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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.lrs.gov/form990pf.

OMB No 1545-0052

2016
Open to Public Inspection

For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation Northern Bank & Trust Charitable 46-1606139 Foundation, Inc. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 781-569-5400 275 Mishawum Road City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 01801 Woburn, MA G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) (from Part II, col (c), line 16) 79,642. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 242,000. -N/AContributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 30 30. 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 2017 10a Gross sales less returns and allowances , Ç. b Less Cost of goods sold c Gross profit or (loss) 11 Other income 30. 242,030. 12 Total. Add lines 1 through 11 0 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,312. 1,550. 238 Stmt 1 **b** Accounting fees c Other professional fee: 17 Interest Administrative 18 Taxes 19 Depreciațion and deplețion 3 201/ 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publication O. 35. 35 Stmt 2 23 Other expenses 24 Total operating and administrative 1,585 238 1,347. expenses. Add lines 13 through 23 161,200. 161,200. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 162,547. 162,785 238 Add lines 24 and 25 Subtract line 26 from line 12: 79,245 8 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

| ГБ | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | | of year |
|-------------|------------|--|-----------------------|----------------|--|
| <u> </u> | 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 | 397. | 79,642. | 79,642. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | \$ |
| | | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | 700 | | m, - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | | Less; allowance for doubtful accounts | 1 | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | ļ | disqualified persons | } | | |
| | 7 | Other notes and loans receivable | 77 . 3 | | 1 1 1 |
| | | Less; allowance for doubtful accounts | | | |
| တ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 1 - | Investments - U.S. and state government obligations | | | |
| | 1 | Investments - corporate stock | | | |
| | | Investments - corporate bonds | <u> </u> | | |
| | ł . | · · · · · · · · · · · · · · · · · · · | | , | |
| |] ' ' | Investments - land, buildings, and equipment basis | 1 | | |
| | 40 | Less accumulated depreciation | | | |
| | 1 | Investments - mortgage loans | <u></u> | | |
| | 13 | Investments - other | 7.3 | | 14 - W 2 - FREE W.S |
| | 14 | Land, buildings, and equipment basis | | (1 | |
| | ١ | Less accumulated depreciation | | | |
| | 1 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers - see the | 207 | 70 640 | 70 (42 |
| _ | ├ _ | instructions. Also, see page 1, item I) | 397. | 79,642. | 79,642. |
| | | Accounts payable and accrued expenses | | | 中心是这么是一个是一个 |
| | 18 | Grants payable | | | IN THE REAL PROPERTY. |
| es | 19 | Deferred revenue | | | The state of the s |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ē | 21 | Mortgages and other notes payable | | | 」就是是自己的意思是 |
| _ | 22 | Other liabilities (describe 🕨) | | | |
| | 1 | | | _ | 主義語為為實際。 |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | ļ | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ances | 24 | Unrestricted | · | | |
| <u>a</u> | 25 | Temporarily restricted | | | |
| or Fund Bal | 26 | Permanently restricted | | | |
| 밀 | | Foundations that do not follow SFAS 117, check here | | | |
| Ē | l | and complete lines 27 through 31. | | i | and the state of t |
| ŏ | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| et s | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | 397. | 79,642. | |
| <u>=</u> | 30 | Total net assets or fund balances | 397. | 79,642. | A Share To have a single |
| Z | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 397. | 79,642. | |
| _ | | | | 7.570330 | <u></u> |
| P | art | III. Analysis of Changes in Net Assets or Fund E | Balances | | |
| 1 | Total | 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, | 397. |
| | • | a agree with end-or-year figure reported on prior year's return) amount from Part I, line 27a | | 2 | 79,245. |
| | | | | | 79,243. |
| | | r increases not included in line 2 (itemize) | | 3 | 79,642. |
| | | lines 1, 2, and 3 | | 4 | 79,642. |
| | | eases not included in line 2 (itemize) | eluma (h) luna 20 | | 79,642. |
| 6 | rota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | oluliiii (b), line 30 | 6 | 79,042. |

Foundation Inc.

