

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation WE SHARE A COMMON THREAD FOUNDATION INC		A Employer identification number 45-2916988	
Number and street (or P.O. box number if mail is not delivered to street address) 1 TREMONT PLACE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code LOWELL, MA 01854		B Telephone number (see instructions) (978) 323-4798	
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>  D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 214,094	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	315,595			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	6,201	6,201		
	4 Dividends and interest from securities . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a 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) . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	47,884	0		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	369,680	6,201		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	618	0		618
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	618	0		618
	25 Contributions, gifts, grants paid . . . . .	385,496			385,496
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	386,114	0		386,114
	27 Subtract line 26 from line 12:				
	a <b>Excess of revenue over expenses and disbursements</b>	-16,434			
	b <b>Net investment income</b> (if negative, enter -0-)		6,201		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	108,051	89,766	89,766
	<b>2</b> Savings and temporary cash investments . . . . .	122,477	123,328	123,328
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	0	1,000	1,000	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	230,528	214,094	214,094	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	230,528	214,094	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	230,528	214,094	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	230,528	214,094		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	230,528
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-16,434
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	214,094
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	214,094

**Part IV Capital Gains and Losses for Tax on Investment 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) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	294,267	237,226	1.240450
2017	254,748	203,909	1.249322
2016	219,560	68,128	3.222757
2015	195,969	19,576	10.010676
2014	153,784	20,944	7.342628

<b>2</b> Total of line 1, column (d)	<b>23.065833</b>
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>4.613167</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>245,608</b>
<b>5</b> Multiply line 4 by line 3	<b>1,133,031</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>62</b>
<b>7</b> Add lines 5 and 6	<b>1,133,093</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>386,114</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	124
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	124
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	124
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	128
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	128
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	4
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ▶ 4 <b>Refunded</b> ▶	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ 0 <b>(2)</b> On foundation managers. ▶ \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA		
<b>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? <i>If "No," attach explanation .</i>	Yes	
<b>9</b> 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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .		No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.WESHAREACOMMONTHREAD.ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>KIRK MCNEILL</b> Telephone no. <b>(978) 323-4802</b>			

Located at **1 TREMONT PLACE LOWELL MA**ZIP+4 **01854**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>		
<b>16</b>	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b> <b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	<i>If "Yes" to 6b, file Form 8870.</i>			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARK S COCHRAN 1 TREMONT PLACE LOWELL, MA 01854	PRESIDENT/DIRECTOR 1.00	0	0	0
MICHAEL DUBUQUE 1 TREMONT PLACE LOWELL, MA 01854	DIRECTOR 1.00	0	0	0
KARA DOYLE 1 TREMONT PLACE LOWELL, MA 01854	CLERK/DIRECTOR 1.00	0	0	0
JOSEPH PRINCI 1 TREMONT PLACE LOWELL, MA 01854	TREASURER/DIRECTOR 1.00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . .				0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		<b>0</b>

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	<b>0</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	249,348
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	249,348
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	249,348
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	3,740
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	245,608
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	12,280

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	12,280
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	124
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	124
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	12,156
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	12,156
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	12,156

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	386,114
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	386,114
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	386,114

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				12,156
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			0	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .	152,737			
<b>b</b> From 2015. . . . .	194,990			
<b>c</b> From 2016. . . . .	216,157			
<b>d</b> From 2017. . . . .	244,674			
<b>e</b> From 2018. . . . .	282,528			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,091,086			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 386,114				
<b>a</b> Applied to 2018, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				12,156
<b>e</b> Remaining amount distributed out of corpus	373,958			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,465,044			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .	152,737			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	1,312,307			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .	194,990			
<b>b</b> Excess from 2016. . . . .	216,157			
<b>c</b> Excess from 2017. . . . .	244,674			
<b>d</b> Excess from 2018. . . . .	282,528			
<b>e</b> Excess from 2019. . . . .	373,958			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**Part XV**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ALISON HUGHES  
1 TREMONT PLACE  
LOWELL, MA 01854  
(978) 323-4712  
ALISON.HUGHES@JDCU.COM

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

SEE APPLICATION FORM

**c** Any submission deadlines:

SEE APPLICATION FORM

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

SEE APPLICATION FORM

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	385,496
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3b</b>	155,000

