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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

| For | For calendar year 2014 or tax year beginning , and ending | | | | | | | | | |
|------------------------------------|--|---|------------|---------------------------|---------------|---|--|--|--|--|
| Nai | me of | foundation | | - | | | A Employer identification | number | | |
| N | lor | the r n Bank & Trust Char | ital | ble | | | | | | |
| F | 'ou | ndation, Inc. | | | | | 46-1606139 | | | |
| Nur | nber a | nd street (or P O box number if mail is not delivered to stree | Room/suite | B Telephone number | | | | | | |
| 2 | 75 | Mishawum Road | | | | | 781-569-54 | 00 | | |
| | | own, state or province, country, and ZIP or foreign p | ostal co | de | | | C If exemption application is po | ending, check here | | |
| W | <u>lob</u> | urn, MA 01801 | | | | | | | | |
| G | Check | all that apply: initial return | | Initial return of a fo | rmer public o | charity | D 1. Foreign organizations | , check here | | |
| | | Final return | | Amended return | | | 2 | -44050/ 44 | | |
| | | Address change | | Name change | | | Foreign organizations me check here and attach co | mputation Lest, | | |
| H (| Check | type of organization: X Section 501(c)(3) e | | | | | E If private foundation stat | tus was terminated | | |
| L | Se | ction 4947(a)(1) nonexempt charitable trust | Other to | axable private founda | tion | | under section 507(b)(1) | (A), check here $ ightharpoonup$ | | |
| I Fa | air ma | rket value of all assets at end of year J Account | ing meth | nod: X Cash | Accr | rual | F If the foundation is in a 6 | 60-month termination | | |
| • | | Part II, col (c), line 16) | ther (sp | ecify) | | | under section 507(b)(1) | (B), check here 🕨 🔲 | | |
| | <u>\$</u> | 38 , 287 . (Part I, colu | ımn (d) | must be on cash b | asıs.) | | | | | |
| Pa | Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | | |) Revenue and | | vestment | (c) Adjusted net | (d) Disbursements for charitable purposes | | |
| | | necessarily equal the amounts in column (a) | exp | penses per books | inco | ome | income | (cash basis only) | | |
| Ĺ) | 1 | Contributions, gifts, grants, etc., received | | 97,335. | | | N/A | | | |
| Adv Current | 2 | Check I if the foundation is not required to attach Sch. B | | | | | | | | |
| 9 9 | 3 | Interest on savings and temporary cash investments | | 199. | | 199. | | | | |
| 2 | 4 | Dividends and interest from securities | | | | | | | | |
| 7 | 5a | Gross rents | | | | | 4 | 36 | | |
| :-/ ! | b | Net rental income or (loss) | | | | <u>-</u> | | | | |
| e O | 6a | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | | | | | |
| | þ | assets on line 6a | | | | | 100 | | | |
| Reve ⊏ | 7 | Capital gain net income (from Part IV, line 2) | | | | 0. | 137 | <u> </u> | | |
| - | l ° | Net short-term capital gain | ļ | | | | Į į | | | |
| > 23 | 9 | Income modifications Gross sales less returns | <u> </u> | | | | 7 | | | |
| 71 | 1 . | and allowances | ├ ─ | | | | | | | |
| | 1 | Less Cost of goods sold | - | | | | | | | |
| | 1 | Gross profit or (loss) | | | | · · · · - · · · · · · · · · · · · · · · | | s-osc | | |
| | 1 | Other income | | 97,534. | | 199. | | D-U3C . | | |
| | 12 | Total. Add lines 1 through 11 | + | 0. | | 0. | | 0. | | |
| | 13 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | - | 0. | | · · | | | | |
| - | 1 | Pension plans, employee benefits | | | | | | | | |
| ses | 169 | Legal fees | | | | | <u> </u> | | | |
| | | Accounting fees Stmt 1 | - | 1,300. | | 199. | | 1,101. | | |
| Ž | | Other professional fees | | | | | | | | |
| E | 17 | Interest | | | | | | | | |
| aţi | 18 | Taxes | | | | | | | | |
| istr | 19 | Depreciation and depletion | | • | | | | | | |
| ir | 20 | Occupancy | | | | | | | | |
| Adr | 21 | Travel, conferences, and meetings | | | | | | | | |
| Ē | 22 | Printing and publications | | | _ | | · | | | |
| | 23 | Other expenses Stmt 2 | | 35. | | 0. | | 35. | | |
| ţ; | 24 | Total operating and administrative | | | • | | | | | |
| Operating and Administrative Expen | | expenses. Add lines 13 through 23 | ł | 1,335. | | 199. | | 1,136. 121,000. | | |
| ō | 25 | Contributions, gifts, grants paid | | 121,000. | | | | 121,000. | | |
| | | Total expenses and disbursements. | | | | | | | | |
| | | Add lines 24 and 25 | L | 122,335. | | 199. | , | 122,136. | | |
| | 27 | Subtract line 26 from line 12: | | | | | | | | |
| | a | Excess of revenue over expenses and disbursements | L | -24,801. | | | | | | |
| | | Net investment income (if negative, enter -0-) | | | | 0. | | | | |
| | | Adjusted net income (if negative, enter -0-) | | | | | N/A | | | |
| 4235 11-2 | 501 24-14 | LHA For Paperwork Reduction Act Notice, see | instruc | tions. | | | | Form 990-PF (2014 | | |