| Part IV Capital Gains | and Lo | sses for Tax on In | vestmen | t Income | | | | | | |
|--|--------------|--|-----------------|--------------------------------------|------------------------|-------------------------------|-------------|--------------------|-------------------------------|------------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | (b) P D | How a - Purc - Don | nase i | c) Date (mo., d | acquired ay, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | | | | | | | | | | |
| b NONE | | | | | | | | | | |
| <u> </u> | | | | | <u> </u> | | | | | |
| <u>d</u> | | | | | <u> </u> | | | | | |
| <u>e</u> | 1 40.0 | Danasakan allamad | (=) O= | -4 on -4b b on -0 | <u> Ц</u> | | | (h) C | a.a. a. (laaa) | |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale | | | | | | ain or (loss s (f) minus (| | | | |
| <u>8</u> | | | | | _ | | | | | |
| b c | | | | | - | | | | | |
| <u>d</u> | | | | | \neg | | | | | |
| e | ļ | | | | | | | | | |
| Complete only for assets shown | ng gain in i | column (h) and owned by t | the foundation | ı on 12/31/69 | | | (1) | Gains (C | ol. (h) gain | minus |
| (i) F.M.V. as of 12/31/69 | (| (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | i I | còl. (| | not less that (from col. (| |
| 8 | | | - | | | | | | | |
| b | | | | | | | | - | | |
| С | | | | | | | | | | |
| đ | | | | | _ | | | | | |
| <u>e</u> | <u> </u> | | | | _ | | | | | |
| 2 Capital gain net income or (net ca | ipital loss) | If gain, also enter If (loss), enter -0- | | | } | 2 | | | | |
| 3 Net short-term capital gain or (los if gain, also enter in Part i, line 8, | | | d (6): | | } | _ | <u>{</u> | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | nder S | ection 4940(e) for | Reduced | Tay on Net | ᆔ | estr | nent Inco | me | | |
| (For optional use by domestic private | | | | | | | | | | |
| If section 4940(d)(2) applies, leave to | | • | 1940(a) lax Ull | net mvesunent m | COME | 5.) | | | | |
| .,.,. | • | | | one in the base per | 40 | | | | | Yes X No |
| Was the foundation liable for the sec | | | | • | 100 ? | | | | | L Yes LA NO |
| If "Yes," the foundation does not qual 1 Enter the appropriate amount in | | | | | ntries | | | | | |
| (a) | 1 | (b) | | io o maning arry or | (c) | | | T | | (d) oution ratio |
| Base periód years Calendar year (or tax year beginni | na in) | Adjusted qualifying dist | tributions | Net value of no | | | -use assets | | Distrit (col. (b) div | oution ratio rided by col. (c)) |
| 2015 | | 13 | 4,735. | | | 1 | 7,173 | _ | ,, | 7.845746 |
| 2014 | | | 2,136. | | | | 8,593 | | | 2.084481 |
| 2013 | | 5 | 5,947. | | | | 4,137 | L | | 1.638896 |
| 2012 | | | 0. | | | 1 | 9,700. | | | .000000 |
| 2011 | | | | | | | | - | | |
| | | | | | | | | | l | 11 560100 |
| 2 Total of line 1, column (d) | | | 1 0 b 5 | b 4b b | -4 | | | 2 | | 11.569123 |
| 3 Average distribution ratio for the the foundation has been in existe | - | | in line 2 by 5, | or by the number | oi ye | ars | | 3 | | 2.892281 |
| the loundation has been in existe | iice ii iess | tilali 5 years | | | | | | 1 | | 2.072201 |
| 4 Enter the net value of noncharitat | le-use ass | sets for 2016 from Part X, I | ine 5 | | | | | 4 | | 12,658. |
| 5 Multiply line 4 by line 3 | | | | | 5 | • | 36,610. | | | |
| | no /19/ of | Part Limo 27h) | | | | | | 6 | | 0. |
| 6 Enter 1% of net investment incom | 15 (170 UI) | ι αιτ 1, μπσ <i>21</i> υ <i>)</i> | | | | | | + | <u> </u> | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | 36,610. |
| 8 Enter qualifying distributions from | | | | | | | | 8 | <u> </u> | 162,547. |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, ch | eck the box in Part VI, line | 1b, and comp | lete that part using | g a 1 | % tax | rate. | | | |