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .				14	6,201	
<b>4</b> Dividends and interest from securities. . . .						
<b>5</b> Net rental income or (loss) from real estate:						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .						
<b>9</b> Net income or (loss) from special events:						
<b>10</b> Gross profit or (loss) from sales of inventory						
<b>11</b> Other revenue:						
<b>a</b> FUNDRAISING INCOME _____						47,884
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e). .			0		6,201	47,884
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)				<b>13</b>		54,085

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-11-11	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HARRY A KALAJIAN JR CPA		2020-11-12		P00464296
	Firm's name ▶ WOLF & COMPANY PC				Firm's EIN ▶ 04-2689883
	Firm's address ▶ 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110				Phone no. (617) 439-9700

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ABLE TO SERVE16 MIDDLE ST APT 801 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,250
ACRE FAMILY CHILD CARE 55 MIDDLE ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,750
ADAM KEENAN FOUNDATION PO BOX 9663 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ADULT LEARNING CENTER4 LAKE ST NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	250
AFRICAN CULTURAL ASSOCIATION PO BOX 264 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	500
ALTERNATIVE HOUSEPO BOX 2100 LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	1,250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 300 5TH AVE STE 6 WALTHAM, MA 02451	NOT RELATED	PC	EXEMPT PURPOSES	415
ANGELS ABOVEPO BOX 9501 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	250
ANGKOR DANCE TROUPEPO BOX 1553 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	1,500
<b>Total . . . . . ▶ 3a</b>				385,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
APPALACHIAN MOUNTAIN TRAIL 10 CITY SQUARE BOSTON, MA 02129	NOT RELATED	PC	EXEMPT PURPOSES	250
BED FOR EVERY CHILD73 BUFFUM ST LYNN, MA 01902	NOT RELATED	PC	EXEMPT PURPOSES	250
BIG BROTHERS BIG SISTERS OF GRT LOWELL CO CTI 155 MERRIMACK ST 3RD FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOSTON'S CHILDREN HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	NOT RELATED	PC	EXEMPT PURPOSES	50
BOYS & GIRLS CLUB OF BILLERICA 19 CAMPBELL RD BILLERICA, MA 01821	NOT RELATED	PC	EXEMPT PURPOSES	1,000
BOYS & GIRLS CLUB OF GREATER LOWELL 657 MIDDLESEX ST LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	16,500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BOYS & GIRLS CLUB OF GREATER NASHUA 1 POSITIVE PLACE NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	10,400
BOYS AND GIRLS CLUB OF LAWRENCE 136 WATER ST LAWRENCE, MA 01841	NOT RELATED	PC	EXEMPT PURPOSES	4,100
BREAD & ROSES58 NEWBURY ST LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BRIDGES DOMESTIC & SEXUAL VIOLENCE 33 E PEARL ST NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	250
BUDGET BUDDIES114 TURNPIKE RD 2D CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	250
CAMPBELL SCHOOL PTO 1021 METHUEN ST DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CATIE'S CLOSET19 SCHOOL ST DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	11,000
CCUA845 DONALD LYNCH BLVD MARLBOROUGH, MA 01752	NOT RELATED	PC	EXEMPT PURPOSES	1,275
CENTRAL FOOD MINISTRY 370 W 6TH STREET LOWELL, MA 01850	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHELMSFORD COMMUNITY EXCHANGE PO BOX 394 CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	250
CHELMSFORD COMMUNITY FUND 100 MERRIMACK ST SUITE 202 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,000
CHELMSFORD HIGH PTO 200 RICHARDSON RD NORTH CHELMSFORD, MA 01863	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHELMSFORD SCHOLARSHIP FUND INC PO BOX 296 CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	1,000
