect on the Organization's financial statements The Organization reports its activities to the Internal Revenue Service and to the Commonwealth of Massachusetts on an annual basis These informational returns are generally subject to audit and review by the governmental agencies for a period of three years after filing Substantially all of the Organization's income, expenditures and activities relate to its exempt purpose Therefore, management has determined that the Organization is not subject to unrelated business income taxes and will continue to qualify as a tax exempt not-for-profit entity
Part XI, Line 8 - Other Adjustments		CONTRIBUTIONS RECEIVED BY AGENCY ENDOWMENTS - 2500
Part XII, Line 4b - Other Adjustments		CONTRIBUTIONS RECEIVED BY AGENCY ENDOWMENTS

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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

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ROAD RACE (event type)	(b) Event #2 DINNER EVENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	21,030	92,210		113,240
	2 Less Charitable contributions	21,030	73,235		94,265
	3 Gross income (line 1 minus line 2)		18,975		18,975
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		17,250		17,250
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				17,250
	11 Net income summary Combine lines 3, column d, and line 10 ▶				1,725

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
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			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 31

3 Enter total number of other organizations . . . ▶ 7

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL GRANTEES ARE REQUIRED TO SUBMIT REPORTS TO THE FOUNDATION AT THE END OF THE GRANT CYCLE GRANTEES WHO ARE RECIPIENTS OF DISCRETIONARY GRANTS RECEIVE ADDITIONAL REVIEW INCLUDING SUBMISSION OF MID-TERM PROGRESS REPORTS, SITE VISITS AND EVALUATIONS WHICH VARY ACCORDING TO TYPE OF GRANT

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TWO OF THE FOUNDATION'S BOARD MEMBERS ALSO SERVE AS TRUSTEE AND TREASURER OF THE WHALING MUSEUM WHICH LEASES OFFICE SPACE TO THE COMMUNITY FOUNDATION FIVE DIRECTORS ALSO SERVE AS DIRECTORS OF BANKFIVE, TWO OF WHICH ARE ALSO OFFICERS OF THE BANK
Form 990, Part VI, Section B, line 11		ANNUALLY, THE FINANCE AND AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR TO REVIEW AND APPROVE THE SUBMISSION OF THE FOMR 990 PRIOR TO SUBMISSION, THE TREASURER ALSO PRESENTS A SUMMARY OF OUR ANNUAL AUDIT, RELATED FINDINGS AND THE FORM 990 TO THE FULL BOARD
Form 990, Part VI, Section B, line 12c		THE BOARD HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT WAS UPDATED AND ADOPTED AS PART OF A COMPREHENSIVE POLICIES FOR BUSINESS CONDUCT IN DECEMBER 2008 CFSEMA REQUIRES ANNUAL SUBMISSIONS OF BOARD AND BUSINESS AFFILIATIONS IN ADDITION, BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICT OF INTEREST DURING MEETINGS WHICH ARE SUBSEQUENTLY NOTED IN THE MINUTES FOR THOSE MEETINGS
Form 990, Part VI, Section B, line 15		aNNUALLY, THE BOARD CHAIR LEADS THE REVIEW AND COMPENSATION RECOMMENDATIONS FOR THE PRESIDENT AND CEO THAT REVIEW INCLUDES A WRITTEN EVALUATION BASED ON WRITTEN INPUT FROM BOARD MEMBERS DURING THAT PROCESS, THE CHAIR ALSO REVIEWS COMPARATIVE COMPENSATION OF OTHER CEOS OF SIMILAR ORGANIZATIONS IN THE REGION THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR COMPLETING THE ANNUAL REVIEW AND PRESENTING ITS FINDINGS AND COMPENSATION RECOMMENDATIONS TO THE FULL BOARD TO VOTE ON
Form 990, Part VI, Section C, line 18		THESE DOCUMENTS ARE AVAILABLE ON THE FOUNDATION'S WEB SITE, ON GUIDESTAR AND UPON REQUEST AT THE FOUNDATION'S OFFICES
Form 990, Part VI, Section C, line 19		THESE DOCUMENTS ARE AVAILABLE ON REQUEST AT THE FOUNDATION'S OFFICES

