

May 3, 2016

James F. Linnehan, Executive Director
Greater Lowell Community Foundation, Inc.
100 Merrimack Street, Suite 202
Lowell, MA 01852

Dear Mr. Linnehan:

Enclosed herewith are the informational returns for Greater Lowell Community Foundation, Inc. for the period ended December 31, 2015 and copies for your files.

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date, and return Form 8879-EO to our office. We will then submit your electronic return to the IRS. This return is due by May 16, 2016. Do not mail a paper copy of the return.

Form PC-Annual Report should be signed, and dated by the President on pages 17 and 22, and by the Treasurer on page 22. The Annual Report along with a copy of Form 990 should be mailed to the Office of the Attorney General, Division of Public Charities, One Ashburton Place, Boston, MA 02108. There is an annual filing fee due with this report in the amount of \$500.00.

New this year - The Attorney General's Office no longer accepts the check form of payment, so please log onto the Attorney General's website at <http://www.mass.gov/ago/doing-business-in-massachusetts/public-charities-or-not-for-profits> and click on the link for "Electronic Payment for Annual Filings." You will then need to click on the link <https://www.paybill.com/maagocharities> and "make payment." Log in using the amount in box 5B on page 2 of the Form PC and your six digit Attorney General account #037756. The AG's website does not accept credit card payments, therefore you will need to have your bank routing and account numbers on hand to complete the process. **Please insert the electronic payment confirmation number on page 1 of Form PC before mailing.** This return is due by May 16, 2016.

Form M-990T should be signed by the Treasurer on page 1 and mailed along with attachments to: Massachusetts Department of Revenue, P.O. Box 7067, Boston, MA 02204. You are due a refund of \$14,579.00. This return is due by May 16, 2016.

The Massachusetts Non-Profit Corporation Annual Report should be signed and dated by the President. This should be mailed to William Francis Galvin, Secretary of the Commonwealth, Attn.: Annual Report - AR180, One Ashburton Place, Boston, MA 02108-1512. There is a payment due in the amount of \$15.00. Please make the check payable to the Commonwealth of Massachusetts. The return is due by November 1, 2016.

Should you have any questions concerning the enclosed, please feel free to call at your convenience.

Sincerely,

Richard B. Dionne, CPA
Anstiss & Co., P.C.

Encl.: Form 990, Form M-990T, Form PC, MA Non-Profit Annual Report

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**GREATER LOWELL COMMUNITY FOUNDATION, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

100 MERRIMACK STREET

Room/suite

202

City or town, state or province, country, and ZIP or foreign postal code

LOWELL, MA 01852**F** Name and address of principal officer: **JAMES F. LINNEHAN****SAME AS C ABOVE****D** Employer identification number**04-3401997****E** Telephone number**(978) 970-1600****G** Gross receipts \$ **9,740,784.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GLCFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1997** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE GREATER LOWELL COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN THE		
	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)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	44	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,468,355.	6,054,829.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,233,735.	1,433,378.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,702,090.	7,488,207.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,233,861.	1,483,474.
	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)	323,298.	445,345.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,993.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	541,127.	510,050.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,098,286.	2,438,869.
19	Revenue less expenses. Subtract line 18 from line 12	1,603,804.	5,049,338.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,858,050.	31,278,162.
	21	Total liabilities (Part X, line 26)	3,315,860.	3,356,708.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,542,190.	27,921,454.

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		Date		
	JOSEPH BARTOLOTTA, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD B. DIONNE	RICHARD B. DIONNE	03/31/16		P00142882
	Firm's name ▶ ANSTISS & CO., P.C.	Firm's EIN ▶ 04-2917204			
	Firm's address ▶ 1115 WESTFORD STREET	Phone no. (978) 452-2500			
	LOWELL, MA 01851				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF THE GREATER LOWELL COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN THE AREA. THE FOUNDATION IS A COMMUNITY RESOURCE, WHICH ATTRACTS FUNDS, DISTRIBUTES GRANTS, AND SERVES AS A CATALYST AND LEADER AMONG FUNDERS, AGENCIES AND INDIVIDUALS TO ADDRESS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,093,164. including grants of \$ 1,483,474.) (Revenue \$)

ADDED 23 NEW FUNDS TO OUR ENDOWMENT FOR THE PURPOSE OF DISTRIBUTING GRANTS TO LOCAL NON-PROFIT AGENCIES AND SCHOLARSHIPS TO AREA STUDENTS IN ACCORDANCE WITH OUR MISSION TO IMPROVE THE QUALITY OF LIFE IN THE GREATER LOWELL COMMUNITY.

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 **2,093,164.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	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>	5	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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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>	17	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>	18 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>	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 13		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b 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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015)

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 1a 22 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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 22		
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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: ►
JAMES F. LINNEHAN, EXECUTIVE DIRECTOR - 978-970-1600
100 MERRIMACK STREET, SUITE 202, LOWELL, MA 01852

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) STEVEN JONCAS CO-VICE PRESIDENT	5.00	X		X				0.	0.	0.
(2) KAY M. DOYLE, PH.D. DIRECTOR THRU JUNE 2015	5.00	X						0.	0.	0.
(3) JAMES C. SHANNON III, CPA TREASURER	5.00	X		X				0.	0.	0.
(4) BRIAN J. STAFFORD, CPA ASSISTANT TREASURER	5.00	X		X				0.	0.	0.
(5) ATTY. ANNMARIE ROARK DIRECTOR	5.00	X						0.	0.	0.
(6) SUSANNE BEATON DIRECTOR	5.00	X						0.	0.	0.
(7) RICHARD K. DONAHUE, SR. DIRECTOR THRU SEPT 2015	5.00	X						0.	0.	0.
(8) JOSEPH BARTOLOTTA PRESIDENT	5.00	X		X				0.	0.	0.
(9) JOHN P. CHEMALY DIRECTOR	5.00	X						0.	0.	0.
(10) DOROTHY CHEN-COURTIN, MBA, PH.D CLERK	5.00	X		X				0.	0.	0.
(11) SCOTT FLAGG DIRECTOR	5.00	X						0.	0.	0.
(12) KAREN FREDERICK CO-VICE PRESIDENT	5.00	X		X				0.	0.	0.
(13) JAMES D. NOLAN DIRECTOR	5.00	X						0.	0.	0.
(14) BRIAN L. CHAPMAN DIRECTOR	5.00	X						0.	0.	0.
(15) GLENN MELLO DIRECTOR	5.00	X						0.	0.	0.
(16) ANALISE SAAB DIRECTOR	5.00	X						0.	0.	0.
(17) ATTY. ANDREA S. BATCHELDER DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) ATTY, MATTHEW C. DONAHUE DIRECTOR	5.00	X						0.	0.	0.
(19) MICHAEL KING DIRECTOR	5.00	X						0.	0.	0.
(20) LIANNA KUSHI DIRECTOR	5.00	X						0.	0.	0.
(21) PAUL F. MARION DIRECTOR	5.00	X						0.	0.	0.
(22) PATTI MASON DIRECTOR	5.00	X						0.	0.	0.
(23) CHESTER SZABLAK DIRECTOR	5.00	X						0.	0.	0.
(24) JAMES LINNEHAN DIRECTOR	5.00	X						0.	0.	0.
(25) JACQUILINE F MOLONEY DIRECTOR THRU JUNE 2015	5.00	X						0.	0.	0.
(26) AMSI Y. MORALES DIRECTOR THRU JUNE 2015	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								165,666.	0.	31,532.
d Total (add lines 1b and 1c)								165,666.	0.	31,532.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

