

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 128 UNION STREET, SUITE 403 City or town, state or province, country, and ZIP or foreign postal code NEW BEDFORD, MA 02740 F Name and address of principal officer: JOHN VASCONCELLOS SAME AS C ABOVE	D Employer identification number 04-3280353 E Telephone number 508-996-8253 G Gross receipts \$ 5,289,286. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFSEMA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1995		M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MOBILIZE PHILANTHROPY BY MATCHING DONORS AND RESOURCES WITH COMMUNITY NEEDS FOR THE BENEFIT 2 Check this box <input type="checkbox"/> 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 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 19 6 Total number of volunteers (estimate if necessary) 6 0 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		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		2,677,373.	2,727,514.
9 Program service revenue (Part VIII, line 2g)		135,100.	179,790.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		521,696.	2,083,541.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,637.	115,716.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,385,806.	5,106,561.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,332,300.	2,317,476.
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)		781,685.	879,959.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 251,162.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		931,194.	837,922.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,045,179.	4,035,357.
19 Revenue less expenses. Subtract line 18 from line 12		-659,373.	1,071,204.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		32,662,363.	36,391,823.
21 Total liabilities (Part X, line 26)		1,644,370.	1,813,435.
22 Net assets or fund balances. Subtract line 21 from line 20		31,017,993.	34,578,388.

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	Signature of officer JOHN VASCONCELLOS, PRESIDENT Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name SANDRA M. BROWN, CPA	Preparer's signature _____
	Firm's name ▶ SMITH, SULLIVAN & BROWN, P.C.	Firm's EIN ▶ 43-1985162
	Firm's address ▶ 80 FLANDERS ROAD - SUITE #200 WESTBOROUGH, MA 01581	Phone no. (508) 871-7178
	Date 06/07/18	Check if self-employed <input type="checkbox"/> PTIN P01614103

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO MOBILIZE PHILANTHROPY BY MATCHING DONORS AND RESOURCES WITH COMMUNITY NEEDS FOR THE BENEFIT OF OUR REGION.

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

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

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

4a (Code:) (Expenses \$ 3,429,391. including grants of \$ 2,317,476.) (Revenue \$ 179,790.) 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 3,429,391.

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **3**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form **990** (2017)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 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>		X
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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>		
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **6**

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

Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	17	
b	Enter the number of voting members included in line 1a, above, who are independent	17	
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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	X
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	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization	15b	X
	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	X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 Other (explain in Schedule O)
- 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 during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
PAMELA EVANS - 508-996-8253
128 UNION STREET, SUITE 403, NEW BEDFORD, MA 02740

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

Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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) SETH GARFIELD CHAIR	2.00	X		X				0.	0.	0.
(2) SISTER KATHLEEN HARRINGTON VICE CHAIR (THROUGH 6/17)	2.00	X						0.	0.	0.
(3) MARY LOUISE NUNES, CPA TREASURER (THROUGH 6/17)	10.00	X						0.	0.	0.
(4) ELIZABETH ISHERWOOD ASST TREASURER (THROUGH 6/17)	2.00	X						0.	0.	0.
(5) JUNE A. SMITH, ESQUIRE SECRETARY (THROUGH 6/17)	2.00	X						0.	0.	0.
(6) LINDA BODENMANN DIRECTOR/VICE CHAIR (EFF. 6/17)	2.00	X		X				0.	0.	0.
(7) PETER C. BULLARD, ESQUIRE DIRECTOR (THROUGH 6/17)	2.00	X						0.	0.	0.
(8) EDWARD G. SIEGAL, CPA DIRECTOR	2.00	X						0.	0.	0.
(9) PETER C. BOGLE DIRECTOR (THROUGH 6/17)	2.00	X						0.	0.	0.
(10) TERRY BOYLE DIRECTOR	2.00	X						0.	0.	0.
(11) COLLEEN C. CARNEY DIRECTOR	2.00	X						0.	0.	0.
(12) CARL J. CRUZ DIRECTOR / CLERK (EFF. 6/17)	2.00	X		X				0.	0.	0.
(13) ERIK DOMINGUES, M.D., FAAD DIRECTOR	2.00	X						0.	0.	0.
(14) MATTHEW J. DOWNEY, ESQUIRE DIRECTOR (THROUGH 6/17)	2.00	X						0.	0.	0.
(15) PAUL C. DOWNEY DIRECTOR (THROUGH 6/17)	2.00	X						0.	0.	0.
(16) WILLIAM R. ECCLES, JR. DIRECTOR	2.00	X						0.	0.	0.
(17) DR. DIVINA GROSSMAN DIRECTOR	2.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) GERRY KAVANAUGH DIRECTOR	2.00	X					0.	0.	0.	
(19) DANA R. NORMAN, CPA DIRECTOR /TREASURER(EFF. 6/17)	10.00	X		X			0.	0.	0.	
(20) GEORGE OLIVEIRA DIRECTOR (THROUGH 6/17)	2.00	X					0.	0.	0.	
(21) JASON RUA DIRECTOR	2.00	X					0.	0.	0.	
(22) ERIC H. STRAND DIRECTOR	2.00	X					0.	0.	0.	
(23) LEONARD W. SULLIVAN DIRECTOR	2.00	X					0.	0.	0.	
(24) VERA F. VADEBONCOEUR DIRECTOR	2.00	X					0.	0.	0.	
(25) NICHOLAS M. CHRIST DIRECTOR (EFF. 6/17)	2.00	X					0.	0.	0.	
(26) LOUIS E. SOUSA, CFA DIRECTOR (EFF. 6/17)	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							207,171.	0.	20,414.	
d Total (add lines 1b and 1c)							207,171.	0.	20,414.	