Additional Data

Software ID:

Software Version:

EIN: 04-3280353

Name: COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FUNDRAISING EXPENSES	249,852	16,826		233,026
PROGRAM EXPENSES	61,259	61,259		
PUBLICATIONS	6,890	6,890		
PROMOTIONAL MATERIALS	2,433	430		2,003
DEVELOPMENT	1,978	1,726		252

Additional Data Return to Form

Software ID:
Software Version:
EIN: 04-3280353
Name: COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW BEDFORD PUBLIC SCHOOLS226 HATHAWAY BOULEVARD NEW BEDFORD, MA 02740	04-6001402		5,000				AFTER SCHOOL PROGRAM
3RD EYE UNLIMITED48 UNION STREET NEW BEDFORD, MA 02740	04-3582197	501(C)3	19,000				VIDEO MICRO-BUSINESS INITIATIVE CAPACITY BUILDING, HIV/AIDS YOUTH EDUCATION MUSIC COMPILATION, AND BOARD DEVELOPMENT CONSULTANT
AMERICANS FOR CAMPAIGN REFORM6 BICENTENNIAL SQUARE CONCORD, NH 03301	27-0052180	501(C)3	15,000				GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF GREATER NEW BEDFORD INC166 JENNEY STREET NEW BEDFORD, MA 02740	04-2104752	501(C)3	28,501				GENERAL OPERATING SUPPORT, ANNUAL APPEAL, AND GIRLS EXCLUSIVE PROGRAM
BUTTONWOOD PARK ZOOLOGICAL SOCIETY425 HAWTHORN STREET NEW BEDFORD, MA 02740	04-2661467	501(C)3	11,000				RAIN GARDEN, KETTLEPOND HYDROPONIC WALL, SHRINK YOUR FOOTPRINT,AND EARTH EVE PROCESSION 2010
CHILD & FAMILY SERVICES 1061 PLEASENT STREET NEW BEDFORD, MA 02740	04-2104754	501(C)3	22,500				GENERAL OPERATING SUPPORT
COALITION AGAINST POVERTY - NEW BEDFORD 46 UNION STREET 2ND FLOOR NEW BEDFORD, MA 02740	04-3351827	501(C)3	7,500				LEADERSHIP DEVELOPMENT AND GENERAL OPERATING SUPPORT
COALITION FOR BUZZARDS BAY620 BELLEVILLE AVENUE NEW BEDFORD, MA 02745	04-2971978	501(C)3	29,500				CAPITAL CAMPAIGN, GENERAL OPERATING SUPPORT, EDUCATION FOR WOMEN AND GIRLS WHO PROTECT THE BAY, ESTABLISH THE BUZZARDS BAY GUARDIAN AWARD FOR WOMEN AND EDUCATIONAL, AND INTERNSHIPS FOR WOMEN
COMMUNITY BOATING CENTER1641 PADANARAM AVENUE NEW BEDFORD, MA 02740	04-3401842	501(C)3	8,050				YOUTH DEVELOPMENT, SUMMER YOUTH SAILING PROGRAM, GENERAL OPERATING SUPPORT, BEACON LIGHT PROGRAM, AND SAILING LESSONS FOR UNDERPRIVILEGED GIRLS
COMMUNITY ECONOMIC DEVELOPMENT CENTER OF SE MASS181 HILLMAN STREET BUILDING 9 NEW BEDFORD, MA 02740	04-3371170	501(C)3	19,950				IMMIGRANT RIGHTS' ADVOCACY, CASE MANAGEMENT AND EMERGENCY ASSISTANCE, AND GROCERY VOUCHERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY NURSE & HOSPICE CARE INC62 CENTRE STREET FAIRHAVEN,MA 02719	04-2104019	501(C)3	10,000				GENERAL OPERATING SUPPORT