Part VIII Statement of RevenueCheck 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	35,224.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,019,605.			
	g Noncash contributions included in lines 1a-1f: \$		5,071,530.			
	h Total. Add lines 1a-1f		6,054,829.			
	2 a	Business Code				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		562,485.			562,485.
	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					
	c Gain or (loss)		870,893.			870,893.
	d Net gain or (loss)		870,893.			870,893.
	8 a Gross income from fundraising events (not including \$ 35,224. of contributions reported on line 1c). See Part IV, line 18	a	2,426.			
	b Less: direct expenses	b	2,426.			
	c Net income or (loss) from fundraising events		0.			
	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.		7,488,207.	0.	0.	1,433,378.	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,270,229.	1,270,229.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	213,245.	213,245.		
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	197,198.	145,430.	42,730.	9,038.
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	184,877.	144,405.	37,123.	3,349.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,962.	23,718.	6,714.	530.
10 Payroll taxes	32,308.	24,527.	6,771.	1,010.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,000.		14,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	138,897.	138,897.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,703.	13,581.	45,248.	4,874.
12 Advertising and promotion	11,276.		10,076.	1,200.
13 Office expenses	30,314.	24,846.	4,518.	950.
14 Information technology	2,698.	2,158.	405.	135.
15 Royalties				
16 Occupancy	43,044.	34,435.	6,457.	2,152.
17 Travel	3,797.	3,797.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,480.	30,789.	3,691.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,920.		5,920.	
23 Insurance	5,332.		5,332.	
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 RESERVE ACCOUNT	100,000.		100,000.	
b LICENSES AND PERMITS	9,281.		9,256.	25.
c SEMINARS	8,615.	8,615.		
d ANNUAL APPEAL EXPENSES	6,699.			6,699.
e All other expenses	31,994.	14,492.	13,471.	4,031.
25 Total functional expenses. Add lines 1 through 24e	2,438,869.	2,093,164.	311,712.	33,993.
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)

Part X Balance SheetCheck 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	557,476.	1	90,424.
	2 Savings and temporary cash investments	396,280.	2	465,437.
	3 Pledges and grants receivable, net	208,880.	3	111,847.
	4 Accounts receivable, net		4	
	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	22,174.	9	17,037.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,431.		
	b Less: accumulated depreciation	10b 59,387.	10c	20,044.
	11 Investments - publicly traded securities	26,657,091.	11	30,573,373.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,858,050.	16	31,278,162.	
Liabilities	17 Accounts payable and accrued expenses	45,498.	17	67,294.
	18 Grants payable		18	89,400.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,270,362.	25	3,200,014.
	26 Total liabilities. Add lines 17 through 25	3,315,860.	26	3,356,708.
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	16,726,798.	27	24,476,907.
	28 Temporarily restricted net assets	6,293,427.	28	1,922,582.
	29 Permanently restricted net assets	1,521,965.	29	1,521,965.
	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	24,542,190.	33	27,921,454.
	34 Total liabilities and net assets/fund balances	27,858,050.	34	31,278,162.

Form 990 (2015)

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	7,488,207.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,438,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,049,338.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,542,190.
5	Net unrealized gains (losses) on investments	5	-1,666,289.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-42,842.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	39,057.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,921,454.

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?		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?	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?	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?		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		

Form 990 (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- 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 1-9 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						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1069827.	1230513.	1226150.	1481925.	961,625.	5970040.
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	1069827.	1230513.	1226150.	1481925.	961,625.	5970040.
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)						224,913.
6 Public support. Subtract line 5 from line 4.						5745127.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1069827.	1230513.	1226150.	1481925.	961,625.	5970040.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	662,977.	591,705.	577,838.	599,184.	562,484.	2994188.
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						8964228.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	64.09	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	64.48	%
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>		

Schedule A (Form 990 or 990-EZ) 2015

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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 .		

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.		

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).		

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.		

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.		
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.	Yes	No
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.		

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. 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).		

Schedule A (Form 990 or 990-EZ) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

GREATER LOWELL COMMUNITY FOUNDATION, INC

04-3401997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization	Employer identification number
GREATER LOWELL COMMUNITY FOUNDATION, INC	04-3401997

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MRS. NANCY L. DONAHUE 52 BELMONT AVENUE LOWELL, MA 01852	\$ 5,093,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-3401997

[illegible]

Name of organization	Employer identification number
GREATER LOWELL COMMUNITY FOUNDATION, INC	04-3401997

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

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	53	
2 Aggregate value of contributions to (during year)	376,413.	
3 Aggregate value of grants from (during year)	539,914.	
4 Aggregate value at end of year	5,524,498.	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06, 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	▶ \$

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	24,312,184.	23,758,831.	20,861,828.	18,333,463.	18,867,030.
b Contributions	5,431,253.	962,662.	1,775,537.	1,702,901.	793,526.
c Net investment earnings, gains, and losses	-235,037.	1,168,630.	3,054,281.	2,126,535.	-149,106.
d Grants or scholarships	1,150,808.	1,032,240.	1,335,353.	932,247.	824,046.
e Other expenditures for facilities and programs	600,360.	545,699.	597,462.	368,824.	353,941.
f Administrative expenses					
g End of year balance	27,757,232.	24,312,184.	23,758,831.	20,861,828.	18,333,463.