CMAA OF GREATER LOWELL INC 465 SCHOOL ST LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	11,350
COALITION FOR A BETTER ACRE 517 MOODY ST 5RD FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY TEAMWORK 155 MERRIMACK ST 3RD FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,250
COOPERATIVE CREDIT UNION ASSOCIATION 465 SCHOOL ST LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	3,900
COR UNUM MEAL CENTER 118 SOUTH BROADWAY LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CREDIT UNION KIDS AT HEART 35 CORPORATE DRIVE SUITE 300 BURLINGTON, MA 01803	NOT RELATED	PC	EXEMPT PURPOSES	3,250
CULTURAL ORGANIZATION OF LOWELL 100 MERRIMACK ST SUITE 305 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	250
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE 6TH FLOOR BROOKLINE, MA 02445	NOT RELATED	PC	EXEMPT PURPOSES	410
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DCU FOR KIDS 220 DONALD LYNCH BLVD MARLBOROUGH, MA 017529130	NOT RELATED	PC	EXEMPT PURPOSES	5,000
DEBBIE'S TREASURE CHEST 14 PLEASANT VALLEY ST SUITE 2-104 METHUEN, MA 01844	NOT RELATED	PC	EXEMPT PURPOSES	500
DRACUT FOOD PANTRY 1934 LAKEVIEW AVE DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DRACUT HISTORICAL SOCIETY 1660 LAKEVIEW AVE DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	500
DRACUT SCHOLARSHIP FOUNDATION PO BOX 117 DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	1,000
DREWS TEAM INC 66 CORINTHIAN DRIVE SALEM, NH 03079	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DUNSTABLE RURAL LAND TRUST 1070 MAIN ST DUNSTABLE, MA 01827	NOT RELATED	PC	EXEMPT PURPOSES	500
DURKIN FOUNDATION 4 TOWER FARM ROAD BILLERICA, MA 01821	NOT RELATED	PC	EXEMPT PURPOSES	500
DWELLING HOUSE OF HOPE 125 MOUNT HOPE STREET LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
D'YOUVILLE FOUNDATION 981 VARNUM AVE LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	500
D'YOUVILLE LIFE & WELLNESS COMMUNITY 981 VARNUM AVE LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	10,000
EASCORP FBO CREDIT UNION KIDS AT HEART 35 CORPORATE DRIVE SUITE 300 BURLINGTON, MA 01803	NOT RELATED	PC	EXEMPT PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ECUMENICAL ATHLETIC ASSOCIATION 68 DRACUT ST LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	500
EFORALL IN LOWELL 175 CABOT ST SUITE 100 LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	5,500
ELDER SERVICES OF THE MERRIMACK VALLEY 280 MERRIMACK ST SUITE 400 LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
END 68 HOURS OF HUNGER - NASHUA C/O UNITED WAY 20 BROAD ST NASHUA, NH 03064	NOT RELATED	PC	EXEMPT PURPOSES	500
END 68 HOURS OF HUNGER- DRACUT 580 HILDRETH ST DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	250
FAMILY PROMISE OF GREATER NASHUA 180 LOWELL ROAD HUDSON, NH 03051	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
FIDELITY HOUSE CRC 439 S UNION STREET SUITE 401 LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	250
FOOD PANTRY AT ST PAT'S CHURCH IN PELHAM 12 MAIN ST PELHAM, NH 03076	NOT RELATED	PC	EXEMPT PURPOSES	750
FOR THE LOVE OF ERIKA 3 CUTTER LANE WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF DRACUT LIBRARY 28 ARLINGTON ST DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	500
FRIENDS OF EAST BOSTON CAMPS PO BOX 346 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	250
FRIENDS OF THE CAMERON SENIOR CENTER 20 PLEASANT ST WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF THE DRACUT ELDERLY 951 MAMMOTH ROAD DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	1,750
GATEWAYS COMMUNITY SERVICES 144 CANAL ST NASHUA, NH 03064	NOT RELATED	PC	EXEMPT PURPOSES	3,500
GET THERE START NOWPO BOX 1184 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				385,496