Northern Bank & Trust Charitable

| | 1990-PF (2016) Foundation, Inc. | | | 1606 | | Page 4 |
|----|---|-----------------------------------|---------|----------|---|----------|
| Pa | irt VI Excise Tax Based on Investment Income (Section 4940(a) | , 4940(b), 4940(e), or | 4948 | - see ir | nstructio | ns) |
| 18 | Exempt operating foundations described in section 4940(d)(2), check here and enter | 'N/A" on line 1. | | | - | |
| | Date of ruling or determination letter: (attach copy of letter if necessar | | - | | | • |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | 1 | ĺ | | 0. |
| | of Part I, line 27b | | 7 | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of P | Part I, line 12, col. (b). | | , | ** | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others | enter -0-) | 2 | 1 | • | 0. |
| 3 | Add lines 1 and 2 | , | 3 | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others | s enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | | 0. |
| 6 | Credits/Payments: | | | | | 2 |
| а | 2016 estimated tax payments and 2015 overpayment credited to 2016 | a | 20.00 | | | £26. |
| b | Exempt foreign organizations - tax withheld at source 6 | b | 7 | . ·· | • | |
| c | Tax paid with application for extension of time to file (Form 8868) | c | 7-3 |] - ' | AS | |
| d | Backup withholding erroneously withheld 6 | d | ገ ፡ ፡ ፡ | | | . " |
| | Total credits and payments. Add lines 6a through 6d | | 7 7 | 1 ' | | Ó. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | ı | 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 2017 estimated tax | Refunded | 11 | | | |
| | rt:VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation | or did it participate or interve | ne in | | Yes | No |
| | any political campaign? | | | - 1 | 1a | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (| see instructions for the definiti | on)? | Ī | 1b | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and c | opies of any materials publ | shed or | . [| -1 3 5 | A 785. |
| | distributed by the foundation in connection with the activities. | | | | | 1 |
| C | c Did the foundation file Form 1120-POL for this year? | | | | | |
| d | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ | \$ 0 | • | Ĭ | | 3. |
| е | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ▶ \$ 0 • | | | | | (2) C |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | - | 2 | X |
| | If "Yes," attach a detailed description of the activities. | | | [| - <u>35</u> 57 | 1 2 3 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instru | iment, articles of incorporation | , or | l | | 120 |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | | 3 | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | [| 4a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | I. | I/A [| 4b | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | X |
| | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | - T |
| | By language in the governing instrument, or | | | ł | 3 3 | <u> </u> |
| | • By state legislation that effectively amends the governing instrument so that no mandatory dire | ections that conflict with the st | ate law | | | - |
| | remain in the governing instrument? | | | į | 6 X | 1 |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple | te Part II, col (c), and Part | ΧV | [| 7 X | $1_$ |
| | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | > | | | 1 |] ` |
| | MA | | | | | 1 |
| b | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | 8b X | <u></u> |
| 9 | 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list | ing their names and addresses | | | 10 | X |
| | | | | For | m 990-PF | (2016) |

| Part VII-A Statements Regarding Activities (continued) | | | |
|--|--|----------|--------------|
| | | Ye | s No |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | 1 | - } |
| section 512(b)(13)? If "Yes," attach schedule (see instructions) | _1 | 1 | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg | jes? | | _ |
| If "Yes," attach statement (see instructions) | 1 | 2 | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | _1 | 3 X | <u> </u> |
| Website address > N/A | | | |
| 14 The books are in care of ► Francis Kenney Telephone no. ► 7 | | | 0 |
| | -4 ► 0180 |)1 | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ! | |
| and enter the amount of tax-exempt interest received or accrued during the year | | N/A | -T: |
| 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, | | Ye | |
| securities, or other financial account in a foreign country? | <u> </u> | 6 | <u> X</u> |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | 3 |
| foreign country | | - 5 | <u>il ·</u> |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | (talage | |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | ┝┿ | Ye | s No |
| 1a During the year did the foundation (either directly or indirectly): | en ; | | 400 |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | SL NO . | . 1, 3 | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | <i>5</i> 7 } | | |
| a disqualified person? | | | \$ |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes | | | 3,5 |
| | PT NO 1. | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | ن ا | | 3 |
| , , , | 2 NO 1€ | . T. | المحاصرة الم |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" | [. | | |
| if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | جا ما ا | | 8 |
| | 77 NO 13€ | | 4 |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | N/A 1 | Ь | 1 |
| Organizations relying on a current notice regarding disaster assistance check here | | 1 1 1/1 | 51-77- |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | ide of |
| before the first day of the tax year beginning in 2016? | 1 | c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | <u> </u> | - 4 - 22 | 4.5 |
| defined in section 4942(j)(3) or 4942(j)(5)): | / | | 역 같.* ~ |
| a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | <u> </u> | 1 | |
| before 2016? | X No I- | | |
| If "Yes," list the years ▶ , , , , , | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | - { | | á |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | - | .1 | 1. |
| statement - see instructions.) | N/A 2 | b] | 1 |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | Į. | - |
| > ,,,,,,,,,,,,,, | 1.5 | | , . |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | - ∤ - | 1, |
| during the year? | X No | 4 . | |
| b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after | | × 1 | |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disposi | e | -}\ ` |] . |
| of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | ļ., | . ' | |
| Form 4720, to determine if the foundation had excess business holdings in 2016) | N/A 3 | b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 | a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | 1 | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2016? | 4 | | X |
| | Form S | 90-P | F (2016) |