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

- a Board designated or quasi-endowment ☒ 86.92 %
 b Permanent endowment ☒ 5.48 %
 c Temporarily restricted endowment ☒ 7.60 %

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)		X
3a(ii)		X
3b		

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		79,431.	59,387.	20,044.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,044.

Schedule D (Form 990) 2015

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) AGENCY ENDOWMENT	3,150,846.
(3) FISCAL AGENCY FUNDS	40,549.
(4) SPLIT INTEREST AGREEMENTS	8,619.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,200,014.

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 ☒

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	5,783,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,666,289.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,666,289.
3	Subtract line 2e from line 1	3	7,450,181.
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	
b	Other (Describe in Part XIII.)	4b	38,026.
c	Add lines 4a and 4b	4c	38,026.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,488,207.

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	2,361,786.
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	2,426.
e	Add lines 2a through 2d	2e	2,426.
3	Subtract line 2e from line 1	3	2,359,360.
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	
b	Other (Describe in Part XIII.)	4b	79,509.
c	Add lines 4a and 4b	4c	79,509.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,438,869.

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:

TO DISTRIBUTE GRANTS TO AREA NON-PROFIT ORGANIZATIONS KEEPING IN LINE WITH THE FOUNDATION'S MISSION.

PART X, LINE 2:

THE ORGANIZATION, INCORPORATED UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS AS A TAX EXEMPT ENTITY, HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION AS DEFINED BY SECTION 509(A) OF THE IRC. THEREFORE, IT IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS PROVIDED FOR IN THE

ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS REQUIRED BY FASB

Part XIII Supplemental Information (continued)

ASC 740-10 TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING.

SUBSTANTIALLY ALL OF THE ORGANIZATION'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE. THEREFORE, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS TO AGENCY ENDOWMENT FUNDS
FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY ENDOWMENT FUNDS

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

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

- 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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.

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 BIKE-A-THON (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	37,650.			37,650.
	2 Less: Contributions	35,224.			35,224.
	3 Gross income (line 1 minus line 2)	2,426.			2,426.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,426.			2,426.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,426.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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: _____

- 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).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Part I General Information on Grants and Assistance

Employer identification number
04-3401997

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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN TEXTILE HISTORY MUSEUM 491 DUTTON STREET LOWELL, MA 01854	04-2276089	501(C)(3)	21,170.	0.			DONOR ADVISED DISTRIBUTION / GENERAL OPERATION
NEW ENGLAND FORESTRY FOUNDATION, INC. - PO BOX 1346 - LITTLETON, MA 01460	04-2024022	501(C)(3)	10,212.	0.			DONOR ADVISED DISTRIBUTION
WHISTLER HOUSE MUSEUM OF ART 243 WORTHEN STREET LOWELL, MA 01852	04-2428837	501(C)(3)	17,174.	0.			KIDS SUMMER ART PROGRAM
LOWELL CATHOLIC HIGH SCHOOL 530 STEVENS STREET LOWELL, MA 01851	04-2563657	501(C)(3)	90,452.	0.			EDUCATION
NEW ENGLAND QUILT MUSEUM 18 SHATTUCK STREET LOWELL, MA 01852	04-2971424	501(C)(3)	11,733.	0.			DONOR ADVISED DISTRIBUTION
LOWELL HERITAGE PARTNERSHIP PO BOX 8744 LOWELL, MA 01853	20-0317624	501(C)(3)	5,608.	0.			GENERAL OPERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2015)

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
LOWELL PARKS & CONSERVATION TRUST, INC - PO BOX 7162 - LOWELL, MA 01852	22-3070912	501(C)(3)	10,059.	0.			DONOR ADVISED DISTRIBUTION/GENERAL OPERATION
MERRIMACK REPERTORY THEATER INC 132 WARREN STREET LOWELL, MA 01852	04-2664784	501(C)(3)	38,266.	0.			DONOR ADVISED DISTRIBUTION
MERRIMACK VALLEY HOUSING PARTNERSHIP, INC - PO BOX 1042 - LOWELL, MA 01853	04-2950316	501(C)(3)	23,330.	0.			GENERAL OPERATIONS/PROJECT FOR HOME BUYER TRAINING
THOREAU FARM TRUST INC PO BOX 454 CONCORD, MA 01742	04-3420325	501(C)(3)	8,556.	0.			DONOR ADVISED DISTRIBUTION
NASHUA RIVER WATERSHED ASSOCIATION 592 MAIN STREET GROTON, MA 01450	23-7055674	501(C)(3)	9,997.	0.			WALKING PROGRAM FOR RESIDENTS / DONOR ADVISED DISTRIBUTION
CHALLENGE UNLIMITED, INC AT IRONSTONE FARM - 450 LOWELL ST - ANDOVER, MA 01810	22-2478997	501(C)(3)	5,500.	0.			DONOR ADVISED DISTRIBUTION
COMMUNITY TEAMWORK, INC 155 MERRIMACK ST 3RD FL LOWELL, MA 01852	04-2382027	501(C)(3)	29,439.	0.			DONOR ADVISED / GENERAL OPERATION
LOWELL HIGH SCHOOL 50 FR MORISSETTE BLVD LOWELL, MA 01852			17,217.	0.			SCHOLARSHIPS/DONOR ADVISED DISTRIBUTION/GENERAL SUPPORTS
UMASS LOWELL ONE UNIVERSITY AVE LOWELL, MA 01854			88,187.	0.			GENERAL SUPPORT/SCHOLARSHIPS

Schedule I (Form 990)