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GIRLS INC OF GREATER LOWELL 220 WORTHERN ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	2,452
GIVE A CLICK WINNER A KEENAN 76 PARK AVE EAST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,500
GREATER LAWRENCE COMMUNITY ACTION COUNCIL 305 ESSEX ST 4TH FLOOR LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER LAWRENCE FAMILY HEALTH CENTER 1 GRIFFIN BROOK DRIVE SUITE 209 METHUEN, MA 01844	NOT RELATED	PC	EXEMPT PURPOSES	750
GREATER LAWRENCE YMCA 40 LAWRENCE ST LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	750
GREATER LOWELL COMMUNITY FOUNDATION 100 MERRIMACK ST SUITE 202 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	24,000
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER LOWELL FAMILY YMCA 35 YMCA DRIVE LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	14,500
GREG HILL FOUNDATION 800 WEST CUMMINGS PARK WOBURN, MA 01801	NOT RELATED	PC	EXEMPT PURPOSES	500
GROUNDWORK LAWRENCE 50 ISLAND ST UNIT 101 LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	1,250
<b>Total . . . . . ▶ 3a</b>				385,496

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HARBOR HOMES 77 NORTHEASTERN BLVD NASHUA, NH 03062	NOT RELATED	PC	EXEMPT PURPOSES	500
HAVERHILL YMCA81 WINTER ST HAVERHILL, MA 01830	NOT RELATED	PC	EXEMPT PURPOSES	250
HFCU CHARITABLE FOUNDATION INC 1610 EGLIN STREET HANSCOM AFB, MA 01731	NOT RELATED	PC	EXEMPT PURPOSES	2,870
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HIDDEN BATTLES FOUNDATION 100 MERRIMACK ST SUITE 202 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	3,170
HOME HEALTH VNA 360 MERRIMACK ST STE 9 LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	1,500
HOUSE OF HOPE812 MERRIMACK ST LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	1,250
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL INST OF NEW ENGLAND -LOWELL 15 WARREN ST 2ND FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,000
JONI & FRIENDS NEW ENGLAND 136 HARVEY RD SUITE 101-A LONDONDERRY, NH 03053	NOT RELATED	PC	EXEMPT PURPOSES	1,750
JOSEPH MIDDLEMISS BIG HEART FOUNDATION PO BOX 428 DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KIDS IN DISABILITY SPORTS PO BOX 1397 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	250
KAITLIN A KAZANJIAN FOUNDATION 705 DUTTON ST LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	250
KIDS IN DISABILITY SPORTS INC PO BOX 1397 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	750
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> Paid during the year				
KIWANIS CLUB OF GREATER LOWELL INC PO BOX 174 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	350
L'ARCHE BOSTON NORTHPO BOX 1177 HAVERHILL, MA 01832	NOT RELATED	PC	EXEMPT PURPOSES	250
LAWRENCE COMMUNITY WORKS 168 NEWBURY ST LAWRENCE, MA 01841	NOT RELATED	PC	EXEMPT PURPOSES	2,500
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAZARUS HOUSE MINISTRIES PO BOX 408 LAWRENCE, MA 01842	NOT RELATED	PC	EXEMPT PURPOSES	1,200
LGH TEAM WALK FOR CANCERCARE 295 VARNUM AVE LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	521
LIFELINKS INC285 MILL ROAD CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	350
<b>Total . . . . . ▶ 3a</b>				385,496

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<b>a</b> <i>Paid during the year</i>				
LIVE FOR LIVPO BOX 758 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	500
LIVING WATERS CENTER OF HOPE PO BOX 1798 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	500
LOWELL ASSOCIATION FOR THE BLIND 169 MERRIMACK ST 2ND FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	3,000
<b>Total . . . . . ▶ 3a</b>				385,496

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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<b>a</b> <i>Paid during the year</i>				
LOWELL CATHOLIC530 STEVENS ST LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	2,650
LOWELL COMMUNITY HEALTH CENTER 161 JACKSON ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	6,050
LOWELL DAY NURSERY119 HALL ST 1 LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	1,500
<b>Total . . . . . ▶ 3a</b>				385,496

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<b>a</b> <i>Paid during the year</i>				
LOWELL FESTIVAL FOUNDATION 67 KIRK ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,000
LOWELL GENERAL HOSPITAL 295 VARNUM AVE LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	31,695
LOWELL HOUSE INC555 MERRIMACK ST LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	12,500
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LOWELL HUMANE SOCIETY 951 BROADWAY ST LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	3,000
LOWELL PARKS & CONSERVATION TRUST 660 SUFFOLK ST UNIT 120 LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	850
LOWELL TRANSITIONAL LIVING CENTER 193 MIDDLESEX ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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<b>a</b> <i>Paid during the year</i>				
MA COALITION FOR THE HOMELESS 73 BUFFUM ST LYNN, MA 01902	NOT RELATED	PC	EXEMPT PURPOSES	1,500
MANOLIS FAMILY FOUNDATION INC 1067 LAKEVIEW AVE DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	250
MARCH OF DIMES 112 TURNPIKE RD STE 102 WESTBOROUGH, MA 01581	NOT RELATED	PC	EXEMPT PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				385,496



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<b>a</b> <i>Paid during the year</i>				
MARGUERITE'S PLACE87 PALM ST NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	2,215
MASSACHUSETTS SPECIAL OLYMPICS 512 FOREST ST MARLBOROUGH, MA 01752	NOT RELATED	PC	EXEMPT PURPOSES	250
MCC FOUNDATIONPO BOX 8681 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	5,000
<b>Total . . . . . ▶ 3a</b>				385,496