DENNISON MEMORIAL COMMUNITY CENTER755 FIRST STREET NEW BEDFORD,MA 02740	04-2103806	501(C)3	20,500				GENERAL OPERATING SUPPORT
GLOBAL LEARNING CHARTER SCHOOL190 ASHLEY BLVD NEW BEDFORD,MA 02746	41-2205240		62,450				GENERAL OPERATING SUPPORT
GREATER NEW BEDFORD WORKFORCE INVESTMENT BOARD227 UNION STREET SUITE 206 NEW BEDFORD,MA 02740	04-3306335	501(C)3	12,000				EARLY LITERACY CONSORTIUM AND PROGRAM DEVELOPMENT SPECIALIST
IMMIGRANTS' ASSISTANCE CENTER58 CRAPO STREET NEW BEDFORD,MA 02719	04-2530908	501(C)3	6,500				GROCERY VOUCHERS
KATIE BROWN EDUCATIONAL PROGRAM INC139 S MAIN ST 1ST FLOOR FALL RIVER,MA 02721	45-0480658	501(C)3	5,000				GENERAL OPERATING SUPPORT
KATHERINE NORDELL LLOYD CENTER FOR ENVIRONMENT STUDIES INC430 POTOMSKA ROAD SOUTH DARTMOUTH,MA 02748	04-3066693	501(C)3	5,050				SHRINK YOUR FOOTSTEP SERIES, PURCHASE A PROJECTOR, GENERAL OPERATING SUPPORT, AND COASTAL EXPLORATION PROGRAM
THE MARION INSTITUTE INC202 SPRING STREET MARION,MA 02738	04-3206583	501(C)3	32,858				BIONEERS BY THE BAY 2009 SUSTAINABILITY EDUCATION PROGRAMMING, BIONEERS BY THE BAY SCHOLARSHIPS, BIONEERS BY THE BAY 2009 SPONSORSHIP, AND BIONEERS BY THE BAY KICK OFF EVENT
NATIVITY PREPARATORY SCHOOL OF NEW BEDFORD 66 SPRING STREET NEW BEDFORD,MA 02740	04-3501206	501(C)3	15,500				GENERAL OPERATING SUPPORT AND COMPUTER SUPPLIES
NEW BEDFORD OCEANARIUM CORPORATIONPO BOX 1906 NEW BEDFORD,MA 02741	04-3205211	501(C)3	17,500				GENERAL OPERATING SUPPORT, OCEAN EXPLORIUM GALA, CONNECTING CLIMATE ACADEMY, AND WOMEN IN SCIENCE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW BEDFORD PUBLIC SCHOOLSSCHOOLS AS A SAFE HARBOR455 COUNTY STREET NEW BEDFORD, MA 02740	04-6001402		13,284				2009 NEW BEDFORD MIDDLE AND HIGH SCHOOL YOUTH RISK SURVEY AND LEWIS TEMPLE SEA LAB SCHOLARSHIPS
NORTHSTAR LEARNING CENTER63 LINDEN STREET NEW BEDFORD, MA 02719	51-0200575		11,473				FARMER'S MARKET AT CLASKY COMMON, ANNUAL DISTRIBUTION, URBAN AGRICULTURE APPRENTICESHIP, AND GENERAL OPERATING SUPPORT
OLD DARTMOUTH HISTORICAL SOCIETYWHALING MUSEUM18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	04-2104805	501(C)3	93,428				DISTRIBUTABLE INCOME, GENERAL OPERATING SUPPORT,AND APPRENTICESHIP PROGRAM FOR ADOLESCENT GIRLS
ORGANIZATION MAYA K'ICHE'PO BOX 63053 NEW BEDFORD, MA 02746	04-3524866	501(C)3	8,800				GROCERY VOUCHERS
OUR SISTERS SCHOOL INC 145 BROWNELL AVENUE NEW BEDFORD, MA 02740	26-0367118	501(C)3	29,950				GENERAL OPERATING SUPPORT, OSS COMMUNITY GARDEN, LIBRARY, SCIENCE PROGRAM, AND CHALLENGE GRANT
