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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number	
B Check if applicable	C Name of organization COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC		E Telephone number
☐ Address change	Doing Business As		(508) 996-8253
☐ Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite 63 UNION STREET		G Gross receipts \$ 12,058,928
☐ Initial return	City or town, state or country, and ZIP + 4 NEW BEDFORD, MA 02740		
☐ Terminated			
☐ Amended return			
☐ Application pending			
	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)
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527			H(c) Group exemption number ▶
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
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Activities & Governance	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 individuals employed in calendar year 2011 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,135,758	Current Year 3,281,620
	9 Program service revenue (Part VIII, line 2g)	75,612	85,576
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,530,702	1,192,026
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,528	2,324
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,744,600	4,561,546
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,861,314
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		348,318	335,265
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) <u>398,890</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		956,758	1,075,698
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,166,390	3,954,762
19 Revenue less expenses Subtract line 18 from line 12		5,578,210	606,784
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	24,799,309	23,511,643
	21 Total liabilities (Part X, line 26)	1,022,633	1,690,131
	22 Net assets or fund balances Subtract line 21 from line 20	23,776,676	21,821,512

Part II	Signature Block
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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	***** Signature of officer			2012-07-27 Date	
	CRAIG DUTRA PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	RICHARD B DIONNE	Date 2012-07-27	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00142882
	Firm's name (or yours if self-employed), address, and ZIP + 4	ANSTISS & CO PC 1115 WESTFORD STREET LOWELL, MA 01851			EIN 04-2917204
					Phone no (978) 452-2500

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

Check if Schedule O contains a response to any question in this Part III ☒

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.

Form **990** (2011)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.	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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	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.		No
c	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.		No
d	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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 and IV.		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 and IV.		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.		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.	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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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
Check if Schedule O contains a response to any question in this Part V ☐				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a75		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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. .	2a9		
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 (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	24		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MS MARGHERITA BALDWIN DIRECTOR	2 00	X						0	0	0
(2) MR PETER C BOGLE ESQ CHAIR	5 00	X		X				0	0	0
(3) MS LINDA BODENMANN PAST CHAIR	5 00	X		X				0	0	0
(4) MR SETH GARFIELD DIRECTOR	2 00	X						0	0	0
(5) MR PETER BULLARD ESQ DIRECTOR	2 00	X						0	0	0
(6) MR CARL J CRUZ DIRECTOR	2 00	X						0	0	0
(7) MS ELIZABETH ISHERWOOD ASSISTANT TREASURER	2 00	X		X				0	0	0
(8) REV ROBERT LAWRENCE FORMER DIRECTOR	2 00	X						0	0	0
(9) MR THOMAS LYONS DIRECTOR	10 00	X						0	0	0
(10) MS PRISCILLA DITCHFIELD FORMER DIRECTOR	2 00	X						0	0	0
(11) MS MARY LOUISE NUNES CPA TREASURER	10 00	X		X				0	0	0
(12) MR PAUL DOWNEY DIRECTOR	2 00	X						0	0	0
(13) MR RICHARD LAFRANCE DIRECTOR	2 00	X						0	0	0
(14) ATTORNEY JUNE SMITH CLERK	2 00	X		X				0	0	0
(15) SR KATHLEEN HARRINGTON DIRECTOR	2 00	X						0	0	0
(16) ALBERT E LEES III FORMER DIRECTOR	2 00	X						0	0	0
(17) ROBERT WARD ESQ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MS DEBORAH A MCCLAUGHLIN DIRECTOR	2 00	X						0	0	0
(19) MS HANNAH MOORE DIRECTOR	2 00	X						0	0	0
(20) MR GEORGE OLIVEIRA DIRECTOR	2 00	X						0	0	0
(21) MR JAMES S HUGHES DIRECTOR	2 00	X						0	0	0
(22) MR EDWARD G SIEGAL CPA VICE CHAIR	2 00	X		X				0	0	0
(23) CAROLE FIOLA DIRECTOR	2 00	X						0	0	0
(24) MR GERRY KAVANAUGH DIRECTOR	2 00	X						0	0	0
(25) MS JOAN MENARD DIRECTOR	2 00	X						0	0	0
(26) MR LEONDARD SULLIVAN DIRECTOR	2 00	X						0	0	0
(27) MR CRAIG DUTRA PRESIDENT	40 00			X				113,280	0	9,719
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								113,280	0	9,719

