

April 27, 2018

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

Dear Mr. Linnehan:

Enclosed are the informational returns for Greater Lowell Community Foundation, Inc. for the period ended December 31, 2017 and copies for your files.

Form 990 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 15, 2018. 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 all attachments 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.

The Attorney General's Office no longer accepts the check form of payment. Please log onto the Attorney General's website at <https://www.paybill.com/maagocharities> and click on "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 15, 2018.

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 \$1,500. This return is due by May 15, 2018.

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, 2018.

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 **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

**2017**▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**GREATER LOWELL COMMUNITY FOUNDATION, INC****04-3401997**

Name and title of officer

**CHESTER SZABLA  
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>3,513,596.</b>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **ANSTISS & CO., P.C.** to enter my PIN **45698**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **X** Date ▶ **X**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**04275532107**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **04/04/18**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

16470404 803373 GLCF1997

2017.03020 GREATER LOWELL COMMUNITY FO GLCF1991

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection**A** For the **2017** 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 \$ **8,764,942.****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**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE GREATER LOWELL COMMUNITY FOUNDATION IS TO IMPROVE THE QUALITY OF LIFE IN THE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>44</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>875,021.</b>	<b>Current Year</b> <b>1,886,938.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>460,120.</b>	<b>1,634,724.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>-8,066.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,335,141.</b>	<b>3,513,596.</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,060,049.</b>	<b>1,393,163.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>392,699.</b>	<b>417,341.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>171,495.</b>		
<b>Expenses</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>536,025.</b>	<b>823,732.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,988,773.</b>	<b>2,634,236.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-653,632.</b>	<b>879,360.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>31,702,199.</b>	<b>End of Year</b> <b>36,917,263.</b>
<b>Net Assets or Fund Balances</b>	<b>21</b>	Total liabilities (Part X, line 26)	<b>3,294,905.</b>	<b>3,783,282.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>28,407,294.</b>	<b>33,133,981.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHESTER SZABLAK, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>RICHARD B. DIONNE</b>	<b>RICHARD B. DIONNE</b>	<b>04/02/18</b>		<b>P00142882</b>
<b>Use Only</b>	Firm's name ▶ <b>ANSTISS &amp; CO., P.C.</b>	Firm's EIN ▶ <b>04-2917204</b>			
	Firm's address ▶ <b>1115 WESTFORD STREET</b> <b>LOWELL, MA 01851</b>	Phone no. <b>(978) 452-2500</b>			

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **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 \$ **2,343,968.** including grants of \$ **1,393,163.**) (Revenue \$ )

**ADDED 18 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 **2,343,968.**



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II .....		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .....		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....	<b>X</b>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		<b>X</b>
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? If "Yes," complete Schedule D, Part IV .....		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .....	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI .....	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....		<b>X</b>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .....		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....	<b>X</b>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .....	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....		<b>X</b>
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? If "Yes," complete Schedule F, Parts II and IV .....		<b>X</b>
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? If "Yes," complete Schedule F, Parts III and IV .....		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I .....		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....		<b>X</b>

Form 990 (2017)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Form 990 (2017)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18		
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	
<b>Note.</b> 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		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
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
<b>10 Section 501(c)(7) organizations.</b> 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		
<b>11 Section 501(c)(12) organizations.</b> 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		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>Note.</b> 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		
<b>14a</b> 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		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	25			
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	25			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN JONCAS DIRECTOR	5.00	X						0.	0.	0.
(2) JAMES C. SHANNON III, CPA ASST. TREASURER	5.00	X		X				0.	0.	0.
(3) BRIAN J. STAFFORD, CPA DIRECTOR	5.00	X						0.	0.	0.
(4) SUSANNE BEATON DIRECTOR	5.00	X						0.	0.	0.
(5) JOSEPH BARTOLOTTA DIRECTOR	5.00	X						0.	0.	0.
(6) JOHN P. CHEMALY DIRECTOR	5.00	X						0.	0.	0.
(7) DOROTHY CHEN-COURTIN, MBA, PH.D CLERK	5.00	X		X				0.	0.	0.
(8) SCOTT FLAGG CO-VICE PRESIDENT	5.00	X		X				0.	0.	0.
(9) KAREN FREDERICK CO-VICE PRESIDENT	5.00	X		X				0.	0.	0.
(10) BRIAN L. CHAPMAN DIRECTOR	5.00	X						0.	0.	0.
(11) GLENN MELLO DIRECTOR	5.00	X						0.	0.	0.
(12) ATTY. ANDREA S. BATCHELDER DIRECTOR	5.00	X						0.	0.	0.
(13) ATTY. MATTHEW C. DONAHUE DIRECTOR	5.00	X						0.	0.	0.
(14) MICHAEL KING TREASURER	5.00	X		X				0.	0.	0.
(15) LIANNA KUSHI DIRECTOR	5.00	X						0.	0.	0.
(16) PATTI MASON DIRECTOR	5.00	X						0.	0.	0.
(17) CHESTER SZABLAK PRESIDENT	5.00	X		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) ANDREW S. MACEY DIRECTOR	5.00	X						0.	0.	0.
(19) YUN-JU CHOI DIRECTOR	5.00	X						0.	0.	0.
(20) CHARLES H. COMTOIS, CPA DIRECTOR	5.00	X						0.	0.	0.
(21) STEVEN IEM, CPA DIRECTOR	5.00	X						0.	0.	0.
(22) ROBERT S. LOCKETT, III DIRECTOR	5.00	X						0.	0.	0.
(23) SHEILA OCH DIRECTOR	5.00	X						0.	0.	0.
(24) JUAN CARLOS RIVERA DIRECTOR	5.00	X						0.	0.	0.
(25) JAY STEVENS, CPA DIRECTOR	5.00	X						0.	0.	0.
(26) JAMES F. LINNEHAN, JR., ESQ. EXECUTIVE DIRECTOR	40.00			X				137,318.	0.	5,536.
<b>1b Sub-total</b>								137,318.	0.	5,536.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								137,318.	0.	5,536.