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, othe allowances |
|---|---|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| | _ | | | |
| . | <u> </u> | <u> </u> | <u> </u> | |
| | ╛ | | | |
| | | ļ | | |
| | 4 | | [| İ |
| | | l | L | |
| Total number of other employees paid over \$50 000 | | | | |

Total. Add lines 1 through 3

| P | art X 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: | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 12,851. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 12,851. |
| е | 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 | 12,851. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 193. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 12,658. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 633. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 633. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | | <u> </u> |
| b | Income tax for 2016. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 633. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 633. |
| 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 | 633. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 162,547. |
| 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: | , ' | |
| a | 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 | 162,547. |
| 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 | 162,547. |
| | 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 | e section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|---|--|--|---|---------------------------------------|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | 633. |
| 2 Undistributed income, if any, as of the end of 2016 | | | · · · · · · · · · · · · · · · · · · · | |
| a Enter amount for 2015 only | | | 0. | ., |
| | | , , | · · · · · · · · · · · · · · · · · · · | |
| b Total for prior years: | | _ | 1 | : |
| Excess distributions carryover, if any, to 2016; | | 0. | 1 2 3 4 7 | |
| 1 ' ' ' | | 1 - 1 - 1 | | |
| a From 2011 | | The second of the second | | |
| b From 2012 | | | | · |
| cFrom 2013 54, 208. | | , , , , , , , , , , , , , , , , , , , | | |
| dFrom 2014 119, 206. | | | 医支撑性 許 有情 | |
| eFrom 2015 133,876. | | | | |
| f Total of lines 3a through e | 307,290. | The same of the sa | | |
| 4 Qualifying distributions for 2016 from | | | | |
| Part XII, line 4: ▶\$ 162,547. | | | | |
| a Applied to 2015, but not more than line 2a | | 25 K | 0. | 1.3. 12. 3. |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | Section Control of the Control |
| c Treated as distributions out of corpus | | 184 de 18 18 18 18 18 18 18 18 18 18 18 18 18 | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | مرب المارية ال | | | 633. |
| e Remaining amount distributed out of corpus | 161,914. | | | |
| 5 Excess distributions carryover applied to 2016 | 0. | 7. 他においた。それは | をないない。 | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | The second second | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 6 Enter the net total of each column as | | | | |
| indicated below: | 460 204 | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 469,204. | | The state of the state of the state of | Tally, the same of the |
| 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 | | | 1996年1997年 | |
| the section 4942(a) tax has been previously | | • | | |
| assessed | | 0. | | 4. 3. |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2015. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2016. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | * | | , , , , , , , , , , , , , , , , , , , | _ |
| be distributed in 2017 | · ' ; | , , , , , , , , , , , , , | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | _ | | : * · · · · · · · · · · · · · · · · · · | |
| may be required - see instructions) | 0. | | , | |
| 8 Excess distributions carryover from 2011 | | , | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2017. | | 5 m 3 " " " " " " " " " " " " " " " " " " | 1 44 | , |
| Subtract lines 7 and 8 from line 6a | 469,204. | | | |
| 10 Analysis of line 9: | - | 7 7 4 | | - |
| a Excess from 2012 | | | | ` . ~ |
| b Excess from 2013 54, 208. | | | er | |
| c Excess from 2014 119, 206. | | | | , |
| d Excess from 2015 133,876. | ; | * ** | • | |
| e Excess from 2016 161,914. | | ا قد د د د | - | |
| 325P1 11 22 16 | , | | | Form QQO_DE (2016) |