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>	3	X
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>	4	X
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>	5	X

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
CHARLES SCHWAB PO BOX 628290, ORLANDO, FL 32862	INVESTMENT MANAGEMENT FEES	102,826.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990

04-3280353

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) JOHN VASCONCELLOS PRESIDENT	40.00			X				145,076.	0.	16,666.
(28) PAMELA EVANS DIRECTOR OF FINANCE/ADMINISTRATION	30.00			X				62,095.	0.	3,748.
Total to Part VII, Section A, line 1c								207,171.	20,414.	20,414.

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	108,125.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,619,389.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,727,514.				
	Program Service Revenue	2 a WORKSHOP FEES	Business Code 900099	172,100.	172,100.		
b ADMINISTRATIVE FEES		541610	7,690.	7,690.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			179,790.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		893,261.			893,261.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		127,253.			
		c Gain or (loss)		1,190,280.			
	d Net gain or (loss)		1,190,280.			1,190,280.	
	8 a Gross income from fundraising events (not including \$ 108,125. of contributions reported on line 1c). See Part IV, line 18	a	171,188.				
		b Less: direct expenses	b	55,472.			
c Net income or (loss) from fundraising events			115,716.			115,716.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			5,106,561.	179,790.	0.	2,199,257.	

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **10**

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).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,317,476.	2,317,476.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	170,531.	68,212.	68,212.	34,107.
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	578,255.	304,514.	121,484.	152,257.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	58,419.	30,877.	12,105.	15,437.
10 Payroll taxes	72,754.	36,377.	18,189.	18,188.
11 Fees for services (non-employees):				
a Management				
b Legal	3,763.		3,763.	
c Accounting	17,000.		17,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,826.	102,826.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	135,030.	104,410.	30,620.	
12 Advertising and promotion	24,282.	22,504.	1,778.	
13 Office expenses	102,019.	48,350.	41,048.	12,621.
14 Information technology				
15 Royalties				
16 Occupancy	54,891.	27,446.	13,722.	13,723.
17 Travel	8,330.	6,512.	1,818.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,024.	21,546.	12,478.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,316.	9,658.	4,829.	4,829.
23 Insurance	7,758.		7,758.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXPENSES FOR FISCALLY S	328,683.	328,683.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,035,357.	3,429,391.	354,804.	251,162.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	27,192.	1	64,529.	
	2 Savings and temporary cash investments	1,372,845.	2	2,289,802.	
	3 Pledges and grants receivable, net	5,000.	3	80,000.	
	4 Accounts receivable, net	8,575.	4	29,059.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	13,020.		9	14,423.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	506,769.			
	b Less: accumulated depreciation	53,200.			
	11 Investments - publicly traded securities	438,852.	10c	453,569.	
	12 Investments - other securities. See Part IV, line 11	30,789,167.	11	33,455,811.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets	7,712.	13		
	15 Other assets. See Part IV, line 11		14	4,630.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,662,363.	15			
		16	36,391,823.		
Liabilities	17 Accounts payable and accrued expenses	69,039.	17	52,376.	
	18 Grants payable	272,500.	18	300,000.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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	315,052.	23	298,234.	
	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	987,779.	25	1,162,825.	
	26 Total liabilities. Add lines 17 through 25	1,644,370.	26	1,813,435.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	27,304,692.	27	30,140,384.	
	28 Temporarily restricted net assets	1,813,022.	28	2,517,769.	
	29 Permanently restricted net assets	1,900,279.	29	1,920,235.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	31,017,993.	33	34,578,388.	
	34 Total liabilities and net assets/fund balances	32,662,363.	34	36,391,823.	