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

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOWELL CENTRAL ELECTRIC 182 CHELMSFORD STREET, LOWELL, MA 01851	PROJECT SERVICES	289,189.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	10,144.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,876,794.			
	g Noncash contributions included in lines 1a-1f \$		328,820.			
	h <b>Total.</b> Add lines 1a-1f		1,886,938.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g <b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		798,591.			798,591.
	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	6,069,482.			
	b Less: cost or other basis and sales expenses		5,233,349.			
	c Gain or (loss)		836,133.			
	d Net gain or (loss)		836,133.			836,133.
	8 a Gross income from fundraising events (not including \$ 10,144. of contributions reported on line 1c). See Part IV, line 18	a	9,931.			
	b Less: direct expenses	b	17,997.			
	c Net income or (loss) from fundraising events		-8,066.			-8,066.
	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					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d						
12 <b>Total revenue.</b> See instructions.		3,513,596.	0.	0.	1,626,658.	

**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	1,181,362.	1,181,362.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	211,801.	211,801.		
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	148,029.	59,574.	15,035.	73,420.
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	212,200.	127,821.	46,056.	38,323.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,689.	14,121.	4,707.	8,861.
10 Payroll taxes	29,423.	15,006.	5,002.	9,415.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,500.		13,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	181,384.	181,384.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,335.		21,335.	
12 Advertising and promotion	19,891.	17,602.	2,289.	
13 Office expenses	18,461.	12,000.	923.	5,538.
14 Information technology	3,133.	2,037.	156.	940.
15 Royalties				
16 Occupancy	42,976.	27,934.	2,149.	12,893.
17 Travel	5,383.	5,383.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,698.	41,035.	5,663.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,001.	4,201.	700.	2,100.
23 Insurance	5,397.	3,508.	270.	1,619.
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 <b>PROGRAM EXPENSE</b>	405,635.	405,635.		
b <b>DUE AND SUBSCRIPTIONS</b>	13,150.	11,835.	1,315.	
c <b>ANNUAL REPORTS EXPENSE</b>	12,227.			12,227.
d <b>LICENSES AND PERMITS</b>	10,397.	6,758.	520.	3,119.
e All other expenses	17,164.	14,971.	-847.	3,040.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,634,236.	2,343,968.	118,773.	171,495.
26 <b>Joint costs.</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	441,750.	1	255,513.
	2 Savings and temporary cash investments .....	317,168.	2	484,686.
	3 Pledges and grants receivable, net .....	550.	3	21,703.
	4 Accounts receivable, net .....		4	1,075.
	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 .....	15,391.	9	17,143.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 79,431.		
	b Less: accumulated depreciation .....	10b 74,030.	10c	5,401.
	11 Investments - publicly traded securities .....	30,914,938.	11	36,117,506.
	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 .....	0.	15	14,236.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	31,702,199.	16	36,917,263.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	33,782.	17	42,529.
	18 Grants payable .....	14,600.	18	11,075.
	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 .....	3,246,523.	25	3,729,678.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	3,294,905.	26	3,783,282.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets .....		24,755,006.	27	28,718,094.
28 Temporarily restricted net assets .....		2,088,626.	28	2,849,165.
29 Permanently restricted net assets .....		1,563,662.	29	1,566,722.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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 .....		28,407,294.	33	33,133,981.
34 <b>Total liabilities and net assets/fund balances</b> .....		31,702,199.	34	36,917,263.

Form 990 (2017)

**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	3,513,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,634,236.
3	Revenue less expenses. Subtract line 2 from line 1	3	879,360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,407,294.
5	Net unrealized gains (losses) on investments	5	3,793,539.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,788.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,133,981.

**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 (2017)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1226150.	1481925.	961,625.	875,022.	1886938.	6431660.
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 <b>Total.</b> Add lines 1 through 3 .....	1226150.	1481925.	961,625.	875,022.	1886938.	6431660.
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) .....						709,098.
6 <b>Public support.</b> Subtract line 5 from line 4.						5722562.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	1226150.	1481925.	961,625.	875,022.	1886938.	6431660.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	577,838.	599,184.	562,484.	518,030.	798,591.	3056127.
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 <b>Total support.</b> Add lines 7 through 10 .....						9487787.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	60.32	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	63.27	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support. (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13</b> 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**

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

**Section D. Computation of Investment Income Percentage**

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

**19a** 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**b** 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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.		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>b</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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2017



**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

## 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

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	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ENTERPRISE BANK 222 MERRIMACK STREET LOWELL, MA 01852	\$ 149,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RICHARD K. AND NANCY DONAHUE CHARITABLE 52 BELMONT AVENUE LOWELL, MA 01852	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MR. AND MRS. DAVID W. DONAHUE 10 WINCHESTER PL WINCHESTER, MA 01890-2858	\$ 297,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	THEODORE EDSON PARKER FOUNDATION 2 LIBERTY ST FL 5 BOSTON, MA 02109	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. TRUST, BANK OF AMERICA PRIVATE WEALTH MANAGEMENT 135 S LASALLE ST CHICAGO, IL 60603	\$ 65,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<b>LOWELL HERITAGE PARTERSHIP, INC.</b> <b>PO BOX 8744</b> <b>LOWELL, MA 01853-8744</b>	\$ 45,000.	Person <input checked="" 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-3401997

## Part II

[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

(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

(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

(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

# SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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	62	
2 Aggregate value of contributions to (during year)	579,058.	
3 Aggregate value of grants from (during year)	420,587.	
4 Aggregate value at end of year	6,507,691.	
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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2017



**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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	28,193,496.	27,757,232.	24,312,184.	23,758,831.	20,861,828.
b Contributions	1,193,439.	346,324.	5,431,253.	962,662.	1,775,537.
c Net investment earnings, gains, and losses	5,481,954.	1,543,219.	-235,037.	1,168,630.	3,054,281.
d Grants or scholarships	1,341,021.	834,586.	1,150,808.	1,032,240.	1,335,353.
e Other expenditures for facilities and programs	592,251.	618,693.	600,360.	545,699.	597,462.
f Administrative expenses					
g End of year balance	32,935,617.	28,193,496.	27,757,232.	24,312,184.	23,758,831.