| _ | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|--------------------------|------|---|--------------------|------------------------------------|-----------------------|
| Р | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| _ | 1 | Cash - non-interest-bearing | 63,088. | 38,287. | 38,287. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | · | | |
| | | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | - | |
| | ` | Less: allowance for doubtful accounts | | | |
| s | 8 | Inventories for sale or use | | | |
| Assets | 1 | Prepaid expenses and deferred charges | | | |
| As | 1 | Investments - U.S. and state government obligations | | | |
| | • | Investments - corporate stock | | | |
| | 1 | Investments - corporate bonds | | | |
| | 1 | Investments - land, buildings, and equipment basis | | | |
| | l '' | | | | |
| | 12 | Less accumulated depreciation Investments - mortgage loans | | | |
| | 13 | | | | |
| | Į. | Land, buildings, and equipment basis | | | |
| | '- | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 1 | Total assets (to be completed by all filers - see the | | · ·· · · · - · · · · · · · · · · · | |
| | '0 | Instructions. Also, see page 1, item I) | 63,088. | 38,287. | 38,287. |
| _ | 17 | Accounts payable and accrued expenses | 03,000. | 30,207. | 30,207. |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| Liabilities | | | | | |
| Ē | 20 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| Ë | 22 | | | | |
| | 22 | Other habilities (describe | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | 23 | Foundations that follow SFAS 117, check here | 0. | <u> </u> | |
| | 1 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ces | 24 | Unrestricted | | | |
| Ě | 25 | Temporarily restricted | | | |
| 3als | 1 | Permanently restricted | | | |
| ğ | 20 | Foundations that do not follow SFAS 117, check here | | | |
| Ē | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| ets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Net Assets or Fund Balan | 29 | Retained earnings, accumulated income, endowment, or other funds | 63,088. | 38,287. | |
| et/ | 30 | Total net assets or fund balances | 63,088. | 38,287. | |
| Z | ٦٠٠ | Total liet assets of fully paralices | - 03,000. | 30,207. | |
| | 2.1 | Total liabilities and net assets/fund balances | 63,088. | 38,287. | |
| _ | | | | 30,207 | |
| P | art | Analysis of Changes in Net Assets or Fund B | salances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 63,088. |
| | • | r amount from Part I, line 27a | | 2 | -24,801. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 38,287. |
| | | reases not included in line 2 (itemize) | | 5 | 0. |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 38,287. |
| Ť | | Turing of Jour (min of minds into o) | (2), | | Form 000 BE (0014) |

423511 11-24-14

| Part IV Capital Gains a | nd Lo | sses for Tax on In | vestmen | t Income | | | | | |
|---|------------------------|---|----------------|--------------------------------------|--------------|-------------------------------|------------------------|--|----------------------------------|
| | | nd(s) of property sold (e.g. or common stock, 200 shs | | | (b) | How aco - Purch - Donat | quired lase tion | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | | | | | | | | | |
| b NON | E | | | - | | | | | |
| <u> </u> | | | | | | | | | ļ- · · · - · - · - |
| <u>d</u> | | | | | ├ | | | <u> </u> | |
| (e) Gross sales price | (f) D | epreciation allowed (or allowable) | | st or other basis expense of sale | | | | (ħ) Gain or (li (e) plus (f) min | |
| a | | | | | | | | | |
| b | | · | | | | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | | | | 10101100 | | | | | |
| Complete only for assets showing | | <u> </u> | | | | | | Gains (Col. (h) g (k), but not less | |
| (i) F.M.V. as of 12/31/69 | | i) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | | Losses (from c | |
| a | | | | | | | | | |
| <u>b</u> | | | | | | | | | |
| d d | | | | | _ | | | | - |
| e | | | | | | | | | |
| | | C If gain, also enter | in Dort Llino | 7 | 7 | Т | | | |
| 2 Capital gain net income or (net capi | • | If gain, also enter If (loss), enter -0- | | 7 |) | 2 | | | |
| 3 Net short-term capital gain or (loss | | | d (6): | | ۱ | | | | |
| If gain, also enter in Part I, line 8, co if (loss), enter -0- in Part I, line 8 | oiumn (c |). | | | - | 3 | | | |
| | der S | ection 4940(e) for | Reduced | Tax on Net | Inv | estm | ent Inc | ome | |
| If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify Enter the appropriate amount in ea | on 4942 t y under s | ax on the distributable ame ection 4940(e). Do not cor | nplete this pa | rt. | | | | | Yes X N |
| (a) Base period years | | (b) Adjusted qualifying dist | | Net value of no | (c) | | ca accate | Dis | (d) tribution ratio |
| Calendar year (or tax year beginning |) in) | | 5,947. | IVEL VAIGE OF NO | IIGIIAI | | 1,137 | | 1.63889 |
| 2013 2012 | | J. | 0. | | | | 700 | _1 | .00000 |
| 2011 | | | | | | | ,,,,,,, | - | .00000 |
| 2010 | | | | | | | | | |
| 2009 | | | | | | | | | - |
| 2 Total of line 1, column (d) | | | | | | | | 2 | 1.63889 |
| 3 Average distribution ratio for the 5- the foundation has been in existence | - | • | n line 2 by 5, | or by the number | of ye | ars | | 3 | .81944 |
| 4 Enter the net value of noncharitable | | • | ne 5 | | | | | 4 | 58,593 |
| | | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | 48,014 |
| 6 Enter 1% of net investment income | (1% of F | 'art i, line 2/b) | | | | | | 6 | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | 48,014 |
| 8 Enter qualifying distributions from f | Part XII, I | ine 4 | | | | | | 8 | 122,136 |
| If line 8 is equal to or greater than li See the Part VI instructions. | ine 7, che | eck the box in Part VI, line | 1b, and comp | lete that part usin | g a 1º | % tax ra | te. | | |
| 423521 11-24-14 | | | | | | | | - | Form 990-PF (20 |