Form 990 (2017)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Form 990 (2017)

04-3280353 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,106,561.
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,035,357.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,071,204.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,017,993.
5 Net unrealized gains (losses) on investments	5	2,618,527.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-129,336.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,578,388.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		X
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		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

COMMUNITY FOUNDATION OF SOUTHEASTERN

Part II Support Schedule for Organizations Described in Sections 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3483260.	5239936.	2184824.	2677373.	2727514.	16312907.
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	3483260.	5239936.	2184824.	2677373.	2727514.	16312907.
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)						182,137.
6 Public support. Subtract line 5 from line 4.						16130770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3483260.	5239936.	2184824.	2677373.	2727514.	16312907.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	913,948.	1121206.	962,717.	724,182.	893,261.	4615314.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						20928221.
12 Gross receipts from related activities, etc. (see instructions)					12	1,009,967.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	77.08 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	79.86 %
16a 33 1/3% support test - 2017. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

COMMUNITY FOUNDATION OF SOUTHEASTERN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF SOUTHEASTERN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

COMMUNITY FOUNDATION OF SOUTHEASTERN

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	56	76
2 Aggregate value of contributions to (during year)	10,014,684.	21,341,728.
3 Aggregate value of grants from (during year)	1,415,316.	1,751,368.
4 Aggregate value at end of year	1,329,574.	1,667,893.

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 can 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" on 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 education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2017

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule D (Form 990) 2017

04-3280353 Page **2**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, 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 XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	3,230,957.	3,079,469.	27,371,587.	26,754,027.	22,372,911.
b Contributions	20,208.	32,027.	1,466,562.	1,390,309.	749,108.
c Net investment earnings, gains, and losses	488,045.	254,381.	-604,481.	783,648.	4,951,755.
d Grants or scholarships			1,595,300.	1,597,227.	1,326,988.
e Other expenditures for facilities and programs	81,339.	134,920.		-40,830.	-7,241.
f Administrative expenses					
g End of year balance	3,657,871.	3,230,957.	26,638,368.	27,371,587.	26,754,027.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 19.00 %
- b Permanent endowment 52.00 %
- c Temporarily restricted endowment 29.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		88,627.		88,627.
b Buildings		372,712.	40,113.	332,599.
c Leasehold improvements		24,050.		24,050.
d Equipment		21,380.	13,087.	8,293.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 453,569.

Schedule D (Form 990) 2017

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule D (Form 990) 2017

04-3280353 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS	1,047,226.
(3) ANNUITIES PAYABLE	16,323.
(4) AGENCY FUNDS HELD FOR OTHERS	99,276.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,162,825.

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule D (Form 990) 2017

04-3280353 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,492,926.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,618,527.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-129,336.
e	Add lines 2a through 2d	2e	2,489,191.
3	Subtract line 2e from line 1	3	5,003,735.
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	102,826.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	102,826.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,106,561.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,932,531.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,932,531.
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	102,826.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	102,826.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,035,357.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION 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 XI, LINE 2D - OTHER ADJUSTMENTS:

LESS: AGENCY FUND RETURN -129,336.

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" on Form 990, Part IV, line 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.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

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" on 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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 contributions or has been notified it is exempt from registration or licensing.

COMMUNITY FOUNDATION OF SOUTHEASTERN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	MOTHER'S DAY RACE - WOMEN	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	131,495.	39,627.	108,191.	279,313.
	2	Less: Contributions	108,125.			108,125.
	3	Gross income (line 1 minus line 2)	23,370.	39,627.	108,191.	171,188.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	11,383.			11,383.
	7	Food and beverages	31,670.			31,670.
	8	Entertainment	2,215.			2,215.
	9	Other direct expenses	10,204.			10,204.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				55,472.
11	Net income summary. Subtract line 10 from line 3, column (d)				115,716.	