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

a Board designated or quasi-endowment ☒ 86.63 %

b Permanent endowment ☒ 4.76 %

c Temporarily restricted endowment ☒ 8.61 %

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.	74,030.	5,401.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,401.

Schedule D (Form 990) 2017

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT	3,684,516.
(3) FISCAL AGENCY FUNDS	43,522.
(4) SPLIT INTEREST AGREEMENTS	1,640.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	7,277,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,793,539.
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	3,793,539.
3	Subtract line 2e from line 1	3	3,483,963.
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	29,633.
c	Add lines 4a and 4b	4c	29,633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,513,596.

**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	2,550,815.
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	17,997.
e	Add lines 2a through 2d	2e	17,997.
3	Subtract line 2e from line 1	3	2,532,818.
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	101,418.
c	Add lines 4a and 4b	4c	101,418.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,634,236.

**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	47,630.
FUNDRAISING EXPENSES	-17,997.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	29,633.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	17,997.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY ENDOWMENT FUNDS	101,418.
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**Part II****Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>FIRST GIVING</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1 Gross receipts .....	20,075.			20,075.
	2 Less: Contributions .....	10,144.			10,144.
	3 Gross income (line 1 minus line 2) .....	9,931.			9,931.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	9,931.			9,931.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	8,066.			8,066.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				17,997.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-8,066.

**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.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**GREATER LOWELL COMMUNITY FOUNDATION, INC**

Employer identification number  
**04-3401997**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN TEXTILE HISTORY MUSEUM 491 DUTTON STREET LOWELL, MA 01854	04-2276089	501(C)(3)	20,835.	0.			DONOR ADVISED DISTRIBUTION
NEW ENGLAND FORESTRY FOUNDATION, INC. - PO BOX 1346 - LITTLETON, MA 01460	04-2024022	501(C)(3)	10,273.	0.			DONOR ADVISED DISTRIBUTION
WHISTLER HOUSE MUSEUM OF ART 243 WORTHEN STREET LOWELL, MA 01852	04-2428837	501(C)(3)	67,599.	0.			DONOR ADVISED DISTRIBUTION/PUBLIC ARTS PROGRAM
LOWELL CATHOLIC HIGH SCHOOL 530 STEVENS STREET LOWELL, MA 01851	04-2563657	501(C)(3)	87,451.	0.			EDUCATION
NEW ENGLAND QUILT MUSEUM 18 SHATTUCK STREET LOWELL, MA 01852	04-2371424	501(C)(3)	65,615.	0.			DONOR ADVISED DISTRIBUTION / GENERAL OPERATION
LOWELL HERITAGE PARTNERSHIP PO BOX 8744 LOWELL, MA 01853	20-0317624	501(C)(3)	5,617.	0.			GENERAL OPERATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **49.**

**3** Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) (2017)

**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)	16,733.	0.			DONOR ADVISED DISTRIBUTION/GENERAL OPERATION
MERRIMACK REPERTORY THEATER INC 132 WARREN STREET LOWELL, MA 01852	04-2664784	501(C)(3)	82,882.	0.			DONOR ADVISED DISTRIBUTION
MERRIMACK VALLEY HOUSING PARTNERSHIP, INC - PO BOX 1042 - LOWELL, MA 01853	04-2950316	501(C)(3)	17,067.	0.			GENERAL OPERATIONS
CHALLENGE UNLIMITED, INC AT IRONSTONE FARM - 450 LOWELL ST - ANDOVER, MA 01810	22-2478997	501(C)(3)	7,373.	0.			DONOR ADVISED DISTRIBUTION / SPONSORING A CHILD FOR A YEAR OF THERAPY
COMMUNITY TEAMWORK, INC 155 MERRIMACK ST 2ND FL LOWELL, MA 01852	04-2382027	501(C)(3)	10,217.	0.			DONOR ADVISED / GENERAL OPERATION
LOWELL HIGH SCHOOL 50 FR MORISSETTE BLVD LOWELL, MA 01852			10,534.	0.			SCHOLARSHIPS/DONOR ADVISED DISTRIBUTION/GENERAL SUPPORTS
UMASS LOWELL ONE UNIVERSITY AVE LOWELL, MA 01854			81,185.	0.			GENERAL SUPPORT/SCHOLARSHIPS
ACRE FAMILY CHILD CARE, INC. 55 MIDDLE ST 5TH FL STE 500 LOWELL, MA 01852	04-3036200	501(C)(3)	5,748.	0.			GENERAL OPERATION
CATHOLIC SCHOOLS FOUNDATION, INC. 67 BATTERYMARCH ST 6TH FL BOSTON, MA 02110	22-2485502	501(C)(3)	8,500.	0.			EDUCATION

