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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-1150

Form **990-EZ** (2008)

Department of the Treasury Internal Revenue Service

Check if applicable

] Address change

] Name change

Initial return

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private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All er organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Open to Public Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. 2009 For the 2008 calendar year, or tax year beginning MAR 3, 2009 and ending SEP 30. D Employer identification number C Name of organization Please use IRS GREATER LOWELL HEALTH ALLIANCE OF label o 27-0408037 print or INC type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 295 VARNUM AVE. 978-937-6000 Instruc-City or town, state or country, and ZIP + 4 F Group Exemption LOWELL, MA 01854 Number > Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.GREATERLOWELLHEALTHALLIANCE.ORG H Check ► L if the organization is not Organization type (check only one)— X = 501(c)(3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ or 990-PF) 🔟 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 37,555. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 37,555. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 3 Membership dues and assessments Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line-1) 6a **b** Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 37,555. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Professional lees and other mayments to independent contractors 454 13 Occupaney, rent, utilities, and maintenance 14 Repting, publications postable, and shipping of expenses describe 15 SEE STATEMENT 16 <u>2,</u>777. expenses Add ines to impugh 1 17 or (fetien) for the year (Subtract line 17 from line 9) 18 es or fund balances at beginning of year (from line 27, column (A)) 0. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 34,778. Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 37,393. 0. 22 Cash, savings, and investments 23 Land and buildings 23 0. 24 Other assets (describe 24 37,393. 25 0. 25 Total assets Total liabilities (describe ► __DUE _TO LGH 0. 26 26 2,615. 34,778. 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Form	1990-EZ (2008)	CHNA	10,	INC.							:	27-	0408	037	Page 2
Pa	rt III	Stater				ce A	ccomplishm	ents (See t	ne instruct	ions for	Part III.)				Expenses	
Wha	t is the or	nanızatıcı	n's primary e	exempt pi	rnose? S	EE	STATEMEN	ут 4						(Require	d for 501	(c)(3)
		-					exempt purposes.		oncise m	onner d	escribe the sens	rec			organizatio	
							formation for each		JUNIOISE INI	ı III 61, U	escribe the servi	LES		for other	(1) trusts; s.)	optional
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31	Other pro	gram ser	vices (attach	schedul	e)											
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			vice expens											32		<u>,777.</u>
Pa	art IV	List of	f Officers	s, Dire	ctors, Tı	rusto	ees, and Key	/ Employe	es. List ea	ach one e	ven if not compens	ated (S	See the	nstruction:	s for Part IV	<i>(</i>)
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Page 3

	Trivial of the information (Note the statement requirements in the instructions for Part VI)	_		
			Yes	
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	L	X
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	ł		
b	Did the organization file Form 1120-POL for this year?	37b		_X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	ın a prior year and still unpaid at the start of the period covered by this return?	38a		_X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	1	}	
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A	<u> </u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			l
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			ļ
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ MA			
42 a	The books are in care of ▶ PATRICIA CRANE Telephone no. ▶ 978 – 93	37-6	000	l
	Located at ≥ 295 VARNUM AVE., LOWELL, MA			
L) <u>185</u>		
Ď	At any time during the calendar year, did the organization have an interest in or a signature or other authority) <u>1</u> .8 <u>.5</u>	4	
D	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	185		No
D		1-8-5 42b	4	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		4	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		4	Х
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	4	Х
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42b	4	Х
C	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	Yes	Х
C	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42b	Yes	Х
C	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	Yes	X
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42b	Yes	X
C	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/F	Yes	X
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b	Yes	X
c 43	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/F	Yes	X

orm 990-E				27-04080	
Part VI	, , , , , ,	tion 501(c)(3) organizations mi	ust answer question	ns 46-49 and con	nplete the
	tables for lines 50 and 51.				
	e organization engage in direct or indirect political campaign activit	ies on behalf of or in opposition to	o candidates for public		
	Pif "Yes," complete Schedule C, Part I	Delical Is O. D. T. H.			
	e organization engage in lobbying activities? If "Yes," complete s		.d. 1. F		
	organization operating a school as described in section 170(b)(1)(e organization make any transfers to an exempt non-charitable rela		edule E	-	
	;" was the related organization(s) a section 527 organization?	teu organization:		<u> </u>	
	lete this table for the five highest compensated employees (other the	nan officers, directors, trustees an	d kev employees) who	_	
	mpensation from the organization. If there is none, enter "None."				, , , , , , , , , , , , , , , , , , ,
					