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	8,870			
	c	Fundraising events	1c	97,692			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,175,058			
	g	Noncash contributions included in lines 1a-1f \$ 51,459					
	h	Total. Add lines 1a-1f		3,281,620			
Program Service Revenue			Business Code				
	2a	WORKSHOP FEES	900099	79,120	79,120		
	b	ADMINISTRATIVE FEES	541610	6,456	6,456		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		85,576			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		491,897			491,897
	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	8,174,269				
	b	Less cost or other basis and sales expenses	7,474,140				
	c	Gain or (loss)	700,129				
	d	Net gain or (loss)		700,129			700,129
	8a	Gross income from fundraising events (not including \$ 97,692 of contributions reported on line 1c) See Part IV, line 18					
		a	25,566				
	b	Less direct expenses	b	23,242			
	c	Net income or (loss) from fundraising events . .		2,324			2,324
	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				
	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		4,561,546	85,576	0	1,194,350	

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	2,543,799	2,543,799		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	122,999	55,350	36,899	30,750
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	173,416	78,754	22,925	71,737
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,597	3,452	933	3,212
9	Other employee benefits	7,073	3,210	993	2,870
10	Payroll taxes	24,180	10,941	4,800	8,439
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,721		2,721	
c	Accounting	19,700		19,700	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	109,700	109,700		
g	Other	390,031	149,603	165,179	75,249
12	Advertising and promotion	24,966	10,254	8,433	6,279
13	Office expenses	79,763	27,257	37,103	15,403
14	Information technology	25,740	10,551	8,728	6,461
15	Royalties				
16	Occupancy	37,235	15,292	12,578	9,365
17	Travel	20,321		20,321	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,669	20,399	16,778	12,492
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,682	4,798	3,946	2,938
23	Insurance	6,033		6,033	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EVENTS EXPENSES	255,666	102,266		153,400
b	PROGRAM EXPENSES	30,621	30,621		
c	PUBLICATIONS	11,555	11,555		
d	DEVELOPMENT	295			295
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,954,762	3,187,802	368,070	398,890
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			534,060	1	513,309
	2	Savings and temporary cash investments			1,078,482	2	1,005,728
	3	Pledges and grants receivable, net			425,053	3	43,881
	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			8,389	9	8,572
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	127,241			
	b	Less accumulated depreciation	10b	106,899	26,828	10c	20,342
	11	Investments—publicly traded securities			22,726,497	11	21,919,811
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			24,799,309	16	23,511,643
Liabilities	17	Accounts payable and accrued expenses			91,322	17	90,056
	18	Grants payable			375	18	484,092
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			930,936	25	1,115,983
	26	Total liabilities. Add lines 17 through 25			1,022,633	26	1,690,131
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			21,080,034	27	19,706,790
	28	Temporarily restricted net assets			1,960,395	28	1,372,248
	29	Permanently restricted net assets			736,247	29	742,474
	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			23,776,676	33	21,821,512
	34	Total liabilities and net assets/fund balances			24,799,309	34	23,511,643

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,561,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,954,762
3	Revenue less expenses Subtract line 2 from line 1	3	606,784
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,776,676
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,561,948
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,821,512

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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 separate basis, consolidated 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	

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

2011

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 33 1/3% 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 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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,152,474	2,787,329	3,032,572	2,906,902	3,283,944	16,163,221
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	4,152,474	2,787,329	3,032,572	2,906,902	3,283,944	16,163,221
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)						2,164,883
6 Public Support. Subtract line 5 from line 4						13,998,338