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
COALITION FOR A BETTER ACRE, INC. 517 MOODY ST FL 3 LOWELL, MA 01824	04-2760272	501(C)(3)	9,036.	0.			FOR COMMUNITY INVESTMENT TAX CREDIT/ GENERAL OPERATIONS
FRACTURED ATLAS PRODUCTIONS, INC. 248 W 35TH ST 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	7,000.	0.			STEPHEN SAVAGE PROJECT
OUR FATHER'S HOUSE, INC. 199 SUMMER ST FITCHBURG, MA 01420	22-2515061	501(C)(3)	7,526.	0.			ENSURING HEALTH WELLNESS IN HOMELESS CHILDREN
ALTERNATIVE HOUSE, INC PO BOX 2100 LOWELL, MA 01851	04-2661054	501(C)(3)	5,963.	0.			DONOR ADVISED DISTRIBUTION / EDUCATION
BOSTON PORTUGUESE FESTIVAL, INC ONE EXETER PL 699 BOYLSTON ST 7TH F BOSTON, MA 02116	94-2287383		10,000.	0.			BOSTON PORTUGUESE FESTIVAL
LOWELL COMMUNITY HEALTH CENTER, INC. - 161 JACKSON ST - LOWELL, MA 01852	04-2881348	501(C)(3)	11,802.	0.			DONOR ADVISED DISTRIBUTION
RECREATIONAL ADULT RESOURCE ASSOCIATION OF GREATER LOWELL, INC. - 295 HIGH STREET - LOWELL, MA 01852	23-7102772	501(C)(3)	16,222.	0.			DONOR ADVISED DISTRIBUTION / CAPACITY BUILDING
ST. VINCENT DEPAUL SOCIETY 18 CANTON STREET STOUGHTON, MA 02072	04-2104826	501(C)(3)	10,421.	0.			DONOR ADVISED DISTRIBUTION
THIRD SECTOR NEW ENGLAND, INC 89 SOUTH ST SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	5,500.	0.			FOOD FOR SENIORS

Schedule I (Form 990)

Schedule I (Form 990) **GREATER LOWELL COMMUNITY FOUNDATION, INC**

04-3401997

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 150 APPLETON ST LOWELL, MA 01852	13-5562351	501(C)(3)	12,620.	0.			DONOR ADVISED DISTRIBUTION
CASA ESPERANZA, INC. PO BOX 191540 ROXBURY, MA 02119	22-2525437	501(C)(3)	15,000.	0.			CLINICAL STABILIZATION SERVICES START-UP
CATIE'S CLOSET 19 SCHOOL STREET DRACUT, MA 01826	27-2531953	501(C)(3)	10,000.	0.			BUILD A SCHOOL CLOSET IN LAWRENCE
CENTER FOR HOPE AND HEALING, INC. 21 GEORGE ST STE 400 LOWELL, MA 01852	04-2732721	501(C)(3)	20,000.	0.			HEALING FROM ADDICTION/RECOVERING FROM TRAUMA
COMMUNITY FAMILY, INC. 106 WYLLIS AVE EVERETT, MA 02149	04-2650838	501(C)(3)	5,500.	0.			CLIENT OUTREACH FUND
FRIENDS OF LOWELL HIGH SCHOOL, INC. - 16 BELROSE AVE - LOWELL, MA 01852	04-2670250	501(C)(3)	5,893.	0.			GENERAL OPERATIONS
GIRLS INCORPORATED OF GREATER LOWELL - 220 WORTHEN ST - LOWELL, MA 01852	04-2104401	501(C)(3)	11,525.	0.			DONOR ADVISED / GENERAL OPERATIONS
HABITAT FOR HUMANITY OF GREATER LOWELL - 124 MAIN ST UNIT B - WESTFORD, MA 01886	04-3123186	501(C)(3)	6,500.	0.			DONOR ADVISED DISTRIBUTION/CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY
INTERNATIONAL INSTITUTE OF NEW ENGLAND - 2 BOYLSTON ST FL 3 - BOSTON, MA 01216	04-2104325	501(C)(3)	7,335.	0.			DONOR ADVISED DISTRIBUTION/ GENERAL OPERATIONS

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
LOWELL GENERAL HOSPITAL 295 VARNUM AVE LOWELL, MA 01854	04-2103590	501(C)(3)	5,648.	0.			DONOR ADVISED DISTRIBUTION/TEAM WALK FOR CANCER/CANCER CENTER ENDOWMENT.
LOWELL HOUSE, INC 555 MERRIMACK ST LOWELL, MA 01854	23-7110106	501(C)(3)	15,000.	0.			CREATING LONG-TERM STABILITY THROUGH RECOVERY COACHING
LUK CRISIS CENTER, INC. 545 WESTMINSTER ST FITCHBURG, MA 01420	04-2483679	501(C)(3)	7,525.	0.			RAISING RESILIENT KIDS
LUNENBURG FIRE DEPARTMENT 655 MASSACHUSETTS AVE LUNENBURG, MA 01462	04-6001206		5,174.	0.			ROSC-U CPR DEVICE
MASSACHUSETTS DOWN SYNDROME CONGRESS - 20 BURLINGTON MALL RD STE 261 - BURLINGTON, MA 01803	22-2596246	501(C)(3)	7,081.	0.			DONOR ADVISED DISTRIBUTION
MEGAN HOUSE FOUNDATION, INC 32 BERRY RD LOWELL, MA 01854	47-3503719	501(C)(3)	15,000.	0.			RECOVERY SERVICES
MERRIMACK VALLY FOOD BANK, INC. 735 BROADWAY ST PO BOX 8638 LOWELL, MA 01853	22-3241609	501(C)(3)	6,463.	0.			DONOR ADVISED DISTRIBUTION/ MOBILE PANTRY
MIDDLESEX COMMUNITY COLLEGE FOUNDATION, INC. - 591 SPRINGS RD - BEDFORD, MA 01730	04-2973384	501(C)(3)	6,000.	0.			SCHOLARSHIPS
MILL CITY GROWS 150 WESTERN AVE B MILL UNIT A LOWELL, MA 01852	47-2096070	501(C)(3)	8,182.	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
NASHUA RIVER WATERSHED ASSOCIATION 592 MAIN ST GROTON, MA 01450	23-7055674	501(C)(3)	5,607.	0.			SCIENCE-BASED RIVER STEWARDSHIP AND MANAGEMENT/ GENERAL OPERATIONS
OBLATE MISSION GUILD 486 CHANDLER ST TEWKSBURY, MA 01876	04-6050095		5,005.	0.			GIFTS TO ECONOMICALLY DISADVANTAGED CHILDREN AROUND THE COUNTRY/GENERAL SUPPORT
OPEN PANTRY OF GREATER LOWELL, INC. - 13 HURD ST - LOWELL, MA 01852	22-2474729	501(C)(3)	7,213.	0.			DONOR ADVISED DISTRIBUTION/FOOD PANTRY
PORTUGUESE-AMERICAN CENTER, INC 59 CHARLES ST LOWELL, MA 01852	04-2109422		25,000.	0.			SENIOR CENTER
ST. ANTHONY PARISH 893 CENTRAL ST LOWELL, MA 01852	04-2106247	501(C)(3)	33,500.	0.			DONOR ADVISED DISTRIBUTION/ HOMELESSNESS/PORTUGUESE AMERICAN SENIOR CENTER
SEVEN HILLS FAMILY SERVICES, INC. 81 HOPE AVE WORCESTER, MA 01603	04-3293665	501(C)(3)	9,147.	0.			PROGRAM SUPPORT
THE SHINE INITIATIVE 9 LEOMINSTER CONNECTOR LEOMINSTER, MA 01453	04-3537449	501(C)(3)	7,055.	0.			SWATTING STIGMA
TOWN OF PEPPERELL 1 MAIN ST PEPPERELL, MA 01463	04-6001265		6,576.	0.			CPR MACHINE
TOWN OF TOWNSEND 272 MAIN ST TOWNSEND, MA 01469	04-6001326		6,549.	0.			CPR MACHINE