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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<b>a</b> <i>Paid during the year</i>				
MEALS MATTER36 RIVERSIDE ST NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	250
MEGAN'S HOUSE FOUNDATION 12 COTTON RD NASHUA, NH 03063	NOT RELATED	PC	EXEMPT PURPOSES	2,900
MERRIMACK REPERTORY THEATER 132 WARREN ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	2,500
<b>Total . . . . . ▶ 3a</b>				385,496

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<b>a</b> <i>Paid during the year</i>				
MERRIMACK RIVER WATERSHED COUNCIL 60 ISLAND ST SUITE 246 LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	250
MERRIMACK VALLEY DREAM CENTER PO BOX 423 LAWRENCE, MA 01842	NOT RELATED	PC	EXEMPT PURPOSES	250
MERRIMACK VALLEY FOOD BANK PO BOX 8638 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	5,750
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MERRIMACK VALLEY HOSPICE HOUSE 360 NORTH AVE HAVERHILL, MA 01830	NOT RELATED	PC	EXEMPT PURPOSES	500
MERRIMACK VALLEY IMMIGRANT & EDUC CTR 439 SOUTH UNION STREET LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	750
MERRIMACK VALLEY YMCA 360 MERRIMACK ST SUITE 270 LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
METHUEN FESTIVAL OF TREES 13 BRANCH ST STE 3 METHUEN, MA 01844	NOT RELATED	PC	EXEMPT PURPOSES	250
METHUEN MEMORIAL MUSIC HALL 10 OVERLOOK DRIVE METHUEN, MA 01844	NOT RELATED	PC	EXEMPT PURPOSES	250
MICKY WARD GOLF CLASSIC 79 VIOLA STREET LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	2,500
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MILL CITY GROWS 650 SUFFLOK ST SUITE G10 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	6,250
MILL CITY MENTOR155 MERRIMACK ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	250
MS IS BSPO BOX 225 DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	750
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MS IS BS DRACUT INCPO BOX 225 DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	750
MY FATHER'S HOUSEPO BOX 2003 N CHELMFORD, MA 01863	NOT RELATED	PC	EXEMPT PURPOSES	550
NASHUA CENTERPO BOX 1269 NASHUA, NH 03061	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASHUA CHILDREN'S HOME 125 AMHERST STREET NASHUA, NH 03064	NOT RELATED	PC	EXEMPT PURPOSES	500
NASHUA PAL52 ASH STREET NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	500
NASHUA SENIOR ACTIVITY CENTER 70 TEMPLE STREET NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	300
<b>Total . . . . . ▶ 3a</b>				385,496



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NASHUA SOUP KITCHEN & SHELTER 2 QUINCY ST NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	1,750
NECC FOUNDATION INC100 ELLIOTT ST HAVERHILL, MA 01830	NOT RELATED	PC	EXEMPT PURPOSES	5,250
NEIGHBOR'S IN NEEDPO BOX 447 LAWRENCE, MA 01842	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<div><b>a</b> <i>Paid during the year</i></div>				
<div>NEW ENGLAND PATRIOTS ALUMNI CLUB INC ONE PATRIOT PLACE FOXBORO, MA 02035</div>	<div>NOT RELATED</div>	<div>PC</div>	<div>EXEMPT PURPOSES</div>	<div>15,500</div>
<div>ON THE MOVE3 MCALLISTER WAY METHUEN, MA 01844</div>	<div>NOT RELATED</div>	<div>PC</div>	<div>EXEMPT PURPOSES</div>	<div>250</div>
<div>OWL DINER CHARITIESPO BOX 2182 LOWELL, MA 01851</div>	<div>NOT RELATED</div>	<div>PC</div>	<div>EXEMPT PURPOSES</div>	<div>5,250</div>
<div><b>Total</b> . . . . . ► <b>3a</b></div>				<div>385,496</div>