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,152,474	2,787,329	3,032,572	2,906,902	3,283,944	16,163,221
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	398,864	480,320	412,820	469,898	491,897	2,253,799
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)						18,417,020

12

Gross receipts from related activities, etc (See instructions)

12

305,807

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 2011 (line 6 column (f) divided by line 11 column (f))	14	76.010 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	75.000 %

16a

33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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	34
2	Aggregate contributions to (during year)	436,044
3	Aggregate grants from (during year)	539,764
4	Aggregate value at end of year	2,858,998

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

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
1c	
1d	
1e	
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	20,046,013	14,856,980	12,145,062	16,462,436	
b Contributions	835,615	3,642,866	810,300	637,115	
c Investment earnings or losses	-1,021,692	2,260,823	2,812,712	-4,096,650	
d Grants or scholarships	1,157,887	636,490	453,729	632,277	
e Other expenditures for facilities and programs	-568,242		305,173	32,267	
f Administrative expenses	334,484	78,166	152,192	193,295	
g End of year balance	18,935,807	20,046,013	14,856,980	12,145,062	

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

- a** Board designated or quasi-endowment ▶ 91 890 %
- b** Permanent endowment ▶ 3 920 %
- c** Term endowment ▶ 4 190 %

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

Description of property	(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	11,728	3,058
d Equipment		54,123	51,928	2,195
e Other		58,332	43,243	15,089
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				20,342

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,561,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,954,762
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	606,784
4	Net unrealized gains (losses) on investments	4	-2,301,638
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-260,310
9	Total adjustments (net) Add lines 4 - 8	9	-2,561,948
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,955,164

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,885,208
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,301,638
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-2,301,638
3	Subtract line 2e from line 1	3	4,186,846
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	109,700
b	Other (Describe in Part XIV)	4b	265,000
c	Add lines 4a and 4b	4c	374,700
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,561,546

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,840,372
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	3,840,372
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	109,700
b	Other (Describe in Part XIV)	4b	4,690
c	Add lines 4a and 4b	4c	114,390
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,954,762

Part XIVSupplemental 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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. ASC 740-10, "INCOME TAXES" REQUIRES THE FOUNDATION TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION 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 FOUNDATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION 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 & GRANTS DISBURSED BY AGENCY ENDOWMENTS -260,310
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS RECEIVED BY AGENCY ENDOWMENTS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANT DISBURSEMENTS BY AGENCY ENDOWMENTS

SCHEDULE G
(Form 990 or 990-EZ)

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

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

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 services?

☐ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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	(b) Event #2	(c) Other Events	(d) Total Events
		ROAD RACE (event type)	DINNER EVENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	42,344	80,914	123,258
	2	Less Charitable contributions	42,344	55,348	97,692
	3	Gross income (line 1 minus line 2)		25,566	25,566
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	21,792		21,792
	8	Entertainment			
	9	Other direct expenses	1,450		1,450
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(23,242)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			2,324

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			
	2	Cash prizes			
Direct Expenses	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 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

Yes

No

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS INC

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

2011

Open to Public
Inspection

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 listed in the line 1 table ▶