Northern Bank & Trust Charitable

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|---|---------------------------------------|-------------|---------|--------|----------|-----------|
| Part VI Excise Tax Based on Investment Income (Section 494 | | or 494 | 8 - see | instru | ıctio | ns) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and e | enter "N/A" on line 1. | | | | | |
| Date of ruling or determination letter: (attach copy of letter if near | | İ | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | X and enter 1% } | L | 1 | _ | | <u>0.</u> |
| of Part I, line 27b | | | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | 6 of Part I, line 12, col. (b). 丿 | | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O | thers enter -0-) | | 2 | | _ | <u>0.</u> |
| 3 Add lines 1 and 2 | | <u> </u> | 3 | | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C | Others enter -0-) | | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | <u> </u> | 5 | | | 0. |
| 6 Credits/Payments: | | | | | | |
| a 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | | | | | |
| b Exempt foreign organizations - tax withheld at source | 6b | | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | | | | |
| d Backup withholding erroneously withheld | 6d | | | | | _ |
| 7 Total credits and payments. Add lines 6a through 6d | | | 7 | | | <u> </u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta | ached | <u> </u> | 8 | | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 9 | | | 0. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | , | ▶ _ | 10 | | | |
| 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax | Refunde | d ▶ | 11 | | | |
| Part VII-A Statements Regarding Activities | | | | | r | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legis | slation or did it participate or inte | ervene in | | | Yes | |
| any political campaign? | | | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo | | | | 1b | | X |
| If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities an | nd copies of any materials pu | blished | or | | | |
| distributed by the foundation in connection with the activities | | | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | | 10 | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | • | • | | 1 | | |
| (1) On the foundation. > \$ 0. (2) On foundation managers | | 0. | | | ŀ | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expend | liture tax imposed on foundation | | | | | |
| managers. ▶ \$0 . | | | | 1. | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the li | RS? | | | 2 | ļ | X |
| If "Yes," attach a detailed description of the activities | | | | | ŀ | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing | | tion, or | | | ŀ | . |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang | | | | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year | ar? | | N/A | 4a | | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 2 | | N/A | 4b | <u> </u> | X |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | , | - | | 5 | - | |
| If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e | uthor | | | | | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e By language in the governing instrument, or | allier. | | | | | • |
| By state legislation that effectively amends the governing instrument so that no mandator | ny directions that conflict with th | a etata las | ., | | | |
| remain in the governing instrument? | ry unections that conflict with th | e State lav | ٧ | 6 | х | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor | molete Part II cal (c) and P | ort YV | | 7 | X | |
| Tolu the roundation have at least \$3,000 in assets at any unite during the year in the s, Cor | implete Fart II, coi. (c), and Fi | ai i AV | | + | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instruction | one) | | | | Ì | • |
| MA | ліз <i>)</i> | | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A | Attorney General (or decionate) | | | | l | |
| of each state as required by General Instruction G? If "No," attach explanation | | | | | | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | | | |
| year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," or | | . outonu | | 9 | l | х |
| 10 Did any persons become substantial contributors during the tax year? If "Yes" attach a schedu | | | | 10 | | X |

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X

3b

4a

Form 4720, to determine if the foundation had excess business holdings in 2014.)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Total number of other employees paid over \$50,000

| Form 990-PF (2014) Foundation, Inc. | 46-1 | .606139 Page 7 |
|--|----------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter " | NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers productions. | il information such as the | Expenses |
| | 60, 610. | |
| 1 | | |
| See Statement 4 | | 6,000. |
| 2 | + | 0,000. |
| 4 | | |
| | • | |
| 3 | | |
| <u> </u> | | |
| | | |
| 4 | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lin | es 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |

0.