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PELHAM GOOD NEIGHBOR FUND PO BOX 953 PELHAM, NH 03076	NOT RELATED	PC	EXEMPT PURPOSES	1,300
PLAISTOW NH YMCA 175 PLAISTOW ROAD PLAISTOW, NH 03865	NOT RELATED	PC	EXEMPT PURPOSES	250
PLUS COMPANY1049 EAST ST TEWKSBERY, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
POWER OF FLOWERS365 EAST STREET TEWKSBURY, MA 01876	NOT RELATED	PC	EXEMPT PURPOSES	3,750
PREGNANCY CARE CENTER496 MAIN ST HAVERHILL, MA 01830	NOT RELATED	PC	EXEMPT PURPOSES	1,200
PRESENTATION OF MARY ACADEMY 182 LOWELL ROAD HUDSON, NH 03051	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
PROJECT LEARN INC 8 KIRK STREET 2ND FLOOR LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	950
RED CROSS NORTHEAST MASS CHAPTER 85 LOWELL ST PEABODY, MA 01960	NOT RELATED	PC	EXEMPT PURPOSES	250
RENAISSANCE CLUB 176 WALKER STREET 2ND FLOOR LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	350
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROTARY INTERNATIONAL TYNGSBORO 440 MIDDLESEX RD PMB 111 TYNGSBORO, MA 01879	NOT RELATED	PC	EXEMPT PURPOSES	500
SALVATION ARMY 150 APPLETON ST 2507 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	500
SDWR FOR BRAEDEN ROACHE PO BOX 647 MADISON, VA 22727	NOT RELATED	PC	EXEMPT PURPOSES	54
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SEMANA HISPANA EN LAWRENCE PO BOX 347 LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	250
SOCRATIC INC 360 MERRIMACK ST STE 5 LAWRENCE, MA 01843	NOT RELATED	PC	EXEMPT PURPOSES	2,500
SPECIAL TEAMS FOR EXCEPTIONAL PEOPLE PO BOX 8857 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOSEPH COMMUNITY SERVICES INC PO BOX 910 MERRIMACK, NH 03054	NOT RELATED	PC	EXEMPT PURPOSES	250
ST PAUL'S KITCHENPO BOX 2257 LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	250
ST PATRICK PARISH 282 SUFFOLK STREET LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	100
<b>Total . . . . . ▶ 3a</b>				385,496



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STE JEANNE D'ARC SCHOOL 68 DRACUT STREET LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	2,100
STEPPING STONE FAMILY SERVICES 143 ESSEX ST SUITE 206 HAVERHILL, MA 01832	NOT RELATED	PC	EXEMPT PURPOSES	2,019
STRONGWATER FARM 500 LIVINGSTON STREET TEWKSBURY, MA 01876	NOT RELATED	PC	EXEMPT PURPOSES	2,000
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TABLE OF PLENTY18 ST ANDREWS WAY N CHELMSFORD, MA 01863	NOT RELATED	PC	EXEMPT PURPOSES	500
TEAM MICKY WARD CHARITIES 79 VIOLA STREET LOWELL, MA 01851	NOT RELATED	PC	EXEMPT PURPOSES	250
THE BRUSH ART GALLERY & STUDIO 256 MARKET ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
THE DURKIN FOUNDATION 4 TOWER FARM ROAD BILLERICA, MA 01821	NOT RELATED	PC	EXEMPT PURPOSES	3,250
THE FRONT DOOR AGENCY 7 CONCORD ST NASHUA NASHUA, NH 03064	NOT RELATED	PC	EXEMPT PURPOSES	250
THE LOWELL WEST END GYM 50 NEWHALL ROAD LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	100
Total . . . . . ▶ 3a				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MEGAN HOUSE FOUNDATION INC 100 MERRIMACK ST SUITE 301D LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	300
THE PAUL CENTER39 CONCORD ROAD CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	250
THE PLUS COMPANY INC 19 CHESTNUT STREET NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	1,445
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE PSYCHOLOGICAL CENTER INC 11 UNION STREET LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	2,950
THE SALVATION ARMY150 APPLETON ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	2,500
THE SALVATION ARMY OF NASHUA 1 MONTGOMERY AVE NASHUA, NH 03060	NOT RELATED	PC	EXEMPT PURPOSES	500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SUN SANTA FUND 491 DUTTON STREET LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	250
THE W S RIZOS CHARITABLE FOUNDATION PO BOX 10742 BEDFORD, NH 031100742	NOT RELATED	PC	EXEMPT PURPOSES	3,000
THE WISH PROJECTPO BOX 8693 LOWELL, MA 01853	NOT RELATED	PC	EXEMPT PURPOSES	800
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOLLES STREET MISSION 52 WHITNEY ST NASHUA, NH 03064	NOT RELATED	PC	EXEMPT PURPOSES	250
TOWN OF CHELMSFORD SCHOLARSHIP FUND PO BOX 296 CHELMSFORD, MA 01824	NOT RELATED	PC	EXEMPT PURPOSES	1,000
TOYS FOR LOCAL CHILDREN PO BOX 45406 SOMERVILLE, MA 02145	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TOYS FOR TOTS367 RIVERSIDE AVE MEDFORD, MA 02155	NOT RELATED	PC	EXEMPT PURPOSES	500
TROUBLED WATERS 1480 BROADWAY RD DRACUT, MA 01826	NOT RELATED	PC	EXEMPT PURPOSES	250
TYNGSBORO LIONS CLUBPO BOX 93 TYNGBORO, MA 01879	NOT RELATED	PC	EXEMPT PURPOSES	250
<b>Total . . . . . ▶ 3a</b>				385,496