Schedule I (Form 990)

Schedule I (Form 990) **GREATER LOWELL COMMUNITY FOUNDATION, INC**

04-3401997

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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
TOWNSEND CONGREGATIONAL CHURCH 3 BROOKLINE ST TOWNSEND, MA 01469	04-6000843	501(C)(3)	7,055.	0.			YOUTH OUTREACH
UTEC 15 WARREN ST STE 3 LOWELL, MA 01852	38-3669532	501(C)(3)	36,906.	0.			HONOR SUE GLADSTONE/DONOR ADVISED DISTRIBUTION
VISITING NURSES ASSOCIATION OF MIDDLESEX EAST, INC - 607 NORTH AVE STE 17 - WAKEFIELD, MA 01880	04-6151873	501(C)(3)	5,500.	0.			ADAPTIVE EQUIPMENT
ZACK'S TEAM FOUNDATION, INC. 50 TOWER FARM RD BILLERICA, MA 01821	46-5254298	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
THOREAU FARM TRUST, INC. 341 VIRGINIA RD CONCORD, MA 01742	04-3420325	501(C)(3)	7,340.	0.			OPERATIONAL SUPPORT
CLEAN RIVER PROJECT, INC. 498 LOWELL ST METHUEN, MA 01844	26-1904414	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MIDDLESEX COMMUNITY COLLEGE 33 KEARNEY SQ LOWELL, MA 01852	04-6002284		10,000.	0.			OUT OF SCHOOL YOUTH CENTER

Schedule I (Form 990)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR TUITION	216	211,801.	0.		

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

PART I, LINE 2:

CAPACITY GRANTS, WATER RESOURCES GRANTS AND ELDERLY GRANTS ALL HAVE A FINAL REPORT THAT IS DUE THE FOLLOWING YEAR. ALL OTHER GRANTS WE DO NOT HAVE A SPECIFIC FINAL REPORT DUE.

PART III, COLUMN B

SCHOLARSHIPS REQUIRE PROOF OF ENROLLMENT OR PROOF OF DEPOSIT BEFORE THE FUNDS ARE RELEASED.



**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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 .....	<b>X</b>	<b>2</b>	<b>318,317.</b>	
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 ▶ ( <u>ADVERTISING</u> ) .....	<b>X</b>	<b>1</b>	<b>10,000.COST</b>	
26 Other ▶ ( <u>OTHER</u> ) .....	<b>X</b>	<b>1</b>	<b>439.COST</b>	
27 Other ▶ ( <u>WEBSITE MAINT</u> ) .....	<b>X</b>	<b>1</b>	<b>64.COST</b>	
28 Other ▶ ( ) .....				

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

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

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

Schedule M (Form 990) 2017

## Part II

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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 B, LINE 11B:

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.

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

THE BOARD SETS THE COMPENSATION RANGE FOR THE EXECUTIVE DIRECTOR.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

GREATER LOWELL COMMUNITY FOUNDATION, INC

Employer identification number

04-3401997

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 53,788.

**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](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 01/01/17 to 12/31/17Attorney 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 Printout of  
Electronic Payment  
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial  
Statements/Review
- ☐ Amended Articles/  
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

## Organization Data

Name: GREATER LOWELL COMMUNITY FOUNDATION, INCMailing Address: 100 MERRIMACK STREET, NO. 202City: LOWELLState: MAZIP: 01852Phone Number: (978) 970-1600Fax Number: 978-970-2444Email: JAY@GLCFUNDATION.ORGWebsite: 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: ☐

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	1,886,938.
B.	Gross support and revenue	2,677,463.
C.	Program services and similar amounts paid out	2,343,968.
D.	Fundraising expenses	171,495.
E.	Management and general expenses	118,773.
F.	Payments to affiliates	0.
G.	Total expenses	2,634,236.
H.	Net assets or fund balances at the end of the year	33,133,981.