		(b) Title and average hour	s (c) Compensation	(D) Contributions	(E) Expense
	(a) Name and address of each employee paid more	per week devoted to	(b) compensus.	benefit plans &	account and
	than \$100,000	position		deferred	Yes No 46 X 47 X 48 X 49a X 49b The received more than \$100,000 Contributions to employee and to present plans & deferred compensation Compensation (E) Expense account and other allowances The received more than \$100,000 (E) Expense account and other allowances (E) Expense account and other allowances The received more than \$100,000
	NONE			compensation	
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Total numb	er of other employees paid over \$100,000	<u> </u>		<u></u>	
•	lete this table for the five highest compensated independent contra	ictors who each received more tha	an \$100,000 of compe	ensation from the o	rganization. If there
is nor	e, enter "None."				
	NONE (a) Name and address of each independent contractor paid in	ora than \$100.000	(b) Type of se	antico = 10'	Company
	(a) Name and address of each independent contractor paid in	1016 (11811 \$ 100,000	(b) Type of Se	TVICE (C)	Compensation
				-	
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Total numb	er of other independent contractors each receiving over \$100,000	ng accompanying schedules and states	ents and to the hest of n	ny knowledge and beli	ef it is true
Sign	Under penalties of perjury, despite that I have examined this return, including correct, and complete Disclaration of preparer (other than officer) is based of	n all information of which preparer has a	ny knowledge	1C.1V.1	7
Here .	Signature or officer			Date	<u></u>
	NORMAND DESCHENE, PRESIDEN	П			
	Type or print name and title				
Paid	Preparer's signature	Date / / C	heck if self-	en arerie, identifiung Nu	mber (See metr.)
Preparer's	Joy M Las	/ /	mployed	PUD O 3 D	126
Use Only	Firm's name (or yours DBIZ TOFIAS	- 11	EIN	>	,
	if self-employed). >500 BOYLSTON STREET			ne▶	
	address, and ZIP+4 BOSTON, MA 02116		по.	617-76	51-0600
May the IRS	discuss this return with the preparer shown above? See instruction	ons		> 3	₹ Yes No

Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.
► See separate instructions.

OMB No 1545-0047

Inspection **Employer identification number** Name of the organization GREATER LOWELL HEALTH ALLIANCE OF 27-0408037 CHNA 10 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |X| 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2), If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.3 above or IRC section Yes Nο Yes No Yes (see instructions))

832021 12-17-08

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

GREATER LOWELL HEALTH ALLIANCE OF 27-0408037 Page 2 Schedule A (Form 990 or 990-EZ) 2008 CHNA 10, INC. 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 1.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 37,555. 37,555. 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 37,555. 37,555. Total, Add lines 1 · 3 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) 36,804. 751. 6 Public Support. Subtract line 5 from line 4 **Section B. Total Support** (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (e) 2008 37,555. 37,555. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9=Net-income-from-unrelated-business