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
ACRE FAMILY CHILD CARE, INC. 55 MIDDLE ST 5TH FL STE 500 LOWELL, MA 01852	04-3036200	501(C)(3)	6,818.	0.			DONOR ADVISED DISTRIBUTION
CATHOLIC SCHOOLS FOUNDATION, INC. 260 FRANKLIN ST STE 630 BOSTON, MA 02110	22-2485502	501(C)(3)	8,000.	0.			EDUCATION
COALITION FOR A BETTER ACRE, INC. 517 MOODY ST FL 3 LOWELL, MA 01824	04-2760272	501(C)(3)	19,899.	0.			DONOR ADVISED / TRAINING / GENERAL OPERATIONS
FRACTURED ATLAS PRODUCTIONS, INC. 248 W 35TH ST 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	6,000.	0.			STEPHEN SAVAGE PROJECT
GAINING GROUND PO BOX 374 CONCORD, MA 01742	04-3083976	501(C)(3)	15,000.	0.			FOOD PROGRAM
MERRIMACK VALLEY FOOD BANK, INC. 735 BROADWAY ST LOWELL, MA 01854	22-3241609	501(C)(3)	18,951.	0.			DONOR ADVISED DISTRIBUTION / GENERAL PROGRAM
OUR FATHER'S HOUSE, INC. 199 SUMMER ST FITCHBURG, MA 01420	22-2515061	501(C)(3)	7,040.	0.			ENSURING HEALTH WELLNESS IN HOMELESS CHILDREN
ANGKOR DANCE TROUPE, INC PO BOX 1553 LOWELL, MA 01853	22-3066416	501(C)(3)	7,915.	0.			EXPERIENCE ANGKOR COMMUNITY TOUR / DONOR ADVISED DISTRIBUTION
ALTERNATIVE HOUSE, INC PO BOX 2100 LOWELL, MA 01851	04-2661054	501(C)(3)	6,176.	0.			DONOR ADVISED DISTRIBUTION

Schedule I (Form 990)

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
BOSTON PORTUGUESE FESTIVAL, INC ONE EXETER PL, 699 BOYLSTON ST, 7TH BOSTON, MA 02116	94-2287383		10,000.	0.			BOSTON PORTUGUESE FESTIVAL
BUDGET BUDDIES 14 HIGH STREET CHELMSFORD, MA 01824	90-0688545	501(C)(3)	6,000.	0.			DONOR ADVISED DISTRIBUTION
CIRCLE HOME, INC 336 CENTRAL STREET LOWELL, MA 01852	04-2103812	501(C)(3)	5,951.	0.			DONOR ADVISED DISTRIBUTION / SENIOR HEALTH CLINICS
BEDELL DOCS 11 BAYVIEW LN NEWBURY, MA 01951	26-4096528	501(C)(3)	9,000.	0.			FIRE SAFETY VIDEO
BOY AND GIRLS CLUB OF GREATER LOWELL, INC - 657 MIDDLESEX ST - LL, MA 01851	04-2104396	501(C)(3)	15,923.	0.			DONOR ADVISED DISTRIBUTION / GENERAL SUPPORTS
ESPERANZA ACADEMY, INC 198 GARDEN STREET LAWRENCE, MA 01840	73-1722348	501(C)(3)	6,000.	0.			DONOR ADVISED DISTRIBUTION
FRIENDS OF LOWELL HIGH SCHOOL, INC PO BOX 1264 LOWELL, MA 01853	04-2670250	501(C)(3)	5,967.	0.			DONOR ADVISED DISTRIBUTION
GIRLS INCORPORATED OF GREATER LOWELL - 220 WORTHEN ST - LOWELL, MA 01852	04-2104401	501(C)(3)	14,513.	0.			DONOR ADVISED DISTRIBUTION
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL, INC - 465 SCHOOL ST - LOWELL, MA 01851	22-2553560	501(C)(3)	7,500.	0.			EMERGING LEADERSHIP FOR LOWELL

Schedule I (Form 990)

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
LOAVES & FISHES FOOD PANTRY, INC. PO BOX 1 AYER, MA 01432	01-0726924	501(C)(3)	5,400.	0.			HELP US MEET THE NEED
LOWELL ASSOCIATION FOR THE BLIND 169 MERRIMACK ST, 2ND FLOOR LOWELL, MA 01852	04-2199874	501(C)(3)	10,396.	0.			DONOR ADVISED DISTRIBUTION / GENERAL SUPPORT
LOWELL COMMUNITY HEALTH CENTER, INC. - 161 JACKSON ST - LOWELL, MA 01852	04-2881348	501(C)(3)	65,426.	0.			DONOR ADVISED DISTRIBUTION
RECREATIONAL ADULT RESOURCE ASSOCIATION OF GREATER LOWELL, INC. - 295 HIGH STREET - LOWELL, MA 01852	23-7102772	501(C)(3)	11,794.	0.			DONOR ADVISED DISTRIBUTION
ROUDENBUSH COMMUNITY CENTER, INC. 65 MAIN STREET WESTFORD, MA 01886	04-3260203	501(C)(3)	8,575.	0.			FIRST WEEKEND ON COMMON AND BEYOND / DONOR ADVISED DISTRIBUTION
SAINT ANTHONY CHURCH 893 CENTRAL STREET LOWELL, MA 01852	04-2106247		25,000.	0.			PORTUGUESE-AMERICAN SENIOR CENTER
ST. VINCENT DEPAUL SOCIETY 18 CANTON STREET STOUGHTON, MA 02072	55-0812695		10,270.	0.			DONOR ADVISED DISTRIBUTION
STRONGWATER FARM THERAPEUTIC EQUESTRIAN CENTER IN TEWKSBURY - 500 LIVINGSTON ST - TEWKSBURY, MA 01876	04-3436653	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
THIRD SECTOR NEW ENGLAND, INC 89 SOUTH ST, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,000.	0.			GENERAL OPERATION

Schedule I (Form 990)

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 TEEN EQUALITY CENTER 15 WARREN ST, SUITE 3 LOWELL, MA 01852	38-3669532	501(C)(3)	16,700.	0.			DONOR ADVISED DISTRIBUTION / GENERAL OPERATION
VETERANS ASSISTING VETERANS, INC PO BOX 274 DRACUT, MA 01826	04-5431821	501(C)(3)	17,500.	0.			DONOR ADVISED DISTRIBUTION
CATIE'S CLOSET 19 SCHOOL ST DRACUT, MA 01826	27-2531953	501(C)(3)	10,990.	0.			DONOR ADVISED DISTRIBUTION / GENERAL OPERATION
CENTER OF HOPE AND HEALING 144 MERRIMACK ST, SUITE 304 LOWELL, MA 01852	04-2732721	501(C)(3)	10,695.	0.			PART TIME YOUTH EDUCATOR
LOWELL HOUSE, INC 555 MERRIMACK ST LOWELL, MA 01853	23-7110106	501(C)(3)	6,921.	0.			HEALTHY OPTIONS
LOWELL KIWANIS FOUNDATION PO BOX 174 LOWELL, MA 01853	04-3292078	501(C)(3)	5,150.	0.			BRING UP GRADES PROGRAM
LOWELL PUBLIC SCHOOLS 43 HIGHLAND ST LOWELL, MA 01852			14,586.	0.			GENERAL SUPPORT
LUSTGARTEN FOUNDATION 111 STEWART AVE BETHPAGE, NY 11714	31-1611837	501(C)(3)	5,000.	0.			CANCER RESEARCH
MASS AUDUBON SOCIETY 208 S. GREAT RD LINCOLN, MA 01773	04-2104702	501(C)(3)	5,000.	0.			TREES PROGRAM