Part III Gaming. Complete if the organization answered "Yes" on 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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

COMMUNITY FOUNDATION OF SOUTHEASTERN

- 11 Does the organization conduct 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 conducted 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? 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
ALL HANDS VOLUNTEERS 6 COUNTY ROAD #6 MATTAPoisETT, MA 02739	20-3414952	501(C)(3)	5,000.	0.			HURRICAN HARVEY RECOVERY EFFORTS
BUZZARDS BAY COALITION 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CHILD & FAMILY SERVICES 1061 PLEASANT STREET NEW BEDFORD, MA 02740	04-2104754	501(C)(3)	15,000.	0.			CARING NETWORK / GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY - 58 ARCH STREET - FALL RIVER, MA 02724	04-3135548	501(C)(3)	5,000.	0.			FOR "CAN WE TEACH THESE KIDS TO DANCE?"
CITY ON A HILL FOUNDATION 31 HEATH STREET BOSTON, MA 02130	04-3217458	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 1379 DUBLIN ROAD COLUMBUS, OH 43215	31-0996236	501(C)(3)	87,191.	0.			TO SUPPORT THE ANTE-AMYLOID PREVENTION OF ALZHEIME

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 59.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ECONOMIC DEVELOPMENT CENTER OF SE - 1285 ACUSHNET AVENUE - NEW BEDFORD, MA 02746	01-0543265	501(C)(3)	20,672.	0.			ESOL CLASSES AND IMMIGRANT NETWORK AND TO HELP FACILITATE TRAVEL AND EMERGENCY EXPENSES.
ARGOSY COLLEGIATE CHARTER SCHOOL PO BOX 79 FALL RIVER, MA 02724	46-3211143	501(C)(3)	25,000.	0.			AMELIA PEABODY GRANT CHALLENGE MATCH
CITY OF NEW BEDFORD DEPARTMENT OF COMMUNITY		CITY OF NEW BEDF	7,000.	0.			SHINING LIGHTS FAMILY LITERACY NIGHTS
DENNISON MEMORIAL COMMUNITY CENTER 755 FIRST STREET NEW BEDFORD, MA 02740	04-2103806	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT FOR 2017 AND SUPPORT FOR 2 LITERACY PROGRAMS AND DENNISON SNACKS
DIABETES ASSOCIATION, INC. 1040 EASTERN AVENUE FALL RIVER, MA 02723	04-2665107	501(C)(3)	6,000.	0.			ANNUAL RELEASE OF 4.25% DISTRIBUTION FROM THE DIABETES ASSOC.
GLOBAL LEARNING CHARTER PUBLIC SCHOOL - 190 ASHLEY BLVD. - NEW BEDFORD, MA 02746	41-2205240	501(C)(3)	10,000.	0.			TO SUPPORT THE COMPLETION OF THE NORTH WOODS RESTO
COALITION FOR SOCIAL JUSTICE 56 N MAIN ST STE 403 FALL RIVER, MA 02720	04-3541048	501(C)(3)	5,000.	0.			FOR OUTREACH TO WOMEN FOR BUILDING PATHWAYS SOUTH
MARION INSTITUTE 202 SPRING STREET MARION, MA 02738	04-3206583	501(C)(3)	28,000.	0.			\$10,000 FOR GENERAL OPERATING AND \$18,000 FOR GROW EDUCATION
NATIVITY PREPARATORY SCHOOL OF NEW BEDF - 66 SPRING STREET - NEW BEDFORD, MA 02746	04-3501206	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ART MUSEUM 608 PLEASANT STREET NEW BEDFORD, MA 02746	04-3274100	501(C)(3)	10,000.	0.			LEARNING STUDIO: EARLY LITERACY THROUGH THE ARTS
COMMUNITY AUTISM RESOURCES, INC. 33 JAMES REYNOLDS RD STE C SWANSEA, MA 02777	42-1534496	501(C)(3)	5,000.	0.			GOTTSCHALL ACCESS PROGRAM
FRIENDS OF BUTTONWOOD PARK PO BOX 2011 NEW BEDFORD, MA 02741	04-3081488	501(C)(3)	8,000.	0.			TO SUPPORT THE COMPLETION OF THE NORTH WOODS RESTO
NEW BEDFORD PUBLIC SCHOOLS 145 BROWNELL AVENUE NEW BEDFORD, MA 02746	04-6001402	501(C)(3)	44,743.	0.			2017 CULTURAL DIVERSITY WRITING PROGRAM AND FOR THE PACHECO PRINCIPAL'S DISCRETIONARY FUND