Northern Bank & Trust Charitable

| Form 990-PF (2016) Foundat | | | | | 1606139 Page 10 |
|---|------------------------------|----------------------------|---------------------------------------|-------------------------|--------------------|
| Part XIV Private Operating F | | · | | N/A | |
| 1 a If the foundation has received a ruling o | | , | | | |
| foundation, and the ruling is effective fo | • | • | ▶ | | |
| b Check box to indicate whether the found | dation is a private operatin | g foundation described | | 4942(j)(3) or | <u>4942(j)(5)</u> |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | <u> </u> | |
| b 85% of line 2a | | | <u> </u> | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | Ì | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | *** | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | , | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | n had \$5,000 or | more in assets |
| at any time during t | | | | | |
| 1 Information Regarding Foundation | n Managers: | | · · · · · · · · · · · · · · · · · · · | | |
| a List any managers of the foundation who | - | han 2% of the total con | tributions received by the | e foundation before the | close of any tax |
| year (but only if they have contributed n | | | • | | , |
| None | | | | | |
| b List any managers of the foundation wh | | | (or an equally large port | on of the ownership o | f a partnership or |
| other entity) of which the foundation has | s a 10% or greater interes | τ. | | | |
| None | | | | | |
| | nly makes contributions t | o preselected charitable | organizations and does | | |
| the foundation makes gifts, grants, etc. | <u> </u> | | | | , and d. |
| a The name, address, and telephone number See Statement 5 | ber or e-mail address of th | ne person to whom app | lications should be addre | ssed: | |
| b The form in which applications should b See Statement 5 | e submitted and informati | on and materials they s | hould include; | | |
| c Any submission deadlines; See Statement 5 | | | | | |
| d Any restrictions or limitations on awards | , such as by geographica | l areas, charitable fields | , kinds of institutions, or | other factors: | |
| See Statement 5 | | | | | |
| | | | | | |

| 3 Grants and Contributions Paid During the | | Payment | | |
|--|---|-----------|----------------------------------|--------|
| Recipient Name and address (home as his array) | If recipient is an individual, show any relationship to any foundation manager Foundation | | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| Paid during the year | | | | |
| American Cancer Society, | N/A | PC | Woburn Relay for Life | |
| Massachusetts Chapter | | | 1 | |
| 30 Speen Street | | | | |
| Framingham, MA 01701 | | | | 50 |
| Boys & Girls Club of Greater | N/A | PC | General Operating | |
| Billerica | N/A | PC | Support | |
| 19 Campbell Road | | | Support | |
| Billerica, MA 01821 | | | | 5,00 |
| | | | | |
| Budget Buddies | N/A | PC | Financial Literacy | |
| 14 High Street | P1/ A | ** | Program | |
| Chelmsford, MA 01824 | | | | 2,50 |
| | | | | |
| | | | | |
| Cor Unum Meal Center | N/A | PC | General Operating | |
| 118 South Broadway Lawrence, MA 01843-1427 | | İ | Support | 1,50 |
| Bantonoo, Mr V1040 148, | | | | |
| Dayna Thibodeau and Bentley | None | ı | 2016 James McGarry | |
| University | | | Scholarship | |
| c/o Bentley University, 175 Forest | | | 1 | |
| Street Waltham, MA 02452 | ntinuation shee | | > 00 | 5,00 |
| Total See Co | Suctinuacion shee | t (S) | ▶ 3a | 161,20 |
| | | | | |
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | |

| Part XVI-A | Analysis of Income-Producing | Activities |
|-------------|------------------------------|------------------|
| L dir VAI-V | Analysis of income-rioducing | MOUNTINES |