46

3

Enter total number of other organizations listed in the line 1 table ▶

10

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

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 WHALING MUSEUM 18 JOHHNY CAKE HILL NEW BEDFORD, MA 02740	04-2104805	501(C)3	147,500				CHALLENGE GRANT, APPRENTICESHIP PROGRAM, AND GENERAL OPERATING EXPENSES
CATHOLIC SOCIAL SERVICES1600 BAY STREET FALL RIVER, MA 02724	04-2106394	501(C)3	34,500				FUTURE EDUCATION, ADULT LEARNING, EARLY LITERACY, AND GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF SOUTHEASTERN MA 106 SPRING STREET NEW BEDFORD, MA 02740	04-3193575	501(C)3	5,000				GENERAL OPERATING SUPPORT
BOYS & GIRLS CLUB OF GREATER NEW BEDFORD INC166 JENNEY STREET NEW BEDFORD, MA 02740	04-2104752	501(C)3	20,000				GENERAL OPERATING SUPPORT
ALMA DEL MAR PUBLIC CHARTER SCHOOLS1114 FRONT STREET NEW BEDFORD, MA 02740			16,000				CAPITAL NEEDS, GENERAL OPERATING
CHILD & FAMILY SERVICES1061 PLEASANT STREET NEW BEDFORD, MA 02740	04-2104754	501(C)3	10,000				GENERAL OPERATING SUPPORT
YWCA OF SOUTHEASTERN MA 20 SOUTH SIXTH STREET NEW BEDFORD, MA 02740	04-2104747	501(C)3	31,000				DENNISON GIRLS EXLUSIVE PROGRAM AND PROGRAMING FOR GIRLS AND WOMEN
ARTWORKS PARTNERS FOR THE ARTS AND COMMUNITY INC 384 ACUSHNET AVENUE NEW BEDFORD, MA 02740	04-3221166	501(C)3	29,500				LEARNING STUDIO
BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY INC 41 BERKELEY STREET BOSTON, MA 02116	22-2995201	501(C)3	20,000				SCHOLARSHIP ENDOWMENT FUND
COMMUNITY ECONOMIC DEVELOPMENT CENTER OF SE MASS181 HILLMAN STREET BUILDING 9 NEW BEDFORD, MA 02740	04-3371170	501(C)3	53,000				WORKFORCE DEVELOPMENT, TRANSPRTATION, ESOL PROJECT
COMMUNITY NURSE & HOSPICE CARE INC62 CENTRE STREET FAIRHAVEN, MA 02719	04-2104019	501(C)3	5,000				GENERAL OPERATING SUPPORT
DENNISON MEMORIAL COMMUNITY CENTER755 FIRST STREET NEW BEDFORD, MA 02740	04-2103806	501(C)3	20,000				GENERAL OPERATING SUPPORT
GLOBAL LEARNING CHARTER SCHOOL 190 ASHLEY BLVD NEW BEDFORD, MA 02746	41-2205240		99,970				GENERAL OPERATING SUPPORT
BRICK BY BRICK3 SOUTH 6TH STREET NEW BEDFORD, MA 02740	04-3528626	501(C)3	5,000				GIRLS RULE CREATIVE CAREERS PROGRAM
IMMIGRANTS' ASSISTANCE CENTER58 CRAPO STREET NEW BEDFORD, MA 02719	04-2530908	501(C)3	28,000				ESOL CLASSES WITH CITIZENSHIP PREPARATION
BUZZARDS BAY COALITION114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)3	34,668				GENERAL OPERATING, LEADERSHIP DOCENT
UNITED INTERFAITH ACTION OF SOUTHEASTERN MA 160 ROCK STREET FALL RIVER, MA 02720	31-1585685	501(C)3	36,000				IMMIGRANT TRAINING AND ORGANIZING PROJECT, GENERAL OPERATIONS, PLANNING CONSULTANT
THE MARION INSTITUTE INC202 SPRING STREET MARION, MA 02738	04-3206583	501(C)3	154,000				GREEN JOBS, VAN, CONNECTING FOR CHANGE CONFERENCE
NATIVITY PREPARATORY SCHOOL OF NEW BEDFORD66 SPRING STREET NEW BEDFORD, MA 02740	04-3501206	501(C)3	8,000				GENERAL OPERATING SUPPORT
NEW BEDFORD OCEANARIUM CORPORATIONPO BOX 1906 NEW BEDFORD, MA 02741	04-3205211	501(C)3	5,000				PROGRAM SUPPORT FOR YOUNG GIRLS AND WOMEN