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
UNCOMMON THREADS 60 ISLAND STREET SUITE 150 LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	1,750
UNITED WAY OF MASS BAY & MERRIMCAK VALLEY PO BOX 51381 BOSTON, MA 022051381	NOT RELATED	PC	EXEMPT PURPOSES	1,000
UNIVERSITY OF MASSACHUSETTS LOWELL 1 UNIVERSITY AVE STE 110 LOWELL, MA 01854	NOT RELATED	PC	EXEMPT PURPOSES	25,000
<b>Total . . . . . ▶ 3a</b>				385,496

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UTEC15 WARREN ST NO3 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	2,750
VETERANS NORTHEAST OUTREACH CENTER INC 10 REED STREET HAVERHILL, MA 01832	NOT RELATED	PC	EXEMPT PURPOSES	730
WESTFORD CHORUSPO BOX 515 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	475
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WESTFORD GARDEN CLUBPO BOX 247 WESTFORD, MA 01886	NOT RELATED	PC	EXEMPT PURPOSES	500
WHISTLER HOUSE MUSEUM OF ART 243 WORTHEN ST LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,500
WOMEN WORKING WONDERS FUND 100 MERRIMACK ST SUITE 202 LOWELL, MA 01852	NOT RELATED	PC	EXEMPT PURPOSES	1,500
<b>Total . . . . . ▶ 3a</b>				385,496

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF GREATER NASHUA 10 COTTON ROAD SUITE 1 NASHUA, NH 03063	NOT RELATED	PC	EXEMPT PURPOSES	500
YWCA NORTHEASTERN MA 38 LAWRENCE STREET LAWRENCE, MA 01840	NOT RELATED	PC	EXEMPT PURPOSES	250
ZACK'S TEAM50 TOWER FARM ROAD BILLERICA, MA 01821	NOT RELATED	PC	EXEMPT PURPOSES	1,000
<b>Total . . . . . ▶ 3a</b>				385,496

## TY 2019 Other Assets Schedule

**Name:** WE SHARE A COMMON THREAD FOUNDATION INC

**EIN:** 45-2916988

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM JCU		1,000	1,000

**TY 2019 Other Expenses Schedule****Name:** WE SHARE A COMMON THREAD FOUNDATION INC**EIN:** 45-2916988**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FUNDRAISING EXPENSES	85	0		85
SOFTWARE	234	0		234
OTHER EXPENSES	174	0		174
STATE FILING FEES	125	0		125

## TY 2019 Other Income Schedule

**Name:** WE SHARE A COMMON THREAD FOUNDATION INC

**EIN:** 45-2916988

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FUNDRAISING INCOME	47,884		47,884

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491317022400	
<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			OMB No. 1545-0047
					<b>2019</b>
Name of the organization WE SHARE A COMMON THREAD FOUNDATION INC				Employer identification number 45-2916988	

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable 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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  
WE SHARE A COMMON THREAD FOUNDATION INC

Employer identification number  
45-2916988

**Part I**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEANNE D'ARC CREDIT UNION 658 MERRIMACK STREET LOWELL, MA 01854	\$ 288,969	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	MARK DIONNE 217 WESTFORD STREET CHELMSFORD, MA 01824	\$ 6,177	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	DIGITAL FEDERAL CREDIT UNION 220 DONALD LYNCH BLVD MARLBOROUGH, MA 01824	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization WE SHARE A COMMON THREAD FOUNDATION INC	Employer identification number 45-2916988
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>

45-2916988

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

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