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	67,344.	0.	22,075.
2.	GEORGE NUGENT DEPUTY EXECUTIVE DIRECTOR	40.00	78,395.	0.	1,054.
3.	MARIA PALERMO RECEPTIONIST	40.00	45,160.	0.	9,469.
4.	JAMES F. LINNEHAN, JR., ESQ. EXECUTIVE DIRECTOR	40.00	144,725.	0.	3,304.
5.	JOHN GREEN DEVELOPMENT ASSISTANT	20.00	18,320.	0.	582.

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.	LOWELL CENTRAL ELECTRIC	289,189.	PROJECT SERVICES
2.	LOWELL IRON & STEEL	43,659.	PROJECT SERVICES
3.	THOMPSON ENGINEERING CO.	20,300.	PROJECT SERVICES
4.	LANDING STUDIO	16,080.	PROJECT SERVICES
5.	S&R CORP.	13,044.	PROJECT SERVICES

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, JR., ESQ.

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
NAME AND ADDRESS	PHONE NUMBER		
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		
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		
EASTERN BANK 605 BROADWAY SAUGUS, MA 01906	617-897-1160		
EATON VANCE TWO INTERNATIONAL PLACE BOSTON, MA 02110	617-482-8260		

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	2
---------	--	-----------	---

NAME AND ADDRESS	TITLE
JAMES F. LINNEHAN, JR., ESQ. 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	EXECUTIVE DIRECTOR
STEVEN JONCAS 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
JAMES C. SHANNON III, CPA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	ASST. TREASURER
BRIAN J. STAFFORD, CPA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
SUSANNE BEATON 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
JOSEPH BARTOLOTTA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
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	CO-VICE PRESIDENT
KAREN FREDERICK 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	CO-VICE PRESIDENT
BRIAN L. CHAPMAN 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
GLENN MELLO 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	TREASURER
LIANNA KUSHI 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
PATTI MASON 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
CHESTER SZABLAK 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	PRESIDENT
ANDREW S. MACEY 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
YUN-JU CHOI 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
CHARLES H. COMTOIS, CPA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
STEVEN IEM, CPA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
ROBERT S. LOCKETT, III 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
SHEILA OCH 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
JUAN CARLOS RIVERA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR
JAY STEVENS, CPA 100 MERRIMACK STREET, NO. 202 LOWELL, MA 01852	DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESS	AREA OF RESPONSIBILITY
JAMES F. LINNEHAN, JR. 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR CUSTODY OF FUNDS
JAMES F. LINNEHAN, JR. 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JAMES F. LINNEHAN, JR. 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR FUNDRAISING
JAMES F. LINNEHAN, JR. 100 MERRIMACK STREET LOWELL, MA 01852	CUSTODY OF FINANCIAL RECORDS
JAMES F. LINNEHAN, JR. 100 MERRIMACK STREET LOWELL, MA 01852	AUTHORIZED TO SIGN CHECKS
JAMES C. SHANNON 100 MERRIMACK STREET LOWELL, MA 01852	AUTHORIZED TO SIGN CHECKS
MICHAEL KING 100 MERRIMACK STREET LOWELL, MA 01852	AUTHORIZED TO SIGN CHECKS
CHESTER SZABLA 100 MERRIMACK STREET LOWELL, MA 01852	AUTHORIZED TO SIGN CHECKS
CHESTER SZABLA 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR CUSTODY OF FUNDS
KAREN FREDERICK 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR CUSTODY OF FUNDS
JAMES C. SHANNON 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR CUSTODY OF FUNDS
MICHAEL KING 100 MERRIMACK STREET LOWELL, MA 01852	RESPONSIBLE FOR CUSTODY OF FUNDS

CHESTER SZABLAK  
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

MICHAEL KING  
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

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

20,865.

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

27,019.

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

11,802.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS



NAME AND ADDRESS

JAMES F. LINNEHAN, JR., ESQ.  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

WAGES AND BENEFITS PAID TO ED

AMOUNT INVOLVED

148,029.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF DIRECTORS

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

21,733.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

JOHN P. CEMALY  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

6,000.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

YUN-JU CHOI  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

165,134.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

ATTY. MATTHEW C. DONAHUE  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

115,709.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

STEVEN IEM, CPA  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

6,000.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

PATTI MASON  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

6,500.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

SHEILA OCH  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

97,050.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

JUANCARLOS RIVERA  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

41,906.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

JAMES C. SHANNON III, CPA  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

5,648.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

BRIAN J. STAFFORD CPA, MST  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

11,525.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

NAME AND ADDRESS

CHET SZABLAK  
100 MERRIMACK STREET  
LOWELL, MA 01852

NATURE OF TRANSACTION

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

AMOUNT INVOLVED

86,833.

PROCEDURE FOLLOWED

RECUSED FROM VOTING ON GRANTS TO RELATED ORGANIZATIONS

**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: CHESTER SZABLAK

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"/>
<input checked="" type="checkbox"/> Other (specify): <u>DIRECT CONTACT</u>			

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-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:

**JAMES F. LINNEHAN, JR., ESQ.**Name and Title: **EXECUTIVE DIRECTOR**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 \_\_\_\_\_

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, JR., ESQ.

Name and Title: EXECUTIVE DIRECTORAddress 100 MERRIMACK STCity LOWELLState MAZIP 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 3Address 100 MERRIMACK STREETCity LOWELLState MAZIP 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: CHESTER SZABLAK

Title: PRESIDENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: MICHAEL KING

Title: TREASURER

Massachusetts Department of Revenue  
**Form M-990T-7004**  
**Unrelated Business Income Tax Extension**  
**Payment Worksheet and Voucher**

If you are mandated to pay electronically do *not* use the voucher form below. See TIR 16-9.

**Worksheet for Tax Due**

1	Estimated amount of tax for the taxable year .....	1	
2	Advance and/or estimated payments made (if any) .....	2	1,500.
3	Tax due. Subtract line 2 from line 1 .....	3	0.

