

04/5/67

2010

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jan 1, 2010, 2009, and ending Mar 31, 2010

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: GLOUCESTER EDUCATION FOUNDATION, INC. D Employer identification number: 57-1224669. E Telephone number: (978) 282-5550. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [X] Other (specify) . H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.GLOUCESTEREDUCATIONFOUNDATION.ORG

J Tax-exempt status (check only one) - [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 16,119.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, investment income, special events, sales of inventory, and total revenue/expenses.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? Provide support to Gloucester Public Schools		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	DIRECT PROGRAM SUPPORT TO GLOUCESTER, MA PUBLIC SCHOOLS		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	32,587.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	32,587.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ED SHOUCAIR 717 WASHINGTON STREET GLOUCESTER MA 01930	PRESIDENT 0.00	0.	0.	
JOSEPH ROSA 26 FORT HILL AVENUE GLOUCESTER MA 01930	VICE PRESIDENT 0.00	0.	0.	
DAVID A. BERNARD 9 PLANTERS NECK ROAD GLOUCESTER MA 01930	TREASURER 0.00	0.	0.	
ROBERT W. CUNNINGHAM 734 WASHINGTON STREET GLOUCESTER MA 01930	CLERK 0.00	0.	0.	
DAVID RHINELANDER 16 PINE STREET GLOUCESTER MA 01930	SECRETARY 0.00	0.	0.	
SARAH GROW 12 MARBLE ROAD GLOUCESTER MA 01930	DIRECTOR 0.00	0.	0.	
KATHLEEN PURDY 42 DENNISON STREET GLOUCESTER MA 01930	DIRECTOR 0.00	0.	0.	
DENISE SANPAOLO 4 NEW WAY LANE GLOUCESTER MA 01930	DIRECTOR 0.00	0.	0.	
JOHN SARROUF 78 EAST MAIN STREET GLOUCESTER MA 01930	DIRECTOR 0.00	0.	0.	
JOCHEM STRUPPE 5 MARBLE ROAD GLOUCESTER MA 01930	DIRECTOR 0.00	0.	0.	
MARGARET ROSA 26 FORT HILL AVENUE GLOUCESTER MA 01930	EXECUTIVE DIRECTOR 0.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e		X
41 List the states with which a copy of this return is filed 41 Massachusetts		

42a The organization's books are in care of **42a** DAVID A. BERNARD, CPA Telephone no. **42a** (978) 887-2220
 Located at **42a** 15 MAIN STREET TOPSFIELD MA ZIP + 4 **42a** 01983

	Yes	No
b 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)? 42b		X
If 'Yes,' enter the name of the foreign country: 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
If 'Yes,' enter the name of the foreign country: 42c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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

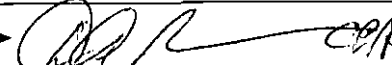

Signature of officer

1/10/11
Date

DAVID A. BERNARD
Type or print name and title.

TREASURER

Paid Preparer's Use Only

Preparer's signature 
Date 01/07/11
Firm's name (or yours if self-employed), address, and ZIP + 4
BERNARD, JOHNSON & COMPANY, P.C.
15 MAIN STREET
TOPSFIELD MA 01983

Check if self-employed
Preparer's Identifying Number (See instructions)
EIN
Phone no. (978) 887-2220

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	5,000.	87,972.	387,409.	425,787.	418,737.	1,324,905.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3.	5,000.	87,972.	387,409.	425,787.	418,737.	1,324,905.
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)						
6 Public support. Subtract line 5 from line 4						1,324,905.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,000.	87,972.	387,409.	425,787.	418,737.	1,324,905.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,647.	4,141.	3,394.	9,182.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,334,087.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.31 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 – 2008. 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 – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 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 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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.