Total. Add lines 1 through 3

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, se | e instructions.) |
|----|---|------------------|------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | T | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 59,485. |
| С | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 59,485. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets |] 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 59,485. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 892. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 58,593. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,930. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X. line 6 | 1 | 2,930. |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | | |
| b | Income tax for 2014. (This does not include the tax from Part VI.) | 1 | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,930. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,930. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 2,930. |
| P | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 122,136. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | 2 |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 122,136. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 122,136. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualifies for th | ne section |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|--|---------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2014 from Part XI, | , | · | | |
| line 7 | | | | 2,930. |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | 0. | |
| b Total for prior years: | | _ | | |
| ·· | | 0. | | |
| 3 Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 | ĺ | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| dFrom 2012 | | | | |
| eFrom 2013 54,208. | 54 000 | | | |
| f Total of lines 3a through e | 54,208. | | | |
| 4 Qualifying distributions for 2014 from | | | | |
| Part XII, line 4: ►\$ 122,136. | | | • | |
| a Applied to 2013, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | 0 | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | , | | | |
| (Election required - see instructions) | 0. | | | 2 0 2 0 |
| d Applied to 2014 distributable amount | 110 206 | | | 2,930. |
| e Remaining amount distributed out of corpus | 119,206. | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 173,414. | | | |
| b Prior years' undistributed income. Subtract | - " | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2013. Subtract line | | ** | | · <u></u> |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2014. Subtract | | - | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2015 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | i |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | · · · · · · · · · · · · · · · · · · · |
| 8 Excess distributions carryover from 2009 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2015. | 152 444 | | • | |
| Subtract lines 7 and 8 from line 6a | 173,414. | | | |
| O Analysis of line 9: | | | | |
| a Excess from 2010 | | 1 | ! | |
| b Excess from 2011 | | | | |
| c Excess from 2012 | | | | |
| d Excess from 2013 54,208. e Excess from 2014 119,206. | | ļ | | |
| e Excess from 2014 119,206. | | · | | Corr. 000 DE (0014) |

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressee Statement 6

See Statement 5

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2014)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year N/A Boys & Girls Club of Greater PC General Operating Billerica Support 19 Campbell Road Billerica, MA 01821 5,000. Boys & Girls Club Woburn N/A PC General Operating 1 Charles Gardner Lane Support Woburn, MA 01801 1,250. Budget Buddies N/A PC Financial Literacy 14 High Street Program Chelmsford, MA 01824 2,500. Burbank YMCA N/A PC Summer Camp (\$2,500); 36 Arthur B. Lord Drive After School Program (\$5,000) Reading, MA 01867 7,500. Cor Unum Meal Center N/A PC General Operating 118 South Broadway Support 1,500. Lawrence, MA 01843-1427 See continuation sheet(s) Total **▶** 3a 121,000. **b** Approved for future payment None Total **▶** 3b 0.

| Part XVI-A Analysis of Income-Producing Activities |
|--|
|--|

| nter gross amounts unless otherwise indicated. | Unrelated b | usiness income | | by section 512, 513, or 514 | (e) |
|--|--|----------------------|-----------------------|-----------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| Program service revenue: | code | Amount | code | Alliouiit | |
| å | _ | | | | |
| b | | · - | | | |
| d | - | | | | |
| e | - | | | | |
| t | _ | | | | |
| g Fees and contracts from government agencies | _ | | | | <u>-</u> |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 199. | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | J | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property Other property | | | | | |
| 7 Other investment income 3 Gain or (loss) from sales of assets other | | | + + | | |
| than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | - |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | _ | | _ | | |
| e | _ | | | 100 | |
| 2 Subtotal. Add columns (b), (d), and (e) | | |). | 199. | 0 199 |
| 3 Total. Add line 12, columns (b), (d), and (e) | ` | | | 13 | 199 |
| See worksheet in line 13 instructions to verify calculations | • | | | | |
| Part XVI-B Relationship of Activitie | s to the Accom | plishment of | Exempt F | Purposes | |
| Line No. Explain below how each activity for which i | ncome is reported in c | olumn (e) of Part XV | I-A contribute | d importantly to the accomp | olishment of |
| the foundation's exempt purposes (other the | | | | | |

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|--------------------|---|
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| 423621 11-24-14 | Form 990-PF (20 |

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|--------------------|--|--|
| Part XVII | Information Regarding Transfers To and To a | nsactions and Relationships With Noncharitable |
| | Exempt Organizations | |

| | Lxempt Organizations | | | |
|---|--|-----------|------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of | | Yes | No |
| | the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| а | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | Х |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| C | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 10 | | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, | other ass | ets, | |
| | or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, s | how in | | |

column (d) the value of the goods, other assets, or services received.

| | 1 | | | | | | | |
|-------------|--|--------------------------|--------------------|------------|-----------------|-----------------------------|-------------------------------|--|
| (a)Line no | (b) Amount involved (c) Name of noncharitable exempt organization | | | | (d) Descriptio | n of transfers, transaction | ons, and sharing arrangements | |
| | | | N/A | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2a Is the | e foundation directly or indirect | ly affiliated with, or r | elated to, one (| or more ta | x-exempt organ | izations described | | |
| ın se | ction 501(c) of the Code (other | than section 501(c) | (3)) or in section | on 527? | | | | Yes X No |
| b If "Ye | s," complete the following sch | edule. | | | | | | |
| | (a) Name of org | | | (b) Type | of organization | | (c) Description of re | elationship |
| | N/A | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | • | |
| | | | | - | | | | |
| | | | | | | - | | |
| | | | | - | | | | |
| | Under sensitive of service I dealers | about the second of the | | | | | | |
| 1 | Under penalties of perjury, I declare and belief, it is true, correct, and con | | | | | | | May the IHS discuss this |
| Sign | | , | | | | | , • | return with the preparer shown below (see instr.)? |
| Here | | | | | 1-27-15 | Presid | dent | X Yes No |
| ŀ | Signature of officer or trustee | | | Dat | е | Title | • | |
| | Print/Type preparer's na | me | Preparer's sig | gnature | | Date | Check if | PTIN |
| | | | 77. | \wedge | | | self- employed | |
| Paid | Nicholas E | . Porto | 111 | _ | | 03/20/15 | | P01310283 |
| Prepar | | | & NOY | ES | | | Firm's FIN ▶ 0 | 1-0494526 |
| Use O | | | - - | | | | 1 | |
| | Firm's address ▶ P • | O. BOX 50 | 7 | | | | + | |
| | • | RTLAND, M | | 2 | | | Phone no. (2 | 07)879-2100 |
| | | , F1 | - V-111 | | | | Trilone iio. (2 | Form 990-PF (2014) |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

2014

OMB No. 1545-0047

Name of the organization

Northern Bank & Trust Charitable Foundation, Inc.