NEW ENGLAND GRASSROOTS ENVIRONMENT FUND - P.O. BOX 1057 - MONTPELIER, VT 05601	03-0364677	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OLD DARTMOUTH HISTORICAL SOCIETY 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02746	04-2104805	501(C)(3)	42,000.	0.			GENERAL OPERATING SUPPORT AND PLEDGE PAYMENT
GREATER NEW BEDFORD REG. VOC. TECH HIGH SCHOO - 1121 ASHLEY BLVD. - NEW BEDFORD, MA 02745	04-3237225		11,000.	0.			ADULT ESL PROGRAM AND MENTORING PROGRAM
OUR SISTERS' SCHOOL 145 BOWNELL AVENUE NEW BEDFORD, MA 02740	26-0367118	501(C)(3)	30,000.	0.			FOR THE OPPORTUNITY FUND AND GENERAL SUPPORT
HARPSWELL HERITAGE LAND TRUST PO BOX 359 HARPSWELL, ME 04079	22-2552116	501(C)(3)	30,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PEOPLE INCORPORATED 4 SOUTH MAIN STREET FALL RIVER, MA 02721	04-2447216	501(C)(3)	7,000.	0.			SMILES AFTERSCHOOL MENTORING AT PARKER ELEMENTARY
PIONEER INSTITUTE FOR PUBLIC POLICY RES - 85 DEVONSHIRE STREET - BOSTON, MA 02109	22-2632081	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REACH OUT AND READ 56 ROLAND STREET, SUITE 100D BOSTON, MA 02129	04-3481253	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SCHWARTZ CENTER FOR CHILDREN 1 POSA PLAZA NORTH DARTMOUTH, MA 02747	04-2296947	501(C)(3)	5,000.	0.			GENERAL SUPPORT
IMMIGRANTS' ASSISTANCE CENTER 58 CRAPO STREET NEW BEDFORD, MA 02740	04-2530908	501(C)(3)	130,000.	0.			EMERGENCY UTILITY ASSISTANCE; ESOL CLASSES AND CITIZENSHIP PREPARATION PROGRAM; 3/4
JUNIOR ACHIEVEMENT OF SOUTHERN MASSACHUSETTS - 128 UNION STREET, SUITE 304 - NEW BEDFORD, MA 02740	04-3193575	501(C)(3)	5,500.	0.			INVESTING IN THE FUTURE AT THE GOMES SCHOOL
MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE ROAD NORWICH, VT 05055	23-7376772	501(C)(3)	50,000.	0.			WARM WELCOME PROGRAM
SMILES 4 SOUTH MAIN STREET FALL RIVER, MA 02721	20-5177577	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SOUTHCOAST HEALTH SYSTEMS 101 PAGE STREET NEW BEDFORD, MA 02740	04-2794625	501(C)(3)	126,804.	0.			ST. LUKES HOSPITAL OPERATING SUPPORT; SOUTHCOAST HEALTH CAMPAIGN; TOBEY HOSPITAL

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTHEASTERN MASSACHUSETTS AGRICULTURAL - P.O. BOX 80625 - SOUTH DARTMOUTH, MA 02748	20-1625240	501(C)(3)	22,000.	0.			GENERAL SUPPORT
TEACH FOR AMERICA - GREATER BOSTON 60 CANAL STREET BOSTON, MA 02114	13-3541913	501(C)(3)	5,000.	0.			SPONSOR A TEACHER - NEW BEDFORD
NEW BEDFORD HISTORICAL SOCIETY 21 7TH STREET NEW BEDFORD, MA 02740	04-3348881	501(C)(3)	10,000.	0.			FOR A FREDERICK DOUGLASS STATUE
NEW BEDFORD SYMPHONY ORCHESTRA PO BOX 2053 NEW BEDFORD, MA 02741	04-2658082	501(C)(3)	10,000.	0.			FOR THE INSTALLATION OF ACOUSTIC SIDEWALL PANELS
THE ARC OF NORTHERN BRISTOL COUNTY 141 PARK STREET ATTLEBORO, MA 02703	04-2281165	501(C)(3)	10,265.	0.			RELEASE OF 4.5% DISTRIBUTION - OPERATING SUPPORT
NORTHSTAR LEARNING CENTER 53 LINDEN STREET NEW BEDFORD, MA 02740	51-0200575	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
TOWN OF MARION 2 SPRING STREET MARION, MA 02738	04-6001211		7,348.	0.			PROPERTY TAX RELIEF FOR MARION RESIDENTS
TRUSTEES OF RESERVATIONS 830 DRIFT ROAD WESTPORT, MA 02790	04-2105780	501(C)(3)	60,000.	0.			YOUTH CONSERVATION CORPS MACLEAN EMERGENCY
UMASS DARTMOUTH FOUNDATION 285 OLD WESTPORT ROAD NORTH DARTMOUTH, MA 02747	04-3167352	501(C)(3)	71,301.	0.			"BRIDGING THE GAP" FUND AND TO THE DEAN'S FUND FOR THE BENEFIT OF UMASS