The full amount of tax due reported on line 3 must be paid by or before the original return due date. If there is no tax due on line 3, no further action is needed for the extension. If there is a tax due on line 3, pay online at [mass.gov/masstaxconnect](http://mass.gov/masstaxconnect) or use the voucher below. If at least 50% of the tax due for the taxable year is not paid by the original return due date, the extension is null and void, and penalties and interest for a late return and any late payments will be assessed from the original due date of the return.

778041 01-18-18

DETACH HERE

**2017 Form M-990T-7004**

Massachusetts UBIT Extension Payment Voucher



Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
12/31/2017	036	18	004	1019
Name of business	Federal Identification number		Check if incorporated in Massachusetts	
GREATER LOWELL COMMUNITY FOUNDATI	04-3401997		<input checked="" type="checkbox"/>	
Type of extension being applied for				
<input checked="" type="checkbox"/> Automatic eight-month <input type="checkbox"/> Extension until:				
Mailing address				
100 MERRIMACK STREET, NO. 202				
City/Town	State	ZIP	Amount enclosed	
LOWELL	MA	01852	\$	

Pay online at [mass.gov/masstaxconnect](http://mass.gov/masstaxconnect). Or, return this voucher with check or money order payable to: Commonwealth of Massachusetts.  
Mail to: Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.

00100043401997 123117 0000000000 036 180041019 00000000004



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

**2017**

For calendar year 2017 or taxable period beginning <b>JANUARY 1, 2017</b> and ending <b>DECEMBER 31, 2017</b>			
Name of company <b>GREATER LOWELL COMMUNITY FOUND</b>		Federal Identification number <b>04-3401997</b>	
Mailing address <b>100 MERRIMACK STREET, NO. 202</b>			
City/Town <b>LOWELL</b>	State <b>MA</b>	ZIP <b>01852</b>	Phone number <b>(978) 970-1600</b>
Name of treasurer <b>MICHAEL KING</b>		Fill in if a Taxpayer Disclosure Statement is enclosed <input type="checkbox"/>	
Fill in if: <input type="checkbox"/> Amended return (see "Amended return" in instructions) <input type="checkbox"/> Federal amendment <input type="checkbox"/> Federal audit <input type="checkbox"/> Final return			
Exempt under IRC section (fill in one only) <input checked="" type="checkbox"/> 501 <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)			
Organization type (fill in one only) <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other			

**Excise calculation.** Use whole dollar method.

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

**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
			<b>978-970-1600</b>
Signature of paid preparer	Date	Employer Identification number	Address
	<b>04/02/18</b>	<b>04-2917204</b>	<b>LOWELL, MA 01851</b>

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

Federal identification number

GREATER LOWELL COMMUNITY FOUNDA 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	Total Credits. Enclose Credit Manager Schedule	▶ 22	
----	--	------	--

**Excise after credits**

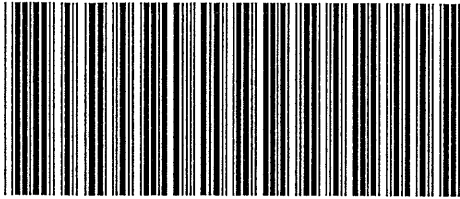
23	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	0.
24	Voluntary contribution for endangered wildlife conservation	▶ 24	
25	Total excise plus voluntary contribution. Add lines 23 and 24	▶ 25	0.

**Payments**

26	2016 overpayment applied to 2017 estimated tax	▶ 26	
27	2017 Massachusetts estimated tax payments (do not include amount in line 26)	▶ 27	
28	Payment made with extension	▶ 28	
29	Payment with original return. Use only if amending a return	▶ 29	
30	Pass-through entity withholding	Payer Identification number ▶	
31	Total refundable credits. Enclose Credit Manager Schedule	▶ 31	1,500.
32	Total payments. Add lines 26 through 31	32	1,500.

**Refund or balance due**

33	Amount overpaid. Subtract line 25 from line 32	33	1,500.
34	Amount overpaid to be credit to 2018 estimated tax	▶ 34	
35	Amount overpaid to be refunded. Subtract line 34 from line 33	▶ 35	1,500.
36	Balance due. Subtract line 32 from line 25	▶ 36	
37a	M-2220 penalty	▶ 37a	
37b	Other penalties	▶ 37b	
37	Total penalty. Add lines 37a and 37b	37	
38	Interest on unpaid balance	▶ 38	
39	Total payment due at time of filing	▶ 39	



2017 Schedule CMS  
MA17647011019

GREATER LOWELL COMMUNITY FOUNDAT 04 3401997

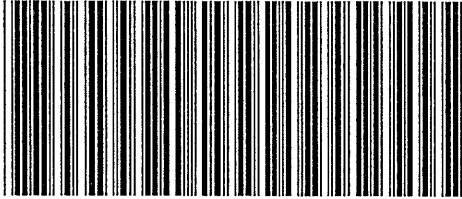
1500

**Section 1. Non-refundable credits**

1a. CREDIT TYPE	1b. NON-EXPIRING	1c. PERIOD END DATE	1d. CERTIFICATE NUMBER	1e. CREDIT AVAILABLE	1f. CREDIT TAKEN THIS YEAR	1g. CREDIT SHARED THIS YEAR
--------------------	---------------------	------------------------	---------------------------	-------------------------	-------------------------------	--------------------------------

1h. Total. Enter total amount of credit(s) taken this year here and where indicated above

757055 11-30-17  
04/02/2018 11:06:05



**2017 Schedule CMS, pg. 2**

MA17647021019

04 3401997

**Section 2. Refundable credits**

2a. CREDIT TYPE	2b. PERIOD END DATE	2c. CERTIFICATE NUMBER	2d. CREDIT AVAILABLE OR CERTIFICATE BALANCE	2e. REDUCTION IN BALANCE FOR REFUND	2f. REFUNDABLE CREDIT TAKEN
CMMINV	12312017		1500	1500	1500

2g. Total. Enter total amount of credit(s) taken this year here and where indicated on page 1

1500

757056 11-30-17  
04/02/2018 11:06:05



Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor

January 19, 2018

JAN 26 2018

**RE: Community Investment Tax Credit Program- CITC Certificate**

Dear Community Partner/Community Partnership Fund Investor:

The Department of Housing and Community Development (DHCD) has been notified of your participation in the Community Investment Tax Credit program through your investment to either a Community Partner or the Community Partnership Fund. Upon review of the Form CITC as submitted by you and the participating Community Partner or Fund Administrator (United Way), DHCD certifies the donation as a qualified investment consistent with the Massachusetts CITC program.