| Fotos associato valore etherina indicated | Unrelate | d business income | Exclu | ded by section 512, 513, or 514 | (0) |
|--|-----------------|-------------------|-----------------------|---------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Amount | TURCUOIT INCOME |
| 8 | | | | | |
| b | _ | | - | | |
| C | _ | | +- | | |
| d | - | | | | |
| e | _ | | | | |
| f | _ | | | | |
| g Fees and contracts from government agencies | | | - | | |
| 2 Membership dues and assessments | - | | + | | |
| 3 Interest on savings and temporary cash | 1 1 | | 14 | 20 | |
| investments | | | 14 | 30. | |
| 4 Dividends and interest from securities | | | 30 8 7 4 | | |
| 5 Net rental income or (loss) from real estate: | | | | ` ` ` | |
| a Debt-financed property | | | + | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | - | | + | | <u></u> |
| 7 Other investment income | \vdash | | + | | <u> </u> |
| 8 Gain or (loss) from sales of assets other | - - | | | | |
| than inventory | | | - | | <u> </u> |
| 9 Net income or (loss) from special events | | | + | | <u> </u> |
| 10 Gross profit or (loss) from sales of inventory | | | | <u> </u> | |
| 11 Other revenue: | | | İ | | |
| 8 | | | _ | <u> </u> | |
| b | | | | | |
| | | | <u> </u> | | |
| <u> </u> | | | ·-I | | |
| d | - | | <u> </u> | | |
| d e | | | | 30. | 0. |
| e 12 Subtotal. Add columns (b), (d), and (e) | 2 3 1 | 0 | • | 30. | |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | 3.3.0 | 0 | • < | 30. | 0. 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities | to the Acco | mplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI:B Relationship of Activities Line No. Explain below how each activity for which inc | to the Acco | emplishment of E | xemp | 13_ ot Purposes | 30. |

623621 11-23-16

| Foun | dat | ion | . Inc |
|------|-----|-----|-------|
| | ~~~ | | , |

| Form 990-PF (2016) Found | dation, Inc. | | | | 06139 | Page 13_ |
|---|---|----------------------------------|--------------------------|-------------------------------|--|------------|
| Part XVII Information R Exempt Organ | Regarding Transfers To nizations | and Transactions a | nd Relationsh | nips With Noncl | naritable | |
| 1 Did the organization directly or inc | directly engage in any of the follow | ing with any other organization | n described in section | on 501(c) of | Y | es No |
| the Code (other than section 501(| c)(3) organizations) or in section 5 | 527, relating to political organ | izations? | | | |
| a Transfers from the reporting found | dation to a noncharitable exempt o | organization of: | | | li | |
| (1) Cash | | | | | 1a(1) | X |
| (2) Other assets | | | | | 1a(2) | X |
| b Other transactions: | | | | | 1 1 | |
| (1) Sales of assets to a noncharit | able exempt organization | | | | 1b(1) | X |
| (2) Purchases of assets from a n | oncharitable exempt organization | | | | 16(2) | X |
| (3) Rental of facilities, equipment | | | | | 1b(3) | X |
| (4) Reimbursement arrangement | 'S | | | | 15(4) | X |
| (5) Loans or loan guarantees | | | | | 1b(5) | X |
| ' ' | nembership or fundraising solicitati | | | | 1b(6) | X |
| | nailing lists, other assets, or paid er | • • | | | 1c | X |
| _ | s "Yes," complete the following sch | | - | - | | , |
| | foundation. If the foundation recer , other assets, or services received | | e in any transaction | or snaring arrangemen | L, Show in | |
| (a) Line no (b) Amount involved | (c) Name of noncharitab | | (d) December | of transfers, transactions, a | nd obering orrens | |
| (D) Amount involved | N/A | ne exempt organization | (b) Description | or dansiers, hansactions, a | ind Sharing arraing | jements |
| | H/A | | | | | |
| | - | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | - | | | |
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| | | | | | | |
| | | | | | | |
| 2a Is the foundation directly or indirect | ctly affiliated with, or related to, on | e or more tax-exempt organiz | zations described | | | |
| in section 501(c) of the Code (other | er than section 501(c)(3)) or in sec | ction 527? | | | Yes | X No |
| b If "Yes," complete the following sci | | | | | | |
| (a) Name of or | ganization | (b) Type of organization | () | c) Description of relation | nship | |
| N/A | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ļ <u></u> | | | | |
| Linder position of position is declared | e that I have examined this return, including | | statements, and to the h | and of my knowledge | | |
| and holief it within named and as | omplete_Declaration of preparer (other th | | | | May the IRS disc return with the pr | uss this |
| Sign Here | Man- | 12.26.10 | Drogid | | shown below (se- | e instr)? |
| Signature of officer or truste | | Doto // | Presid | ent | X Yes | ∟ No |
| / Print/Type preparer's n | | Date | Title Date T | Check if PT | N | |
| / X Tillo Type preparer S II | ricpale 3: | Signature | | self- employed | ••• | |
| Paid Nicholas E | E Porto /// | $(V \setminus I)$ | 03/07/17 | | 013102 | 83 |
| MICHOIGE I | ker Newman & Noy | | 03/0//1/ | Firm's EIN ▶ 01- | | |
| Use Only | ret Memilian & MO | 7 08 | | THIN SERV PUT | 0474741 | • |
| - L | O. Box 507 | | | | | |
| | ortland, ME 0411 | 1 2 | | Phone no. (207 |)879-23 | 100 |
| | | - | | . 1010 10. (207 | Form 990-1 | |