Schedule I (Form 990)

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
MIDDLESEX COMMUNITY COLLEGE FOUNDATION - 33 KEARNEY SQ - LOWELL, MA 01852	06-0991088	501(C)(3)	6,000.	0.			SCHOLARSHIPS
MILL CITY GROWS PO BOX 7133 LOWELL, MA 01852	47-2096070	501(C)(3)	8,000.	0.			DONOR ADVISED DISTRIBUTION
MY FATHERS HOUSE PO BOX 2003 N. CHELMSFORD, MA 01863	04-3103404	501(C)(3)	5,000.	0.			DONOR ADVISED DISTRIBUTION
NASHOBA ASSOCIATED BOARDS 2 SHAKER RD SUITE D 225 SHIRLEY, MA 01464			8,800.	0.			IN HOME INTERVENTION PROJECT
NORTRE DAME CRISTO REY HIGH SCHOOL 303 HAVERHILL ST LAWRENCE, MA 01840	02-0296284	501(C)(3)	5,000.	0.			DONOR ADVISED DISTRIBUTION
OBLATE MISSION GUILD 486 CHANDLER ST TEWKSBURY, MA 01876	04-6050095		9,923.	0.			DONOR ADVISED DISTRIBUTION
POWER OF FLOWERS PROJECT 257 BOSTON RD NORTH BILLERICA, MA 01862	46-1082544	501(C)(3)	7,500.	0.			DONOR ADVISED DISTRIBUTION
PROJECT LEARN 222 MERRIMACK ST LOWELL, MA 01852	46-4885366	501(C)(3)	98,823.	0.			DONOR ADVISED DISTRIBUTION / GENERAL SUPPORTS
SOCIAL INNOVATION FORUM 11 AVE DE LAFAYETTE, 5TH FL. BOSTON, MA 02111	47-3923576	501(C)(3)	20,000.	0.			REVITALIZING THE CITY OF LOWELL

Schedule I (Form 990)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public
Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

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	4	5,070,149.	
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 ▶ (WEBSITE MAINT)	X	1	1,381.COST	
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

	Yes	No
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 is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

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

AREA. THE FOUNDATION IS A COMMUNITY RESOURCE, WHICH ATTRACTS FUNDS,
DISTRIBUTES GRANTS, AND SERVES AS A CATALYST AND LEADER AMONG FUNDERS,
AGENCIES AND INDIVIDUALS TO ADDRESS IDENTIFIED AND EMERGENT NEEDS. THE
COMMUNITY FOUNDATION IS A PROFESSIONAL, COMPASSIONATE STEWARD OF DONOR
FUNDS AND BUILDS UPON THE CREATIVE VISION OF ITS FOUNDERS AND THE
COMMUNITY. IT PROMOTES AND ENCOURAGES THE ROLE OF PHILANTHROPY IN
IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES.

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

IDENTIFIED AND EMERGENT NEEDS. THE COMMUNITY FOUNDATION IS A
PROFESSIONAL, COMPASSIONATE STEWARD OF DONOR FUNDS AND BUILDS UPON THE
CREATIVE VISION OF ITS FOUNDERS AND THE COMMUNITY. IT PROMOTES AND
ENCOURAGES THE ROLE OF PHILANTHROPY IN IMPROVING THE QUALITY OF LIFE IN
THE COMMUNITIES IT SERVES.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTOR STEVEN JONCAS AND DIRECTOR RICHARD K. DONAHUE SR. ARE RELATED

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

THE DRAFT FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE FOR REVIEW AND
THEN DISTRIBUTED TO THE ENTIRE BOARD FOR COMMENT AND REVIEW PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE POLICY IS REVIEWED AND ACKNOWLEDGED BY APPLICABLE PARTIES.

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

ANNUALLY THE POLICY IS REVIEWED AND ACKNOWLEDGED BY APPLICABLE PARTIES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD SETS THE COMPENSATION RANGE FOR THE EXECUTIVE DIRECTOR.

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

THE FOUNDATION HAS A WRITTEN AND APPROVED CONFLICT OF INTEREST POLICY
WHICH, ALONG WITH ITS FORM 990 AND FORM 1023, IS AVAILABLE BY REQUEST ONLY.

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

NET AGENCY ENDOWMENT FUND CONTRIBUTIONS 39,057.

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/15 to 12/31/15Attorney General's Account #: 037756Federal ID #: 04-3401997

Electronic Payment Confirmation #: _____

When did the organization first engage in
charitable work in Massachusetts?05/23/1997Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ No

If yes, date of application OR date of determination letter:

07/02/1998

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☒ Yes ☐ NoCheck all items attached
(if applicable)

- ☒ Filing Fee or
Electronic Payment
Confirmation #
- ☒ Copy of IRS Return
- ☒ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Probate Account

Organization Data

Name: GREATER LOWELL COMMUNITY FOUNDATION, INCMailing Address: 100 MERRIMACK STREET, NO. 202City: LOWELL State: MA ZIP: 01852Phone Number: (978) 970-1600 Fax Number: 978-970-2444Email: _____ Website: WWW.GLCFOUNDATION.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
 Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	30
Type of Organization (Table 2)	20	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 05/23/1997

2. Where was the organization created? LOWELL, MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	6,054,829.
B.	Gross support and revenue	6,617,314.
C.	Program services and similar amounts paid out	2,093,164.
D.	Fundraising expenses	33,993.
E.	Management and general expenses	311,712.
F.	Payments to affiliates	0.
G.	Total expenses	2,438,869.
H.	Net assets or fund balances at the end of the year	27,921,454.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JANINNE NOCCO ADMINISTRATIVE OFFICER	40.00	67,811.	0.	27,170.
2.	GEORGE NUGENT DEPUTY EXECUTIVE DIRECTOR	40.00	76,851.	0.	11,023.
3.	MARIA PALERMO RECEPTIONIST	40.00	38,835.	0.	18,879.
4.	SUSAN WINSHIP FORMER ED	40.00	89,881.	0.	23,047.
5.	ANDREA SHAPIRO INTERIM ED	40.00	67,500.	0.	312.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	EGMONT ASSOCIATES	23,348.	MANAGEMENT CONSULTING
2.	MS. GLORIA TU	4,119.	MANAGEMENT CONSULTING
3.	ANSTISS & CO.	16,610.	AUDIT & TAX SERVICES
4.	MEERKAT TECHNOLOGY, INC	4,400.	IT SERVICES
5.	MRS. MARGARET M. SHEPARD	2,000.	MANAGEMENT CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: JAMES F. LINNEHAN