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 SCHOOLS 455 COUNTY STREET NEW BEDFORD, MA 02740	04-6001402		12,500				HOME VISITOR PROGRAM, EMERGING READERS
NORTHSTAR LEARNING CENTER53 LINDEN STREET NEW BEDFORD, MA 02719	51-0200575	501(C)3	5,000				OPERATING EXPENSES
BRISTOL COMMUNITY COLLEGE FOUNDATION777 ELSBREE STREET FALL RIVER, MA 02720	04-2707491	501(C)3	75,000				ESOL, WISE WOMEN, EDUCATION TO EMPLOYMENT, LIFE WORK
MASSACHUSETTS IMMIRGRANT & REFUGEE ADVOCACY COALITION INC105 CHAUNCY STREET SUITE 901 BOSTON, MA 02111	22-3115048	501(C)3	33,000				ENGLISH WORKS/NEW BEDFORD CAMPAIGN, AMERICORPS INTEGRATION PROGRAM
CITY OF NEW BEDFORD133 WILLIAM STREET NEW BEDFORD, MA 02740			5,000				ENERGY ASSISTANCE
PAACA360 COGGESHALL STREET NEW BEDFORD, MA 02740	04-2791362	501(C)3	5,000				INSIGHT YOUTH SERVICES
PACE INC166 WILLIAMS STREET NEW BEDFORD, MA 02740	04-2777810	501(C)3	16,000				FAMILY CENTER LITERACY PROGRAM
SMILESPO BOX 1712 NEW BEDFORD, MA 02741	20-5177577	501(C)3	10,000				GENERAL OPERATING SUPPORT
COASTLINE ELDERLY SERVICES1646 PURCHASE STREET NEW BEDFORD, MA 02740	04-2622121	501(C)3	5,000				PRIORITY MEALS PROGRAM
OUR SISTERS' SCHOOL INC145 BROWNELL AVENUE NEW BEDFORD, MA 02740	26-0367118	501(C)3	41,000				GENERAL OPERATING SUPPORT
COMMONWEALTH WORKFORCEONE CENTER PLAZA BOSTON, MA 02108		501(C)3	10,000				PROFESSIONAL DEVELOPMENT FOR GNB SERVICE PROVIDERS
REACH OUT AND READ56 ROLAND STREET SUITE 100D BOSTON, MA 02129	04-3481253	501(C)3	10,000				GENERAL OPERATING SUPPORT
COMMUNITY ROWINGHARRY PARKER BOATHOUSE BRIGHTON, MA 02135	04-2863756	501(C)3	5,000				NEW BEDFORD GIRLS ROWING PROGRAM
UMASS DARTMOUTH FOUNDATION285 OLD WESTPORT ROAD NORTH DARTMOUTH, MA 02747	23-7336988	501(C)3	149,000				FACULTY INVENTIONS, OCEAN EXPLORIUM, STUDENT TO STUDENT TUTORING, CAPITAL CAMPAIGN
FALL RIVER PUBLIC SCHOOLS417 ROCK STREET FALL RIVER, MA 02720			18,962				COMPUTERS FOR THE MORTON MIDDLE SCHOOL
UNITED WAY OF GREATER NEW BEDFORD105 WILLIAM STREET NEW BEDFORD, MA 02740	04-2104264	501(C)3	97,000				COMMUNITY BUILDING, GENERAL OPERTING SUMMER JOBS FUND
YMCA SOUTHCOAST 25 SOUTH WATER STREET NEW BEDFORD, MA 02740	04-2104749	501(C)3	20,000				GENERAL OPERATING SUPPORT AND "SHARE THE HARVEST
ZEITERION THEATRE INC684 PURCHASE STRET NEW BEDFORD, MA 02740	04-2845276	501(C)3	15,000				EDUCATIONAL PROGRAMMING FOR YOUNG WOMEN
GIFTS TO GIVE INC 190 OLD DERBY STREET NO 100 HINGHAM, MA 02043	26-2475885	501(C)3	10,000				GENERAL OPERATING SUPPORT
FRIENDS ACADEMY 1088 TUCKER ROAD N DARTMOUTH, MA 02747	04-2104242	501(C)3	20,000				GENERAL OPERATING