Employer identification number

46-1606139

Organization type (check one). Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check 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, chantable, 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, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Northern Bank & Trust Charitable Foundation, Inc.

Employer identification number

46-1606139

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ac | dditional space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Northern Bank & Trust 275 Mishawum Road Woburn, MA 01801 | \$97,335. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | s | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 422452 11 0 | | \$Sahadula R / Farm | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
Name of organization Northern Bank & Trust Charitable Foundation, Inc.

Employer identification number

46-1606139

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number Northern Bank & Trust Charitable Foundation, Inc. 46-1606139 religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| Part XV Supplementary Informatio | ion, Inc. n | | 46-160 | · - · · |
|--|--|--------------------------------------|----------------------------------|--------------------|
| 3 Grants and Contributions Paid During the | | _ | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| reative Arts | N/A | PC | Scholarships for | |
| 5 Woburn Street | | | children from low to | |
| eading, MA 01867 | | | moderate income | |
| | | | families | 1,250 |
| | | | | |
| amon Callahan | None | I | James McGarry | |
| /o Norwich University, 158 Harmon | | | Scholarship Finalist | |
| rive Northfield, VT 05663 | | | | 250 |
| MARC | N/A | PC | General Operating | |
| 0 Gould Street | | | Support | |
| eading, MA 01867 | | | | 2,500. |
| mily MacLean | None | ı | James McGarry | |
| /o Worcester Polytechnic Institute, | | _ | Scholarship Finalist | |
| 00 Institute Road Worcester, MA | | | | |
| 1609 | | | | 250 |
| abitat for Humanity of Greater | N/A | PC | Building home in | |
| owell | [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1.0 | Billerica for a low | |
| t Hicks Farm, 124 Main Street | | | income family with a | |
| estford, MA 01886 | | | disabled son | 10,000 |
| adley Ballou and UMASS Lowell | None | I | James McGarry | |
| /o University of Massachustts | | | Scholarship | |
| owell, 1 University Avenue Lowell, | | | _ | |
| A 01854 | | | | 5,000. |
| | | | | |
| eading Home | N/A | PC | Assist families from | |
| he Schrafft Center, 529 Main Street, | | | Cambridge, Somerville, | 40.000 |
| uite 100 Charlestown, MA 02129 | | | Medford and Malden, MA | 10,000. |
| oyal Capital Management Foundation | N/A | PC | Assist low income | |
| 0 Resnik Road | | | children obtain | |
| lymouth, MA 02360 | | | sporting equipment and | |
| | | | clothing | 15,000. |
| ailyn MacNeil | None | I | James McGarry | |
| /o University of Massachustts | 1 | | Scholarship Finalist | |
| owell, 1 University Avenue Lowell, | | | _ | |
| A 01854 | - | | <u> </u> | 250 |
| | | | | |
| elrose Friends of the Aging | N/A | PC | General Operating | |
| 01 West Foster Street | | | Support | |
| elrose, MA 02176 | | | | 2,420. |
| Total from continuation sheets | | | | 103,250. |

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor Merrimack Valley Housing Partnership PC Project Genesis, a Inc. (MVHP) comprehensive training P.O. Box 1042 for first time home Lowell, MA 01853-1042 buyers 2,500. Minuteman Senior Services N/A PC Money Management 26 Crosby Drive Program Bedford, MA 01730 2,500. Mission of Deeds N/A Public General Operating 6 Chapin Avenue Support Reading MA 01867 2,500. Mystic Valley Elder Services PC N/A General Operating 300 Commercial Street #19 Support Malden, MA 02148 2,500. Nashoba Learning Group N/A PC General Operating 10 Oak Park Drive Support Bedford, MA 01730 11,630. NuPath N/A PC General Operating 147 New Boston Street Support Woburn, MA 01801 5,000. People Helping People N/A PC General Operating P.O. Box 343 Support Burlington, MA 01803 5,000. Reading Clergy Association N/A PC Reading Food Pantry 6 Salem Street Reading, MA 01867 1,250. The Paul Center N/A PC Assist students from 39 Concord Road low to moderate income Chelmsford, MA 01824 families attend The Paul Center 1,000. Thomas Tedesco None Ι James McGarry c/o Bentley University, 175 Forest Scholarship Finalist Street Waltham, MA 02452 250. Total from continuation sheets