Name as Shown on Return GLOUCESTER EDUCATION FOUNDATION, INC.	Employer Identification No. 57-1224669
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
UNCONDITIONAL PROMISES TO GIVE	1,750.	1,750.
PREPAID EXPENSES	0.	1,200.
Totals to Form 990-EZ, Part II, line 24	1,750.	2,950.
Line 26 - Total Liabilities:		
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment EDUCATIONAL GRANTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>EDUCATIONAL GRANTS</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>GLOUCESTER PUBLIC SCHOOLS</u> <u>6 SCHOOLHOUSE LANE</u> <u>GLOUCESTER MA 01930</u>	<u>NONE</u>	<u>32,507.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Description	Amount
<u>UNREALIZED LOSS ON INVESTMENTS</u>	<u>2,780.</u>
Total	<u><u>2,780.</u></u>

FEDERAL IDENTIFICATION
NO. 57-1224669
Fee: \$10.00

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

CERTIFICATE OF CHANGE OF PRINCIPAL OFFICE (General Laws, Chapter 180, Section 10C)

I, Robert W. Cunningham, ~~Assistant Clerk~~ *Clerk / ~~Assistant Clerk~~

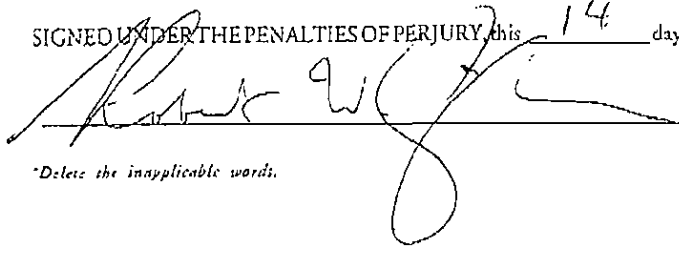
of Gloucester Education Foundation, Inc.
(Exact name of corporation)

having a principal office at 717 Washington Street, Gloucester, MA 01930
(Street address of corporation in Massachusetts)

do hereby certify that pursuant to General Laws, Chapter 180, Section 10C, the directors of said corporation have changed the location of the principal office of the corporation to:

33 Commercial Street, Gloucester, MA 01930
(New street address of corporation in Massachusetts including number, street, city or town and zip code.)

SIGNED UNDER THE PENALTIES OF PERJURY, this 14th day of September, 20 10.


_____, *Clerk / ~~Assistant Clerk~~

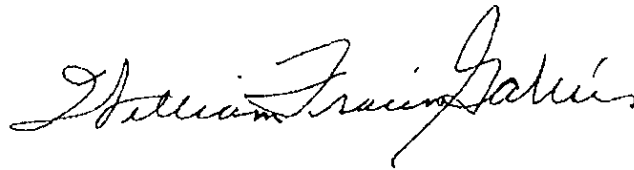
*Delete the inapplicable words.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

September 14, 2010 03:08 PM

A handwritten signature in cursive script that reads "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

FEDERAL IDENTIFICATION
NO. 57-1224669

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

CERTIFICATE OF CHANGE OF FISCAL YEAR END (General Laws, Chapter 180, Section 10C)

I, Robert W. Cunningham, *Clerk / ~~Assistant Clerk~~

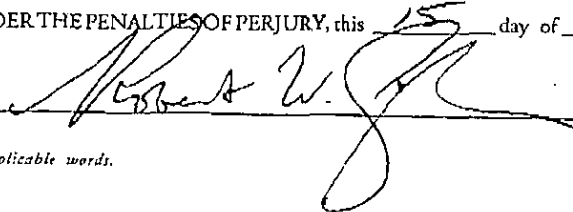
of Gloucester Education Foundation, Inc.
(Exact name of corporation)

having a principal office at 717 Washington Street, Gloucester, MA 01930
(Street address of corporation in Massachusetts)

certify that the fiscal year end (i.e. the tax year end) of the corporation was changed to the last day of the month

of March.

SIGNED UNDER THE PENALTIES OF PERJURY, this 15 day of June, 20 10,


_____, *Clerk / ~~Assistant Clerk~~

*Delete the inapplicable words.