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
CITY OF NEW BEDFORD - SEA LAB			17,240				39 LEWIS TEMPLE SEA LAB SCHOLARSHIPS
GIRL SCOUT COUNCIL95 BERKELEY STREET BOSTON,MA 02116	04-2276936	501(C)3	5,000				FAB FACTOR PROGRAM FOR AT RISK GIRLS
GREATER NEW BEDFORD REGIONAL VOCATIONAL SCHOOL1125 ASHLEY BOULEVARD NEW BEDFORD,MA 02746	04-2516154		5,000				ESL PROGRAM
HOLY FAMILY HOLY NAME SCHOOL91 SUMMER STREET NEW BEDFORD,MA 02740			5,000				INTEGRATON OF LITERACY AND MATH PROGRAMS
MASSACHUSETTS AUDUBON SOCIETY ALLENS POND WILDLIFE SANCTUARY WESTPORT,MA 02790	04-2104702	501(C)3	16,907				CONSERVATION CREW
NEW BEDFORD ART MUSEUM608 PLEASANT STREET NEW BEDFORD,MA 02740	04-3274100	501(C)3	5,000				EDUCATION PROGRAM
NEW BEDFORD HISTORICAL SOCIETYNATHAN AND POLLY JOHNSON HOUSE NEW BEDFORD,MA 02746	04-3348881	501(C)3	10,000				RENOVATION OF NATHAN AND MARY JOHN HOUSE
NEW BEDFORD PORT SOCIETY15 JOHNNY CAKE HILL NEW BEDFORD,MA 02740	04-2239744	501(C)3	20,000				GENERAL OPERATING
OLD DARTMOUTH HISTORICAL SOCIETY18 JOHNNY CAKE HILL NEW BEDFORD,MA 02740	04-2104805	501(C)3	12,000				GENERAL OPERATING
PEOPLE INC1040 EASTERN AVENUE FALL RIVER,MA 02723	04-2447216	501(C)3	25,000				SMILES MENTORING PROGRAM AT THE PACHECO SCHOOL
CEREBRAL PALSY COUNCIL OF GREATER NEW BEDFORD INCONE POSA PLACE N DARTMOUTH,MA 02747	04-2296947	501(C)3	5,000				GENERAL OPERATING
UMASS DARTMOUTH CAREER RESOURCE CENTER N DARTMOUTH,MA 02747	04-3167352		5,000				LGBT YOUTH SYMPOSIUM
ALICE PECK DAY LIFECARE CENTER 125 MASCOMA STREET LEBANON,NH 03766	02-0479094	501(C)3	50,000				GENERAL OPERATING
THE UPPER VALLEY HAVEN INC713 HARTFORD AVENUE WHITE RIVER JUNCTION,VT 05001	03-0277908	501(C)3	30,000				CHILDREN'S GARDEN FUND
WESTPORT MIDDLE SCHOOL400 OLD COUNTRY ROAD WESTPORT,MA 02790			8,271				TEACHER STIPENDS GFRDC GRANT
WHALE128 UNION STREET NEW BEDFORD,MA 02740	04-8130520	501(C)3	10,000				GENERAL OPERATING

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC

Employer identification number
04-3280353

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	35,328	QUOTED STOCK PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
VARIOUS PROGRAM				
25 Other ► (SUPPLIES)	X	10	16,369	QUOTED PRICE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2011

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Supplemental Information to Form 990 or 990-EZ

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

Name of the organization COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS INC	Employer identification number 04-3280353
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	SEVEN BOARD MEMBERS ARE OFFICERS OR DIRECTORS OF LOCAL BANKING INSTITUTIONS WITH WHICH THE FOUNDATION HAS DEPOSITORY RELATIONSHIPS. NO FEES WERE PAID TO ANY OF THESE INSTITUTIONS DURING 2011.
	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 FORM 990. PRIOR TO SUBMISSION, THE TREASURER ALSO PRESENTS A SUMMARY OF THE 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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,301,638. CONTRIBUTIONS RECEIVED & GRANTS DISBURSED BY AGENCY ENDOWMENTS -260,310. TOTAL TO FORM 990, PART XI, LINE 5 -2,561,948.

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description