| 3 Grants and Contributions Paid During the Y | | | | |
|--|--|----------------------|---|--------|
| • 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 | | |
| | | | | |
| Emerson Healthcare Foundation | N/A | PC | Annual Run-Walk for | |
| 133 Old Road to Nine Acre Corner | | | Cancer to Support | |
| Concord, MA 01742 | | | Patient Care | 2,500 |
| Habitat for Humanity North Central | N/A | PC | General Operating | |
| Massachusetts, Inc. | , | | Support | |
| 138 Great Road | | | | |
| Acton, MA 01720 | | | | 5,000 |
| | | | | |
| Habitat for Humanity of Greater | N/A | PC | Low Income Housing in | |
| Lowell At Hicks Farm, 124 Main Street | | | Westford, MA (\$10,000); Women Build | |
| Westford, MA 01886 | | [| Volunteers (\$2,000) | 12,000 |
| vesticità, MA 01000 | | | Volunceers (\$2,000) | 12,000 |
| | | [| | |
| Heading Home | N/A | PC | General Operating | |
| The Schrafft Center, 529 Main Street, | | | Support | 40.000 |
| Suite 100 Charlestown, MA 02129 | | | + | 10,000 |
| | | | | |
| HomeStart, Inc. | N/A | PC | Cambridge Housing | |
| 105 Chauncy Street | | | Assistance Fund | |
| Boston, MA 02111 | | | | 2,500 |
| | | | | |
| HopeSudbury | N/A | PC | Assist community | |
| P.O. Box 802 | | | members with emergency | |
| Sudbury, MA 01776 | | | financial needs | 2,500 |
| Joyal Capital Management Foundation | N/A | PC | Help low income | |
| 50 Resnik Road | 1 | 1 | children obtain | |
| Plymouth, MA 02360 | | | sporting equipment and | |
| | <u> </u> | | clothing | 2,500 |
| | | | | |
| Medford Community Housing, inc. | N/A | PC | Assist with Housing | |
| P.O. Box 575 | | 1 | Purchase | |
| Medford, MA 02155 | | | | 13,000 |
| | | | | |
| Minuteman Senior Services | A/N | PC | Money Management | |
| 26 Crosby Drive | | | Program | |
| Bedford, MA 01730 | | | | 2,500 |
| | | | 1 | |
| Mission of Deeds | N/A | PC | Housing | |
| C - Change - 1 - 1 - 1 - 1 | 1 | I | 1 | |
| 6 Chapin Avenue Reading, MA 01867 | | [| [| 2,500 |