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITED WAY OF GREATER NEW BEDFORD 105 WILLIAM STREET NEW BEDFORD, MA 02740	04-2104264	501(C)(3)	76,000.	0.			GENERAL SUPPORT; GRANT FOR SUMMER FUND; TO SUPPORT THE COMMUNITY BUILDING MINI-GRANT
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	03-0277908	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
WESTPORT COMMUNITY SCHOOLS 17 MAIN ROAD WESTPORT, MA 02790	04-3168304	501(C)(3)	39,629.	0.			USING ADVANCED PLACEMENT TO CLOSE THE ACHIEVEMENT; WES MAKERSPACE GRANT; PROGRAMS
WHALE 128 UNION STREET NEW BEDFORD, MA 02740	04-8130520	501(C)(3)	20,000.	0.			2017 PAYMENT (4TH OF 5) OF CAPITAL FUNDS TO RESTOR
YMCA SOUTHCOAST 18 SOUTH WATER STREET NEW BEDFORD, MA 02740	04-2104749	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
YWCA OF SOUTHEASTERN MA 20 SOUTH SIXTH STREET NEW BEDFORD, MA 02740	04-2104747	501(C)(3)	10,000.	0.			FOR SUPPORT OF YWCA GIRLS EXCLUSIVE PROGRAM; YWCA FINANCIAL LITERACY FOR WOMEN PROGRAM
OLD ROCHESTER REGIONAL SCHOOL DISTRICT - 135 MARION ROAD - MATTAPOISETT, MA 02739			5,832.	0.			ORRJHS MAKERSPACE CHALLENGE STATION
ALMA DEL MAR CHARTER SCHOOL 26 MADEIRA AVENUE NEW BEDFORD, MA 02746	45-2914995	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION ONE STATE STREET, SUITE 200 PROVIDENCE, RI 02908	13-5613797	501(C)(3)	7,500.	0.			SOUTHERN NEW ENGLAND HEART WALK AT UMASS DARTMOUTH

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Schedule I (Form 990)

04-3280353

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOYS & GIRLS CLUB OF GREATER NEW BEDFORD - 166 JENNEY STREET - NEW BEDFORD, MA 02703	04-2104752	501(C)(3)	34,000.	0.			GENERAL OPERATING SUPPORT AND NEW BEDFORD WELLNESS INITIATIVE
HOLY UNION SISTERS / OPEN ESOL PO BOX 410 MILTON, MA 02186	04-2313420	501(C)(3)	27,000.	0.			SISTER BARBARA WALSH'S OPEN ESOL PROGRAM
SCHOONER ERNESTINA-MORRISSEY ASSOCIATION - PO BOX 2995 - NEW BEDFORD, MA 02741	26-3290355	501(C)(3)	24,000.	0.			REQUESTED TRANSFER FROM FISCAL AGENT FUND 2017
THE LIVESTOCK INSTITUTE OF SOUTHERN NEW ENGLAND - PO BOX 879 - WESTPORT, MA 02790	46-5691864	501(C)(3)	29,405.	0.			RELEASE OF FUND BALANCE TO NEWLY ESTABLISHED 501C AND GENERAL SUPPORT
TOWN OF GOSNOLD 28 TOWER HILL ROAD CUTTYHUNK ISLAND, MA 02713		TOWN OF GOSNOLD	20,000.	0.			TO THE ELECTRIC LIGHT DEPARTMENT
UMASS DARTMOUTH 285 OLD WESTPORT ROAD NORTH DARTMOUTH, MA 02747	04-3167352		18,495.	0.			TO PURCHASE A LARGE BED LASER CUTTING MACHINE; FOR THE PUBLIC SERVICE MISSION OF THE PUBLIC
UNITED INTERFAITH ACTION OF SE MASSACHUSETTS - 160 ROCK STREET - FALL RIVER, MA 02720	31-1585685	501(C)(3)	12,500.	0.			BUILDING OPPORTUNITY FOR GOOD PAYING JOBS PROGRAM; TO SUPPORT UIA ON INITIATIVES OUTLINED IN
UNIVERSITY OF RHODE ISLAND FOUNDATION - 79 UPPER COLLEGE ROAD - KINGSTON, RI 02881	05-6014351	501(C)(3)	5,000.	0.			CONTRIBUTION TO THE STEVEN JAMES SCHOLARSHIP FUND