	activities, whether or not the							
	business is regularly carned on		-					-
10	Other income. Do not include gain						1	
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						37,5	<u> 555.</u>
	Gross receipts from related activities, etc. (s	see instructions)			1	2		
	First five years. If the Form 990 is for the o		ond, third, fourth,	or fifth tax year a	as a section 5	i01(c)(3)		
	organization, check this box and stop here						•	X
Se	ction C. Computation of Public Su	ipport Percentag	je					
14	Public support percentage for 2008 (line 6,	column (f) divided by I	line 11, column (f))	. 1	4		%
15	Public support percentage from 2007 Sche	dule A, Part IV-A, line 2	26f _.		_1	5		%
16	a 33 1/3% support test - 2008. If the organiz	zation did not check th	ne box on line 13,	and line 14 is 33	1/3% or mor	e, check	this box and	
	stop here. The organization qualifies as a p	oublicly supported orga	anızatıon		_		•	▶
	b 33 1/3% support test - 2007. If the organiz	zation did not check a	box on line 13 or	16a, and line 15	ıs 33 1/3% o	r more, cl	neck this box	
	and stop here. The organization qualifies a							
17:	a 10% -facts-and-circumstances test - 200	08. If the organization	did not check a b	ox on line 13, 16a	a, or 16b, and	line 14 i	s 10% or more,	
	and if the organization meets the "facts-and							
	meets the "facts-and-circumstances" test.	The organization qualif	fies as a publicly s	supported organi	zation		. •	
ı	b 10% -facts-and-circumstances test - 200					a, and line	e 15 is 10% or	
	more, and if the organization meets the "fac	-			_	_		

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Pa	rt III Support Schedule for (Organizations	Described in	Section 509(a	(Complete only	ıf you c	hecked the bo	ox on line 9 of Part I.)
Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not							
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 - 5							
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						_	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
(Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6) ction B. Total Support					<u> </u>		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	-Amounts from line 6							
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							-
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12)	r the error '	fort	ad Saviette - CO	<u> </u>	- 501	(-\(0\)	
	First five years. If the Form 990 is fo check this box and stop here	<u>.</u>			tax year as a sectio	n 50 I	(c)(3) organiz	zation,
	ction C. Computation of Publ					11		
15	Public support percentage for 2008 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		15		%
16 Se	Public support percentage from 2007 ction D. Computation of Inve					16		<u>%</u>
17	, ,	•	•			17		%
18	Investment income percentage from	-				18		%
19	a 33 1/3% support tests - 2008. If the						%, and line 1	17 is not
	more than 33 1/3%, check this box a	=	=	•	• •			▶□
t	33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che	-						
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	•			0 or 990-EZ\ 2008

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
FOOD & FUNCTIONS OFFICE SUPPLIES BOOKS & SUBSCRIPTIONS		2,029. 162. 132.
TOTAL TO FORM 990-EZ, LINE	16	2,323.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	2
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[] YES [X] :	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES [X]	NO

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STATEMENT

IN ORDER TO KEEP IN LINE WITH OUR MISSION, GLHA IDENTIFIES HEALTH ISSUES THAT POSE A THREAT TO THE WELL-BEING OF COMMUNITY RESIDENTS, IDENTIFIES AND EVALUATES OPPORTUNITIES WHERE HEALTHCARE SERVICES ARE NOT BEING PROVIDED AND DEVELOPS STRATEGIES TO ADDRESS THOSE NEEDS. GLHA RESEARCHES AND ADOPTS EVIDENCE-BASED INITIATIVES TO HELP SPECIFIC POPULATIONS IN NEED IN THE COMMUNITY AND PROVIDES LEADERSHIP IN CREATING EXPANDED PARTNERSHIPS WITH THE COMMUNITY NETWORK OF HEALTHCARE PROVIDERS.

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STATEMENT

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OUR MISSION IS TO IDENTIFY AND ADDRESS HEALTHCARE ISSUES FACING THE GREATER LOWELL COMMUNITY. BY RAISING AWARENESS AND PROVIDING RESOURCES FOR OUR COMMUNITIES, SCHOOLS, CIVIC AND BUSINESS LEADERS, AND HEALTHCARE PROVIDERS, WE EMPOWER THEM TO MAKE DECISIONS AND TAKE ACTIONS THAT WILL LEAD TO AN IMPROVEMENT IN THE OVERALL HEALTH OF OUR COMMUNITIES.

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