| Part XV Supplementary Informatio | n Inc. | | 46-160 | 0133 |
|---|--|----------------------|----------------------------------|--------|
| | | | | |
| 3 Grants and Contributions Paid During the | | | | · |
| Recipient . Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| • | | | | |
| Fick-Borne Disease Alliance | 7/3 | , p.o. | Roma Tima Disassa Colf | |
| | N/A | PC | Fore Lyme Disease Golf | |
| 188 Ayer Road Harvard, MA 01451 | | | Tournament | 2 700 |
| Fown of Chelmsford Scholarship Fund | N/A | GOV | Support a scholarship | 3,700 |
| P.O. Box 296 | N/A | GOV | to a Chelmsford High | |
| Chelmsford, MA 01824 | | | School student from a | |
| chelmstold, Am 01024 | | | low to moderate income | |
| | | | family | 1,000 |
| VNA Hospice | N/A | PC | Assist low income and | 1,000 |
| 100 Trade Center, G-500 | M/A | 1 | uninsured patients | |
| Woburn, MA 01801 | | | with hospice care when | |
| TODALII, MA UTUUI | | 1 | facing life-limiting | |
| | | | illnesses | 1 000 |
| | | | 111103003 | 1,000 |
| Winchester Hospital Foundation | N/A | PC | Winchester Hospital's | |
| 611 Main Street | ,,, | 1.0 | charity care for low | |
| Winchester, MA 01890 | | | and moderate income | |
| Minchescer, MA 01030 | | | families | 4,000 |
| | - | | Tamilies . | 4,000 |
| | | | | |
| Woburn Council of Social Concern | N/A | PC | General Operating | |
| 2 Merrimac Street | N/A | 1.0 | Support | |
| Woburn, MA 01801 | | | Bappore | 10,000 |
| | | | + | |
| | | | | |
| YMCA of Metro North-Melrose | N/A | PC | General Operating | |
| 497 Main Street | | | Support | |
| Melrose, MA 02176 | | | | 2,500 |
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| | | | | |
| Total from continuation sheets | | | | |

| Form 990-PF | orm 990-PF Accounting Fees | | | |
|--------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Accounting Fees | 1,300. | 199. | | 1,101. |
| To Form 990-PF, Pg 1, ln 16b = | 1,300. | 199. | | 1,101. |
| Form 990-PF | Other E | xpenses | S | tatement 2 |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Filing Fees | 35. | 0. | | 35. |
| | | | | |

| | List of Officers, D and Foundation Mana | | State | ement 3 |
|--|--|-------------------|---------------------------------|---------|
| Name and Address | Title and Avrg Hrs/Wk | Compen- sation | Employee Ben Plan Contrib | |
| James J. Mawn 275 Mishawum Road Woburn, MA 01801 | President/Dire | ctor 0. | 0. | 0. |
| Francis Kenney 275 Mishawum Road Woburn, MA 01801 | Treasurer/Dire 0.50 | ctor 0. | 0. | 0. |
| Donald Queenin 275 Mishawum Road Woburn, MA 01801 | Clerk/Director 0.50 | 0. | 0. | 0. |
| Katie Gatcomb 275 Mishawum Road Woburn, MA 01801 | Director 0.50 | 0. | 0. | 0. |
| Mary Elizabeth Mawn-Ferullo 275 Mishawum Road Woburn, MA 01801 | Director 0.50 | 0. | 0. | 0. |
| Alicia J. Mawn-Mahlau 275 Mishawum Road Woburn, MA 01801 | Director 0.50 | 0. | 0. | 0. |
| Totals included on 990-PF, Page | e 6, Part VIII | 0. | 0. | 0. |
| Form 990-PF Summary of I | Direct Charitable A | ctivities | State | ement 4 |

Activity One

Northern Bank & Trust Charitable Foundation awards up to 10 scholarships of \$5,000 or less to candidates who are accepted as full-time students in a bachelor's degree program and who have a parent or legal guardian employed as an active firefighter or police officer in the geographic area served by the Foundation.

| | | | | | | | Expenses |
|----|------|---------|------|-------|------|---|----------|
| То | Form | 990-PF, | Part | IX-A, | line | 1 | 6,000. |
| | | | | | | | |

Form 990-PF Grant Application Submission Information Statement 5
Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

See Statement 7

Telephone Number Name of Grant Program

See Statement See Statement 7

Email Address

See Statement 7

Form and Content of Applications

See Statement 7

Any Submission Deadlines

See Statement 7

Restrictions and Limitations on Awards

For organizational grants, recipients must be located within the following communities: Acton, Arlington, Bedford, Belmont, Billerica, Burlington, Cambridge, Carlisle, Chelmsford, Concord, Lexington, Lincoln, Littleton, Malden, Maynard, Medford, Melrose, North Reading, Reading, Somerville, Stoneham, Sudbury, Wakefield, Waltham, Watertown, Wayland, Westford, Weston, Wilmington, Winchester or Woburn.

In 2014, Northern Bank & Trust Charitable Foundation received approval from the IRS to provide scholarships to fund the education of certain qulifying students. Up to 10 scholarships of \$5,000 or less are awarded to candidates who are accepted as full-time students in a bachelor's degree program and who have a parent or legal guardian employed as an active firefighter or

Form 990-PF Grant Application Submission Information Statement 6
Part XV, Lines 2a - 2d (Continuation)

Name or Description of Grant Program

See Statement 7

Restrictions and Limitations on Awards

police officer in the geographic area served by the Foundation.

See Statement 7 for guidelines and applications.