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|---|--|----------------------|--|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| Markin Walles Plan Gausian | | 7.0 | V | |
| Mystic Valley Elder Services | N/A | PC | Money Management | |
| 300 Commercial Street, #19 | | | Program for Low and | |
| Malden, MA 02148 | | | Moderate Income Seniors | 10,000 |
| Nashoba Learning Group | N/A | PC | Expansion of the Adult | 10,000 |
| 10 Oak Park Drive | J | | Program (\$11,200); | |
| Bedford, MA 01730 | 1 | | Support individuals | |
| • | } | | with autism and their | |
| | | | families (\$5,000) | 16,200 |
| | | | | |
| National Brain Tumor Society | 17/3 | PC | General Operating | |
| - | N/A | PC | Support | |
| 55 Chapel Street, Suite 200 Newton, MA 02458 | | | Support | 25,000 |
| Newcon, MA 02456 | | | + | 23,000 |
| | | | | |
| Oak Meadow Montessori School | N/A | PC | Capital Campaign | |
| 2 Old Pickard Lane | } | ļ | Support | |
| Littleton, MA 01460 | | | | 5,000 |
| | | | | |
| People Helping People | N/A | PC | General Operating | |
| P.O. Box 343 | | | Support | |
| Burlington, MA 01803 | | | | 2,500 |
| | | | | |
| Reading Scholarship Foundation | N/A | PC | Financial Need Based | |
| P.O. Box 492 | | | Scholarship for 2016 | |
| Reading, MA 01867 | | | Reading High School | |
| | | | Graduate | 1,000 |
| Town of Chelmsford Scholarship Fund | N/A | PC | Financial Need Based | |
| P.O. Box 296 | | | Scholarship for 2016 | |
| Chelmsford, MA 01824 | | | and 2017 Chelmsford | |
| , | • | | High School Graduate | 2,000 |
| | | | | |
| Wakefield Interfaith Food Pantry, | N/A | PC | General Operating | |
| Inc. | | 1 | Support | |
| P.O. Box 1624 | | | | |
| Wakefield, MA 01880 | | | | 2,500 |
| | 1 | } | 1 | |
| Woburn Council of Social Concern | N/A | PC | General Operating | |
| 2 Merrimac Street | | 1 | Support | |
| Woburn, MA 01801 | | | | 10,000 |
| | 1 | | | |
| Woburn Public Library | N/A | PC | Renovation and | |
| 46 Pleasant Street | | | Expansion | |
| Woburn, MA 01801 | <u> </u> | <u> </u> | | 15,000 |
| Total from continuation sheets | | | | |

Northern Bank & Trust Charitable Foundation, Inc. Part XV Supplementary Information

46-1606139

| Part XV Supplementary Informatio | | | ····· | |
|---|--|----------------------|--|---------------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | | recipient | | |
| YMCA of Metro North-Melrose 497 Main Street Melrose, MA 02176 | N/A | PC | Providing access for ten children from the Department of Children and Families with Access to the YMCA | 2,500 |
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| Total from continuation sheets | | | | |

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990.

Northern Bank & Trust Charitable

OMB No 1545-0047

Employer identification number

2016

| F | oundation, Inc. | 46-1606139 |
|---|--|---|
| Organization type (check | one): | - |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (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 foundation | |
| | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ele. See instructions. |
| General Rule | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II See instructions for determining a contributor | |
| Special Rules | | |
| sections 509(a)(1) any one contribut | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1 Complete Parts I and II | or 16b, and that received from |
| year, total contrib | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sutions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III. | · · · · · · · · · · · · · · · · · · · |
| year, contribution is checked, enter purpose Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it role, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box , chantable, etc., |
| but it must answer "No" or | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo 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

| (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 | s242,000. | 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 |
| | | \$ | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 623452 10-11 | | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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 additional space is needed.

| (a) No. from Des | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|----------------------------------|--|--|----------------------------------|
| | | \$ | |
| (a) No. from Des | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Des | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Des | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Des Part I | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Des | (b) scription of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 20060 10 10 16 | | \$ | 990, 990, E7, or 990, PE\ /2016) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization Northern Bank & Trust Charitable 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 unit of the contributions of \$1,000 or less for the unit of the Foundation, Inc. Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once)

| | Ose duplicate copies of Part III if addition | iai 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, a | nd 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 |
| | | | |
| | | | |
| F | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No | | | |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| ļ | | | |
| (a) No | | | · |
| (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, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | j | |

| Form 990-PF | Accounti | ng Fees | Statement | |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Accounting Fees | 1,550. | 238. | | 1,312. |
| To Form 990-PF, Pg 1, ln 16b | 1,550. | 238. | | 1,312. |
| Form 990-PF | Other E | xpenses | S | tatement 2 |
| | (a) Expenses | (b) Net Invest- | (c) Adjusted | (d) |
| Description | Per Books | | Net Income | Charitable Purposes |
| Description Filing Fees | | | _ | Charitable |

| | ist of Officers, Di nd Foundation Manag | | 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/Direction 0.50 | etor 0. | 0. | 0. |
| Francis Kenney 275 Mishawum Road Woburn, MA 01801 | Treasurer/Direction 0.50 | etor 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 | 6, Part VIII | 0. | 0. | 0. |
| Form 990-PF Summary of D | irect Charitable Ac | 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 5,000. To Form 990-PF, Part IX-A, line 1