Enclosed, please find a CITC Certificate which includes your unique credit certificate number. To claim this credit, the certificate number must be entered on your tax return. Please remember that the credit is available only in the (taxpayer's) taxable year in which the investment was made. Please save the enclosed Certificate for your records.

Thank you for supporting Massachusetts community development corporations through participation in the CITC program. Please contact Mark Southard at the Department of Housing and Community Development at 617-573-1436 or [Mark.Southard@state.ma.us](mailto:Mark.Southard@state.ma.us) if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mark Southard".

Mark Southard  
Community Development Manager  
Division of Community Services

MS/kam

Enclosure: Community Investment Tax Credit Certificate





Form CITCC  
Community Investment  
Tax Credit Certificate

Taxpayer name

Greater Lowell Community Foundation, Inc.

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

7427V16625

Tax Year

2017

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

1

\$500.00

For DHCD purposes only:

DHCD assigned number 08-C17-06625-CDC



Form CITCC  
Community Investment  
Tax Credit Certificate

Taxpayer name Greater Lowell Community Foundation, Inc.			
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. <b>Note:</b> You must enter this certificate number on your tax return 7266V16193			Tax Year 2017
1 Amount of Community Investment Tax credit eligible for use or refund.....1			\$500.00

For DHCD purposes only:

DHCD assigned number 03-B17-06193-CDC



Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor

NOV 27 2017

November 21, 2017

**RE: Community Investment Tax Credit Program- CITC Certificate**

Dear Community Partner/Community Partnership Fund Investor:

The Department of Housing and Community Development (DHCD) has been notified of your participation in the Community Investment Tax Credit program through your investment to either a Community Partner or the Community Partnership Fund. Upon review of the Form CITC as submitted by you and the participating Community Partner or Fund Administrator (United Way), DHCD certifies the donation as a qualified investment consistent with the Massachusetts CITC program.

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Thank you for supporting Massachusetts community development corporations through participation in the CITC program. Please contact Mark Southard at the Department of Housing and Community Development at 617-573-1436 or [Mark.Southard@state.ma.us](mailto:Mark.Southard@state.ma.us) if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mark Southard", written over a horizontal line.

Mark Southard  
Community Development Manager  
Division of Community Services

MS/kas

Enclosure: Community Investment Tax Credit Certificate



Form CITCC  
Community Investment  
Tax Credit Certificate

Taxpayer name

Greater Lowell Community Foundation, Inc.

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

7583V16194

Tax Year

2017

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

For DHCD purposes only:

DHCD assigned number 08-C17-06194-CDC

# The Commonwealth of Massachusetts

Filing Fee: \$15.00

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640

## ANNUAL REPORT

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

### IDENTIFICATION

Filing for November 1, 20 2018

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, Inc.

2. ADDRESS: 100 Merrimack Street

Lowell (number) (street) MA 01852  
(city or town) (state) (zip)

3. DATE OF THE LAST ANNUAL MEETING: \_\_\_\_\_

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:	CHESTER SZABLAK	100 MERRIMACK STREET LOWELL, MA 01852	UNTIL
Treasurer:	MICHAEL KING	100 MERRIMACK STREET LOWELL, MA 01852	SUCCESSOR
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 18.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Person Telephone #: 978-970-1600

**Greater Lowell Community Foundation, Inc.**

**FEIN: 04-3401997**

**Board of Directors**

**December 31, 2017**

Chester Szablak, President  
100 Merrimack Street  
Lowell, MA 01852

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

Dorothy Chen-Courtin, MBA, Ph.D., Clerk  
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

Yun-Ju Choi, Director  
100 Merrimack Street  
Lowell, MA 01852

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

Steven Joncas, Director  
100 Merrimack Street  
Lowell, MA 01852

Robert S. Lockett III, Director  
100 Merrimack Street  
Lowell, MA 01852

Patti Mason, Director  
100 Merrimack Street  
Lowell, MA 01852

Sheila Och, Director  
100 Merrimack Street  
Lowell, MA 01852

Michael King, Treasurer  
100 Merrimack Street  
Lowell, MA 01852

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

Joseph Bartolotta, Director  
100 Merrimack Street  
Lowell, MA 01852

Susanne Beaton, Director  
100 Merrimack Street  
Lowell, MA 01852

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

Charles H. Comtois, CPA, Director  
100 Merrimack Street  
Lowell, MA 01852

Steven Iem, CPA, Director  
100 Merrimack Street  
Lowell, MA 01852

Lianna Kushi, Director  
100 Merrimack Street  
Lowell, MA 01852

Andrew S. Macey, Director  
100 Merrimack Street  
Lowell, MA 01852

Glenn Mello, Director  
100 Merrimack Street  
Lowell, MA 01852

Juan Carlos Rivera, Director  
100 Merrimack Street  
Lowell, MA 01852

**Greater Lowell Community Foundation, Inc.**

**FEIN: 04-3401997**

**Board of Directors**

**December 31, 2017**

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

Jay Stephens, CPA, Director  
100 Merrimack Street  
Lowell, MA 01852

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