Street Address: 100 MERRIMACK ST

City: LOWELL State: MA ZIP Code: 01852

Phone Number: 978-970-1600

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? ☒ Yes ☐ No
14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? ☒ Yes ☐ No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 2
18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? ☐ Yes ☒ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No
- (c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
UBS FINANCIAL SERVICES, INC 1000 HARBOR BOULEVARD WEEHAWKEN, NJ 07086	800-445-0195
MOORS & CABOT 111 DEVONSHIRE STREET BOSTON, MA 02109	886-733-9074
ENTERPRISE BANK & TRUST 222 MERRIMACK STREET LOWELL, MA 01852	978-459-9000
RBC WEALTH MANAGEMENT 25 BURLINGTON MALL ROAD BOSTON, MA 02108	781-270-2200
SANTANDER BANK 2 MORRISSEY BLVD. DORCHESTER, MA 02125	800-428-9121
LOWELL 5 CENTS SAVINGS BANK 34 JOHN STREET LOWELL, MA 01852	978-452-1300
WASHINGTON SAVINGS BANK 30 MIDDLESEX STREET LOWELL, MA 01852	978-458-7999
JEANNE D'ARC CREDIT UNION 658 MERRIMACK STREET LOWELL, MA 01852	978-452-5001
SAGE BANK 8 HURD STREET LOWELL, MA 01852	978-458-4598

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
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NAME AND ADDRESS

TITLE

SUSAN WINSHIP
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

FORMER EXECUTIVE DIRECTOR

ANDREA J SHAPIRO
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

INTERIM EXECUTIVE DIRECTOR

JEFF BERGART
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

FORMER CFO

STEVEN JONCAS
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

CO-VICE PRESIDENT

KAY M. DOYLE, PH.D.
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

JAMES C. SHANNON III, CPA
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

TREASURER

BRIAN J. STAFFORD
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

ASSISTANT TREASURER

ATTY. ANNMARIE ROARK
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

SUSANNE BEATON
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

RICHARD K. DONAHUE, SR.
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR THRU SEPT 2015

GEORGE L. DUNCAN
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

JOSEPH BARTOLOTTA
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

PRESIDENT

JOHN P. CHEMALY 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
DOROTHY CHEN-COURTIN, MBA, PH.D. 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	CLERK
SCOTT FLAGG 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
KAREN FREDERICK 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	VICE PRESIDENT
JAMES D. NOLAN 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
BRIAN L. CHAPMAN 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
GLENN MELLO 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
ANALISE SAAB 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
ATTY. ANDREA S. BATCHELDER 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
ATTY. MATTHEW C. DONAHUE 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
MICHAEL KING 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
LIANNA KUSHI 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
PAUL F. MARION 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
PATTI MASON 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR

CHESTER SZABLA
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

LUIS PEDROSO
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

JAY LINNEHAN
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR

JACQUILINE F MOLONEY
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR THRU JUNE 2015

AMSI Y. MORALES
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR THRU JUNE 2015

TIMOTHY SWEENEY
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR THRU JUNE 2015

LISA TIGHE
100 MERRIMACK STREET, NO. 202
LOWELL, MA 01852

DIRECTOR THRU JUNE 2015

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR FUNDRAISING

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

JAMES C. SHANNON
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

BRIAN J. STAFFORD
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

STEVEN JONCAS
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

JOE BARTOLOTTA
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR FUNDRAISING

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

CUSTODY OF FINANCIAL RECORDS

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

JOE BARTOLOTTA
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

STEVEN JONCAS
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

KAREN FREDERICK
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BRIAN J. STAFFORD
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR CUSTODY OF FUNDS

JOE BARTOLOTTA
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

STEVEN JONCAS
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

KAREN FREDERICK
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

JAMES C. SHANNON
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BRIAN J. STAFFORD
100 MERRIMACK STREET
LOWELL, MA 01852

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

KAREN FREDERICK
100 MERRIMACK STREET
LOWELL, MA 01852

AUTHORIZED TO SIGN CHECKS

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

ANALISE SAAB
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

29,439.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANT AWARDS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

KAREN FREDERICK
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

54,875.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

KAY DOYLE
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

14,513.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

STEVEN JONCAS
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

103,466.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

BRIAN STAFFORD
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

22,314.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

BRIAN CHAPMAN
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

25,436.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

SUE BEATON
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

65,426.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

GEORGE DUNCAN
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

ALSO A BOARD MEMBER OF ORGANIZATION THAT RECEIVED GRANTS
FROM THE FOUNDATION

AMOUNT INVOLVED

98,823.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

SUSAN WINSHIP
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTION

WAGES AND BENEFITS PAID TO FORMER ED, APPROVED BY THE BOARD
OF DIRECTORS

AMOUNT INVOLVED

112,928.

PROCEDURE FOLLOWED

NAME AND ADDRESS

ANDREA SHAPIRO
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTIONAMOUNT INVOLVED

WAGES AND BENEFITS PAID TO INTERIM ED, APPROVED BY THE BOARD
OF DIRECTORS

67,812.

PROCEDURE FOLLOWEDNAME AND ADDRESS

JEFF BERGART
100 MERRIMACK STREET
LOWELL, MA 01852

NATURE OF TRANSACTIONAMOUNT INVOLVED

WAGES AND BENEFITS PAID TO FORMER CFO, APPROVED BY THE BOARD
OF DIRECTORS

16,458.

PROCEDURE FOLLOWED

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: JOSEPH BARTOLOTTA

Title: PRESIDENT

Name of Preparer: ANSTISS & CO., P.C.