EIN: 46-1606139

Morthern Bank

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About > Community Giving

Northern Bank & Trust Company is committed to supporting local chantable organizations within the following communities. Acton, Arlington, Bedford, Belmont, Billienca, Burlington, Cambridge, Carlisle, Chelmistord, Concord, Lexington, Lincoln, Littleton, Malden, Maynard, Medford, Melrose, North Reading, Reading, Somerville, Stoneham, Sudbury, Wakefield, Waltham, Watertown, Wayland, Westford, Weston, Wilmington, Winchester or Woburn, through sponsorships and the Northern Bank & Trust Chantable Foundation

Charitable Foundation

Through the Northern Bank & Trust Chantable Foundation we can support local non-profit 501



Northern Bank & Trust Charitable Foundation

(c)(3) organizations with larger contributions, typically from \$1,000 to \$10,000

Organizations we support through the Foundation include, but are not limited to, those that support educational opportunities or community development within one of the towns listed above

Requests are reviewed on a quarterly basis Click here to apply

James E. McGarry, Jr. Scholarship for 2015

Established to honor the late James "Jim" McGarry, a former Woburn resident, for his 50 years of service to Northern Bank & Trust Company. It also pays tribute to his lifelong affinity for the fire and police departments in his city.

The \$5,000 scholarship will be awarded to a graduating high school senior with a parent or legal guardian who is an active firefighter or police officer employed in one of the following communities Acton, Arlington, Bedford, Belmont, Billerica, Burlington, Cambridge, Carlisle, Chelmsford, Concord, Lexington, Lincoln, Littleton, Malden, Maynard, Medford, Melrose, North Reading, Reading, Somerville, Stoneham, Sudbury, Wakefield, Waltham, Watertown, Wayland, Westford, Weston, Wilmington, Winchester, and Woburn

The James E McGarry Jr 2015 Scholarship Application is due by May 1, 2015 Click here for the application and scholarship quidelines. Thank you for applying!

Click here to learn more about our 2014 recipient

Sponsorships

Types of organizations and events we typically support through sponsorships include, but are not limited to, local celebrations & chamber events, youth sports, arts & education, and municipalities such as police & fire departments

Typical sponsorship amounts range from \$50 to \$2,500

Requests are reviewed on a regular basis, but we request at least 4 weeks notice <u>Click here to apply</u>

Please note Northern Bank & Trust Company does not make contributions of any kinds to political, religious, individuals or discriminatory organizations

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TAKE ACTION

Community Involvement Bank News

CONTACT US

Call 800 273 6908 Visit one of our offices Use our contact form



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Northern Bank & Trust Charitable Foundation

| GRANT APPLICATION | | |
|--|---|--|
| Legal Name of Organization | | |
| Address | | |
| Contact | Name of Executive Director | |
| Title | Trtle | |
| Phone | Organization Tax ID # | |
| Fax | Total Number of Board Members | Volunteers |
| Email | Total Number of Board Staff Full Time | Part Time |
| Total Annual Organization Budget | Fiscal Year End | |
| Is entity a national organization? YES NO | IRS 501(c)(3) nonprofit? YES INO If no, identify your fiscal agent and attach the written agreen | |
| PROJECT PROPOSAL NARRATIVE – Complete the Brief Summary of the Proposal | following fields, or attach a narrative of no longer than 2 | pages |
| Description of specific request, including goals and obj | ectives | |
| Brief Summary of organization's mission | | |
| Describe how your organization benefits low-to-moderate Arlington, Bedford, Belmont, Billerica, Burlington, Ca Malden, Maynard, Medford, Melrose, North Reading, Watertown, Wayland, Westford, Weston, Wilmingtor Additional information about the organization's overal | mbridge, Carlisle, Chelmsford, Concord, Lexing Reading, Somerville, Stoneham, Sudbury, Wak ı, Winchester or Wobum | ton, Lincoln, Littleton, efield, Waltham, |
| Additional information about the organization's overal | r programs and project or capital support requeste | u: |
| Specific activities and timetable for meeting your state | d objectives | |
| Identify those organizations, if any, with which you col | aborate and other resources which address this iss | ue(s) in the proposal |
| PROJECT BUDGET | | |
| Amount Requested \$ | | |
| Type of Request (check applicable) Operating | □Project □Capital □Other | |
| Use this field or attach a narrative of no longer than 1 pa you are requesting funding, including all associated cos | | ner improvement for which |
| | | |
| Signature of Authorized Signer | Title | Date |



NORTHERN BANK & TRUST CHARITABLE FOUNDATION, INC.

2015 SCHOLARSHIP APPLICATION

DEADLINE

The application deadline is May 1, 2015. To be considered by the Selection Committee, a completed application package must be postmarked or emailed on or before May 1, 2015. See Application Package Summary on page 6 for the requirements of a completed application package. The Selection Committee will not consider late applications or late attachments.

ELIGIBILITY REQUIREMENTS

Applicants must be accepted as a full-time matriculated students at a college or university providing a course of study leading to the awarding of a bachelor's degree; and

I. PERSONAL INFORMATION

| Name: (Mr. /Ms.) | Fırst | Mıddle | - | Last |
|-----------------------------|---------------------|---------------|---------------------|------|
| Home Address: | | | | |
| Phone #: () | | | il: | |
| Please note that our primar | y form of communica | tion with you | will be via e-mail. | _ |
| Date of Birth:/_ | / | | | |
| | Mother | Father | Legal Guardian | |
| Parent/Guardian #1: | | | | |
| lame: | | | | |
| (Mr. /Ms.) | First | | Middle | Last |
| Parent/Guardian #2: | Mother _ | Father | Legal Guardian | |
| lame: | | | | |
| (Mr. /Ms.) | Fırst | | Mıddle | Last |

College you will be enrolled in full time during the 2015-2016 academic year?