PAACAPO BOX 6730 NEW BEDFORD, MA 02740	04-2791362	501(C)3	7,800				BRAR/BEAN COMMUNITY GARDEN AND INSTALLATION OF AN ARTESIAN WELL TO SUSTAIN VICTORY PARK POND
PACE INC166 WILLIAMS STREET NEW BEDFORD, MA 02740	04-2777810	501(C)3	15,467				WELLNESS PROGRAM, WEATHERIZATION EXPLORATION TRAINING PROJECT, AND RENOVATION TO THE BROOKLAWN PARK SKATE PARK
SMILESPO BOX 1712 NEW BEDFORD, MA 02741	20-5177577	501(C)3	72,500				GENERAL OPERATING SUPPORT AND CARLOS PACHECO ELEMENTARY SCHOOL PROGRAM
SOUTHCOAST HEALTH SYSTEMS101 PAGE STREET NEW BEDFORD, MA 02741	04-2769210	501(C)3	47,000				ST LUKE'S HOSPITAL GENERAL OPERATING SUPPORT, TOBEY HOSPITAL GENERAL OPERATING SUPPORT, AND ST LUKE'S HOSPITAL CAPITAL CAMPAIGN
NEW BEDFORD WOMEN'S CENTER INC405 COUNTY STREET NEW BEDFORD, MA 02740	04-2557022	501(C)3	6,388				ANNUAL DISTRIBUTION, "SAFE DATES" AT WESTPORT HIGH SCHOOL, AND GENERAL OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOWN OF MARION2 SPRING STREET MARION,MA 02738			6,264				PROPERTY TAX RELIEF
TREATMENT ON DEMAND INC308 COTTAGE STREET NEW BEDFORD,MA 02740	22-3096908	501(C)3	9,500				SPIRITUAL WARRIOR SOCIETY - SACRED GREEN SPACE, FOOD SECURITY AND ENVIRONMENTAL PROGRAM, AND THE SACRED GREEN HOUSE
UMASS DARTMOUTH285 OLD WESTPORT ROAD NORTH DARTMOUTH,MA 02747	04-3167352		10,850				SUSTAINABILITY TEACHER TRAINING AND COMMUNITY TRAINING, SUSTAINABILITY LIBRARY RESOURCE CORNERS, AND WOMEN'S RESOURCE CENTER
UMASS DARTMOUTH FOUNDATION285 OLD WESTPORT ROAD NORTH DARTMOUTH,MA 02747	23-7336988	501(C)3	110,000				SUPPORT FOR MARINE LIVING EXHIBITS AT THE OCEAN EXPLORIUM, WOMEN'S STUDIES MAJOR SCHOLARSHIP FUND AND THE WOMEN'S RESOURCE CENTER, ADAMS GRANT MATCH, AND LEADERSHIP SOUTHCOAST SCHOLARSHIP FOR YOUTH PROGRAM EXECUTIVES
UNITED FRONT HOMES285 ASH STREET NEW BEDFORD,MA 02740	31-1616634		8,500				COMMUNITY RECYCLING INITIATIVE
UNITED WAY OF GREATER NEW BEDFORD105 WILLIAM STREET NEW BEDFORD,MA 02740	04-2104264	501(C)3	86,750				COMMUNITY DEVELOPMENT, GENERAL OPERATING SUPPORT, NEW BEDFORD MINI-GRANTS PROGRAM COMMUNITY GARDENING PROJECTS,AND SUMMER OF 2009 YOUTH EMPLOYMENT OPPORTUNITIES INITIATIVE
YMCA SOUTHCOAST25 SOUTH WATER STREET NEW BEDFORD,MA 02740	04-2104749	501(C)3	34,309				GENERAL OPERATING SUPPORT, SHARE THE HARVEST, Y CARES PROGRAM, "EVERY GIRL DESERVES AN AMAZING SUMMER" PROGRAM, SUPPORT FOR SEPTEMBER FUNDRAISER, CONSULTING SERVICES FOR YOUR BUILDING PROJECT, AND AFTER SCHOOL PROGRAMMING FOR YOUNG GIRLS
ZEITERION THEATRE INC 684 PURCHASE STRET NEW BEDFORD,MA 02740	04-2845276	501(C)3	10,500				GENERAL OPERATING SUPPORT AND EDUCATIONAL PROGRAMMING FOR YOUNG WOMEN