Address 1115 WESTFORD STREET

City LOWELL State MA ZIP Code 01851

Phone Number (978) 452-2500

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☒ Other (specify): DIRECT CONTACT

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

GREATER LOWELL COMMUNITY FOUNDATION, INC 04-3401997
Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

SUSAN WINSHIP

Name and Title: FORMER EXECUTIVE DIRECTOR

Address 100 MERRIMACK STREET

City LOWELL State MA ZIP Code 01852

ANDREA SHAPIRO

Name and Title: INTERIM EXECUTIVE DIRECTOR

Address 100 MERRIMACK STREET

City LOWELL State MA ZIP Code 01852

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ENTIRE BOARD OF DIRECTORS

Name and Title: SEE STATEMENT 3

Address 100 MERRIMACK STREET

City LOWELL State MA ZIP Code 01852

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

NONE

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☒ Other (specify): DIRECT CONTACT

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

JAMES F. LINNEHAN

Name and Title: EXECUTIVE DIRECTOR

Address 100 MERRIMACK ST

City LOWELL

State MA

ZIP Code 01852

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ENTIRE BOARD OF DIRECTORS

Name and Title: SEE STATEMENT 3

Address 100 MERRIMACK STREET

City LOWELL

State MA

ZIP Code 01852

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: JOSEPH BARTOLOTTA

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: JAMES C. SHANNON, III

Title: TREASURER



Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return

2015

For calendar year 2015 or taxable period beginning **JANUARY 1, 2015** and ending **DECEMBER 31, 2015**

Name of company **GREATER LOWELL COMMUNITY FOUND** Federal identification number **04-3401997**

Mailing address
100 MERRIMACK STREET, NO. 202

City/Town **LOWELL** State **MA** ZIP **01852** Phone number **(978) 970-1600**

Name of treasurer **JAMES C. SHANNON III** Fill in if a Taxpayer Disclosure Statement is enclosed ☐

Fill in if:
☐ Amended return (see "Amended return" in instructions) ☐ Federal amendment ☐ Federal audit ☐ Final return

Exempt under IRC section (fill in one only)
☒ 501 ☐ 408(e) ☐ 408A ☐ 529(a) ☐ 220(e) ☐ 530(a)

Organization type (fill in one only)
☐ Organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other

Excise calculation. Use whole dollar method.

1 Unrelated business taxable income (from U.S. Form 990T, line 34)	► 1	
2 Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	► 2	
3 Section 168(k) "bonus" depreciation adjustment	► 3	
4 Section 31I and 31K intangible expense add back adjustment	► 4	
5 Federal NOL add back adjustment (from U.S. Form 990T, line 31)	► 5	
6 Section 31J and 31K interest expense add back adjustment	► 6	
7 Federal production activity add back adjustment	► 7	
8 Abandoned Building Renovation deduction	Total cost	<input type="text"/> x .10 = ► 8
9 Other adjustments, including research and development expenses (enclose explanation)	► 9	
10 Income subject to apportionment. See instructions	► 10	
11 Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	► 11	1.000000
12 Multiply line 10 by line 11	► 12	
13 Income not subject to apportionment	► 13	
14 Add lines 12 and 13	► 14	
15 Certified Massachusetts solar or wind power deduction	► 15	
16 Taxable income before net operating loss deduction	► 16	

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions)	Date	Social Security number	Phone number
			978-970-1600
Signature of paid preparer	Date	Employer Identification number	Address
	03/31/16	04-2917204	LOWELL, MA 01851

If you are signing as an authorized delegate of the appropriate corporate officer, check here ☐ and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company
GREATER LOWELL COMMUNITY FOUNDA

Federal Identification number
04-3401997

Excise calculation (cont'd.)

- 17 Loss carryover deduction (from Schedule NOL) ▶ 17
- 18 Taxable income. Subtract line 17 from line 16 ▶ 18
- 19 Multiply line 18 by .08 19
- 20 Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions ▶ 20
- 21 Excise due before credits. Add lines 19 and 20 21

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

- 22 Economic Opportunity Area Credit (from Schedule EOAC) ▶ 22
- 23 Economic Development Incentive Program Credit Certificate number ▶ ▶ 23
- 24 Investment Tax Credit (from Schedule H) ▶ 24
- 25 Vanpool Credit (from Schedule VP) ▶ 25
- 26 Research Credit (from Schedule RC) ▶ 26
- 27 Harbor Maintenance Tax Credit (from Schedule HM, line 23) ▶ 27
- 28 Brownfields Credit Certificate number ▶ ▶ 28
- 29 Low-Income Housing Credit Building Identification number ▶ ▶ 29
- 30 Historic Rehabilitation Credit Certificate number ▶ ▶ 30
- 31 Film Incentive Credit Certificate number ▶ ▶ 31
- 32 Medical Device Credit Certificate number ▶ ▶ 32
- 33 Employer Wellness Program Credit Certificate number ▶ ▶ 33
- 34 Certified Housing Development Credit Certificate number ▶ ▶ 34
- 35 Life Science Company Tax Credit ▶ 35
- 36 Total credits. Add lines 22 through 35 36

Excise after credits

- 37 Excise due before voluntary contributions. Subtract line 36 from line 21. Not less than "0" 37
- 38 Voluntary contribution for endangered wildlife conservation ▶ 38
- 39 Total excise plus voluntary contribution. Add lines 37 and 38 ▶ 39



Name of company
GREATER LOWELL COMMUNITY FOUNDA

Federal Identification number
04-3401997

Payments

40	2014 overpayment applied to 2015 estimated tax	▶ 40	<input type="text"/>
41	2015 Massachusetts estimated tax payments (do not include amount in line 40)	▶ 41	<input type="text"/>
42	Payment made with extension	▶ 42	<input type="text"/>
43	Pass-through entity withholding Payer Identification number ▶ <input type="text"/>	▶ 43	<input type="text"/>
44	Refundable film credit	▶ 44	<input type="text"/>
45	Refundable Dairy Credit Certificate number ▶ <input type="text"/>	▶ 45	<input type="text"/>
46	Refundable life science credit	▶ 46	<input type="text"/>
47	Refundable economic development incentive program credit	▶ 47	<input type="text"/>
48	Refundable Conservation Land Credit Certificate number ▶ <input type="text"/>	▶ 48	<input type="text"/>
49	Refundable Community Investment Credit Certificate number ▶ 5957V11573	▶ 49	14,579.
50	Total payments. Add lines 40 through 49	50	14,579.