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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 noncash assistance
SCHOLARSHIPS	136	282,324.	0.		N/A
WOMENS FUND SAVINGS INCENTIVE PROGRAM GRANTS	41	10,005.	0.		N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 THE TYPE OF GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANTS' ASSISTANCE CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY UTILITY ASSISTANCE; ESOL
CLASSES AND CITIZENSHIP PREPARATION PROGRAM; 3/4 TIME DEVELOPMENT
DIRECTOR SALARY; SOUTH END ENGAGED FAMILY OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHCOAST HEALTH SYSTEMS

(H) PURPOSE OF GRANT OR ASSISTANCE: ST. LUKES HOSPITAL OPERATING
SUPPORT; SOUTHCOAST HEALTH CAMPAIGN; TOBEY HOSPITAL GENERAL OPERATING
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UMASS DARTMOUTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MACLEAN EMERGENCY "BRIDGING THE GAP"
FUND AND TO THE DEAN'S FUND FOR THE BENEFIT OF UMASS SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: UMASS DARTMOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A LARGE BED LASER
CUTTING MACHINE; FOR THE PUBLIC SERVICE MISSION OF THE PUBLIC POLICY

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED INTERFAITH ACTION OF SE MASSACHUSETTS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING OPPORTUNITY FOR GOOD PAYING
JOBS PROGRAM; TO SUPPORT UIA ON INITIATIVES OUTLINED IN 2017

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open To Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS, INC.** Employer identification number **04-3280353**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

COMMUNITY FOUNDATION OF SOUTHEASTERN

Schedule L (Form 990 or 990-EZ) 2017 MASSACHUSETTS, INC.

04-3280353 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SOUTH COAST HEALTH SYSTEMS	BOARD MEMBER IS CHI	126,804.	GRANTS RECI		X
U-MASS DARTMOUTH	2 BOARD MEMBERS ARE	18,495.	GRANTS RECI		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SOUTH COAST HEALTH SYSTEMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER IS CHIEF OFFICER OF SOUTH COAST HEALTH SYSTEMS

(C) AMOUNT OF TRANSACTION \$ 126,804.

(D) DESCRIPTION OF TRANSACTION: GRANTS RECIEVED FROM FOUNDATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: U-MASS DARTMOUTH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

2 BOARD MEMBERS ARE SENIOR V. CHANCELLOR & ASSOC. V. CHANCELLOR OF UMD

(C) AMOUNT OF TRANSACTION \$ 18,495.

(D) DESCRIPTION OF TRANSACTION: GRANTS RECIEVED FROM FOUNDATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	11	328,753.FMV	
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				
25 Other ()				
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 **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2017

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF SOUTHEASTERN
MASSACHUSETTS, INC.

Employer identification number
04-3280353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF OUR REGION.

FORM 990, PART VI, SECTION B, LINE 11B:

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 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 THOSE 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.

Name of the organization COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS, INC.	Employer identification number 04-3280353
---	---

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LESS: AGENCY FUND RETURN	-129,336.
--------------------------	-----------

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF SOUTHEASTERN MASSACHUSETTS, INC.	Employer identification number (EIN) or 04-3280353
	Number, street, and room or suite no. If a P.O. box, see instructions. 128 UNION STREET, SUITE 403	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW BEDFORD, MA 02740	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAMELA EVANS

• The books are in the care of ▶ **128 UNION STREET, SUITE 403 - NEW BEDFORD, MA 02740**
Telephone No. ▶ **508-996-8253** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.