Major field of study you plan to pursue (if known):

III. PERSONAL EXPERIENCE

(Please submit each section on a separate sheet with your name on the top right corner of each sheet.)

Extracurricular Experience: List your primary extracurricular activities in the order of their interest to you. Include dates, an estimate of the time commitment, offices held or major accomplishments and a brief description.

Community Service: List your community service and volunteer activities in the order of their interest to you. Include dates, an estimate of the time commitment, offices held or major accomplishments and a brief description.

Work Experience: List paid employment since the beginning of high school, including the summer. Include the address of the employer, the name of a supervisor, the specific job or duties and the number of hours worked per week.

Honors and Scholarships: List any honors or awards, academic or non-academic, you have received during high school. Provide a brief description.

| Northern Bank & Trust Charitable Foundation |
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| NORTHERN BANK & TRUST |
| CHARITABLE FOUNDATION, INC. |

| | EIN: 46-160613 |
|-------------------|----------------|
| Applicant's Name: | |

IV. ADDITIONAL INFORMATION (OPTIONAL)

Do you have any family, financial or other responsibilities or experiences that the Selection Committee should consider when reviewing your application? If yes, attach explanation on a separate sheet (with your name on the top right corner).

V. ESSAY

Write an essay on "What it means to me to have my parent or guardian involved in serving our community" and "Discuss a situation when you assisted another person in that person's time of need". The essay should be approximately 250-500 words, type-written and double-spaced, with your name on the top right corner of the page(s).

| Northern | Bank & | Trust | Charitable | Foundation |
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EIN: 46-1606139

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|-----------|---------|--------------|------|
| CHARITABL | E FOUND | DATION. | INC. |

| Applicant's Name: | |
|-------------------|--|
|-------------------|--|

VI. <u>DEPARTMENT CERTIFICATION (POLICE or FIRE Department Official)</u>

| I hereby attest that | | |
|-------------------------------------|------|--|
| Signature of Department Official | Date | |
| Printed Name of Department Official | | |
| Department | | |

The parent or legal guardian must be an active firefighter or police officer employed in one of the following communities: Acton, Arlington, Bedford, Belmont, Billerica, Burlington, Cambridge, Carlisle, Chelmsford, Concord, Lexington, Lincoln, Littleton, Malden, Maynard, Medford, Melrose, North Reading, Reading, Somerville, Stoneham, Sudbury, Wakefield, Waltham, Watertown, Wayland, Westford, Weston, Wilmington, Winchester, and Woburn.

| NORTHE | ern Bank & Trust Charitable Foundation IRN BANK & TRUST ABLE FOUNDATION, INC. | Applicant's Name: | EIN: 46-1606139 |
|-----------------|--|---|---|
| VII.` | CERTIFICATIONS/AUTHORIZATIONS/AUTHOR | | |
| discip Found | norize my school officials to release oline and attendance records to the dation, Inc., upon request (Please ned on page 6). | e Northern Bank & Trust Cha | ritable |
| Yes | No | | |
| socia | norize the Northern Bank & Trust (I networking websites or so-called contributor, including my persona | l "blogs" of which I am a mer | |
| Yes_ | No | | |
| comp E. Mo | ify that the information provided olete and true and my original wor Garry, Jr. Scholarship. I agree to cholarship. I also hereby consent | rk. I hereby apply for consid be bound by all rules and re | eration of the James gulations governing |

I certify that the information provided on this application and on all attachments is complete and true and my original work. I hereby apply for consideration of the James E. McGarry, Jr. Scholarship. I agree to be bound by all rules and regulations governing the scholarship. I also hereby consent to and authorize the use, reproduction, distribution and publication of my name, photograph, and any part of my application, including written essays, for any purpose relating to this scholarship, without compensation to me. I understand and agree that my name, photograph and/or likeness may be copied and distributed, in the sole discretion of the scholarship, by means of various media, including video, websites and/or newspapers.

Applicant Signature

Date

| Northern Bank & Trust Charitable Foundation |
|---|
| NORTHERN BANK & TRUST |
| CHARITABLE FOUNDATION, INC. |

| | EIN: 40-100013 |
|------------------|----------------|
| pplicant's Name: | |

Application Package Summary

Your application package should contain the following:

- 1. Signed application form. Be sure your name is on the top right corner of every page of the application and attachments.
- 2. School transcript(s).
- 3. SAT/ACT score reports.
- 4. Personal experience sheets. (Section III)
- 5. Additional Information. (Section IV Optional)
- 6. Essay. (Section V)
- 7. Department Certification. (VI)
- 8. Certification/Authorization. (VII)

The application deadline is May 1, 2015. To be considered by the Selection Committee, a completed application package must be postmarked or emailed on or before May 1, 2015. The Selection Committee will not consider late applications or late attachments.

All finalists must be interviewed by the Selection Committee.

Please mail the application package to:

Northern Bank & Trust Charitable Foundation, Inc. c/o Mary Elizabeth Mawn 275 Mishawum Road Woburn, MA 01801

Applications can also be scanned and emailed to mcgarryscholarship@nbtc.com.