Refund or balance due

51	Amount overpaid. Subtract line 39 from line 50	51	14,579.
52	Amount overpaid to be credit to 2016 estimated tax	▶ 52	<input type="text"/>
53	Amount overpaid to be refunded. Subtract line 52 from line 51	▶ 53	14,579.
54	Balance due. Subtract line 50 from line 39	▶ 54	<input type="text"/>
55a	M-2220 penalty	▶ 55a	<input type="text"/>
55b	Other penalties	▶ 55b	<input type="text"/>
55	Total penalty. Add lines 55a and 55b	55	<input type="text"/>
56	Interest on unpaid balance.....	▶ 56	<input type="text"/>
57	Total payment due at time of filing	▶ 57	<input type="text"/>

DEC 21 2015



Form CITCC Community Investment Tax Credit Certificate

2014

Massachusetts
Department of
Revenue

For calendar year 2014 or taxable year beginning

and ending

Taxpayer name

Federal Identification or Social Security number

Greater Lowell Community Foundation

04-3401997

Street address

City/Town

State

Zip

100 Merrimack Street, Suite 202

Wellesley

MA

02481

Type of taxpayer:

☐ Individual ☐ Corporation ☐ Trust ☐ Partnership ☐ S corporation ☐ Estate ☒ Other:

Certificate number issued by DOR

Tax year

4794H10043

2014

1 Amount of Community Investment Tax credit eligible for use or refund **1** \$9,079.00

Department of Revenue Filing

All credit information should be mailed to: Massachusetts Department, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn: Community Investment Tax Credit Unit.

DEC 21 2015



Form CITCC Community Investment Tax Credit Certificate

2014

**Massachusetts
Department of
Revenue**

For calendar year 2014 or taxable year beginning

and ending

Taxpayer name

Greater Lowell Community Foundation

Federal Identification or Social Security number

04-3401997

Street address

100 Merrimack Street, Suite 202

City/Town

Wellesley

State

MA

Zip

02481

Type of taxpayer:

☐ Individual ☐ Corporation ☐ Trust ☐ Partnership ☐ S corporation ☐ Estate ☒ Other:

Certificate number issued by DOR

4795H10044

Tax year

2014

1 Amount of Community Investment Tax credit eligible for use or refund **1** \$500.00

Department of Revenue Filing

All credit information should be mailed to: Massachusetts Department, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn: Community Investment Tax Credit Unit.



Form CITCC
Community Investment
Tax Credit Certificate

JAN 21 2016

Taxpayer name			
Greater Lowell Community Foundation			
Street address	City/Town	State	Zip
100 Merrimack Street, Suite 202	Lowell	MA	01852
Type of Taxpayer:			
Business (Non Pass-Through Entity)			
Certificate number issued by DHCD. Note: You must enter this certificate number on your tax return			Tax Year
5304V11767			2015

1 Amount of Community Investment Tax credit eligible for use or refund.....1 \$4,375.00

For DHCD purposes only:

DHCD assigned number 08-B15-01767-CDC



Form CITCC
Community Investment
Tax Credit Certificate

Taxpayer name

Greater Lowell Community Foundation

Street address

100 Merrimack Street, Suite 202

City/Town

Lowell

State

MA

Zip

01852

Type of Taxpayer:

Business (Non Pass-Through Entity)

Certificate number issued by DHCD. **Note:** You must enter this certificate number on your tax return

5957V11573

Tax Year

2015

1 Amount of Community Investment Tax credit eligible for use or refund.....1

\$ 625.00

For DHCD purposes only:

DHCD assigned number 03-B15-01573-CDC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

ANNUAL REPORT

FEE: \$15.00

M.G.L. Ch.180
Corporation
Annual Report

FEDERAL IDENTIFICATION

Filing for November 1, 20 16

NO. 04-3401997

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: GREATER LOWELL COMMUNITY FOUNDATION

2. ADDRESS: 100 MERRIMACK STREET

(number)

(street)

LOWELL

MA

01852

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: July 7, 2015

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	JOSEPH BARTOLOTTA	100 MERRIMACK STREET LOWELL, MA 01852	UNTIL
Treasurer:	JAMES C. SHANNON III	100 MERRIMACK STREET LOWELL, MA 01852	SUCCESSORS
Clerk: (or Secretary)	DOROTHY CHEN-COURTIN	100 MERRIMACK STREET LOWELL, MA 01852	ARE DULY
Directors: (or Officers having the powers of Directors)	SEE ATTACHED LIST		NOTED

I, the undersigned _____ being the _____ of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of _____, 20 16.

Signature: _____ Title: _____

Contact Person: James F. Linnehan

Contact Person Telephone #: 978-970-1600

Greater Lowell Community Foundation, Inc.
FEIN: 04-3401997
Board of Directors
December 31, 2015

Steven Joncas, Co-Vice President
100 Merrimack Street
Lowell, MA 01852

Joseph Bartolotta., President
100 Merrimack Street
Lowell, MA 01852

Karen Frederick, Co-Vice President
100 Merrimack Street
Lowell, MA 01852

James C. Shannon III, Treasurer
100 Merrimack Street
Lowell, MA 01852

Dorothy Chen-Courtin, MBA, Ph.D., Clerk
100 Merrimack Street
Lowell, MA 01852

Brian J. Stafford CPA, MST, Asst. Treasurer
100 Merrimack Street
Lowell, MA 01852

Atty. Annmarie Roark, Director
100 Merrimack Street
Lowell, MA 01852

Atty. Andrea S. Batchelder, Director
100 Merrimack Street
Lowell, MA 01852

Brian Chapman, Director
100 Merrimack Street
Lowell, MA 01852

John P. Chemaly, Director
100 Merrimack Street
Lowell, MA 01852

Patti Mason, Director
100 Merrimack Street
Lowell, MA 01852

Atty. Matthew C. Donahue, Director
100 Merrimack Street
Lowell, MA 01852

Chester Szablak, Director
100 Merrimack Street
Lowell, MA 01852

Scott Flagg, Director
100 Merrimack Street
Lowell, MA 01852

Michael King, Director
100 Merrimack Street
Lowell, MA 01852

Lianna Kushi, Director
100 Merrimack Street
Lowell, MA 01852

Glenn Mello, Director
100 Merrimack Street
Lowell, MA 01852

James D. Nolan, Director
100 Merrimack Street
Lowell, MA 01852

Susanne Beaton, Director
100 Merrimack Street
Lowell, MA 01852

Paul Marion, Director
100 Merrimack Street
Lowell, MA 01852

Analise Saab, Director
100 Merrimack Street
Lowell, MA 01852

James F. Linnehan, Executive Director
100 Merrimack Street
Lowell, MA 01852