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Office Use Only: Fiscal Year  
2015

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

Form PC

Report for the Fiscal Period: 01/01/15 to 12/31/15 \*

Attorney General's Account #: 019540

Federal ID #: 31-1601979

Electronic Payment Confirmation #: \_\_\_\_\_

When did the organization first engage in charitable work in Massachusetts? 05/11/1998

Has the organization applied for or been granted IRS tax exempt status?  Yes  No

If yes, date of application OR date of determination letter: 07/16/1998

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?  Yes  No

Check all items attached (if applicable)

- Filing Fee or Electronic Payment Confirmation #
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Probate Account

**Organization Data**

Name: THE EAST BOSTON FOUNDATION

Mailing Address: 1216 BENNINGTON STREET

City: EAST BOSTON State: MA ZIP: 02128

Phone Number: 617-561-6336 Fax Number: \_\_\_\_\_

Email: LAS12382@GMAIL.COM Website: HTTP://WWW.EBFOUNDATION.COM

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

| Category                       | Code | Category                    | Code |
|--------------------------------|------|-----------------------------|------|
| County (Table 1)               | 13   | Organization Purpose Code 1 | 60   |
| Type of Organization (Table 2) | 20   | Organization Purpose Code 2 |      |

2250 Please check box if final return prior to dissolution:

10/7/2016

Office Use Only: Payment Received  
\$ 250 / 281013

**THE EAST BOSTON FOUNDATION**

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 05/11/1998
- Where was the organization created? BOSTON, MA
- What is the form of organization? (check one)

|   |   |
|---|---|
| Corporation <input type="checkbox"/>                | Testamentary Trust <input type="checkbox"/> |
| Unincorporated Association <input type="checkbox"/> | Inter Vivos Trust <input type="checkbox"/>  |

Other (please describe): TRUST

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

| Financial Data |  | Amounts  |
|----------------|--|----------|
| A.             | Contributions, gifts, grants, and similar amounts received | 500,000. |
| B.             | Gross support and revenue                                  | 501,660. |
| C.             | Program services and similar amounts paid out              | 312,754. |
| D.             | Fundraising expenses                                       | 0.       |
| E.             | Management and general expenses                            | 98,842.  |
| F.             | Payments to affiliates                                     | 0.       |
| G.             | Total expenses   | 411,596. |
| H.             | Net assets or fund balances at the end of the year         | 534,025. |

6. List the total compensation you provided to your five highest paid employees:

|    | Name/Title                          | Hrs/Week | Salary and Other Income | Benefit Plans | Other Compensation |
|----|-------------------------------------|----------|-------------------------|---------------|--------------------|
| 1. | RICHARD LYNDS<br>EXECUTIVE DIRECTOR | 0.00     | 33,222.                 | 0.            | 0.                 |
| 2. | LORENE SCETTINO<br>ADMIN. ASSISTANT | 0.00     | 39,000.                 | 0.            | 0.                 |
| 3. |                                     |          |                         |               |                    |
| 4. |                                     |          |                         |               |                    |
| 5. |                                     |          |                         |               |                    |

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

**THE EAST BOSTON FOUNDATION**

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

|    | Name/Title               | Amount of Compensation | Type(s) of Service   |
|----|--------------------------|------------------------|----------------------|
| 1. | <b>BOLLUS LYNCH, LLP</b> | <b>10,725.</b>         | <b>AUDIT AND TAX</b> |
| 2. |                          |                        |                      |
| 3. |                          |                        |                      |
| 4. |                          |                        |                      |
| 5. |                          |                        |                      |

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

| Bank                            | Address  | Phone Number        |
|---------------------------------|--|---------------------|
| <b>EAST BOSTON SAVINGS BANK</b> | <b>10 MERIDIAN STREET, EAST BOSTON, MA 02128</b> | <b>617-567-1500</b> |
| <b>BANK OF AMERICA</b>          | <b>100 FEDERAL STREET, BOSTON, MA 02128</b>      | <b>617-434-9719</b> |
|                                 |  |                     |

10. What is the organization's accounting method?  Cash  Accrual  
 Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: N/A  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: RICHARD LYNDS

Street Address: 1216 BENNINGTON STREET  
 City: EAST BOSTON State: MA ZIP Code: 02128  
 Phone Number: 617-561-6336

THE EAST BOSTON FOUNDATION

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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

|  |                          |
|--|--------------------------|
| a religious organization   | <input type="checkbox"/> |
| an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.) | <input type="checkbox"/> |

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

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FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>       |
|---|--------------------|
| LORENE SCETTINO<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128    | ADMIN ASSISTANT    |
| RICHARD LYND<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128       | EXECUTIVE DIRECTOR |
| CHRIS MARCHI<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128       | DIRECTOR           |
| ROBERT ANTHONY<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128     | DIRECTOR           |
| FRAN CARBONE<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128       | DIRECTOR           |
| JEFF DRAGO<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128         | DIRECTOR           |
| DAVID ARINELLA<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128     | DIRECTOR           |
| DIANE MODICA<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128       | DIRECTOR           |
| GAIL MILLER<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128        | DIRECTOR           |
| THOMAS TASSINARI<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128   | DIRECTOR           |
| JOHN PRANCKEVICIUS<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128 | DIRECTOR           |
| GLORABELL MOTA<br>1216 BENNINGTON STREET<br>EAST BOSTON, MA 02128     | DIRECTOR           |

NAME AND ADDRESS

AREA OF RESPONSIBILITY

DAVID ARINELLA  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

RESPONSIBLE FOR CUSTODY OF FUNDS

DAVID ARINELLA  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RICHARD LYNDS  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

RESPONSIBLE FOR FUNDRAISING

RICHARD LYNDS  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

CUSTODY OF FINANCIAL RECORDS

DAVID ARINELLA  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

AUTHORIZED TO SIGN CHECKS

RICHARD LYNDS  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RICHARD LYNDS  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

RESPONSIBLE FOR CUSTODY OF FUNDS

DAVID ARINELLA  
1216 BENNINGTON STREET  
EAST BOSTON, MA 02128

AUTHORIZED TO SIGN CHECKS

THE EAST BOSTON FOUNDATION

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20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

Yes  No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

Yes  No

(c) Been the subject of a proceeding regarding any solicitation or registration?

Yes  No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?

Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

Yes  No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

**THE EAST BOSTON FOUNDATION**

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

| During the year: |  |   |
|------------------|--|---|
| A.               | Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B.               | Has your organization leased assets to or leased assets from a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| C.               | Has your organization been indebted to a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| D.               | Has your organization allowed a related party to be indebted to it?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| E.               | Has your organization made or held an investment in a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F.               | Has your organization furnished goods, services, or facilities to a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| G.               | Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| H.               | Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I.               | Has your organization transferred income or assets to or for use by a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J.               | Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| K.               | Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| L.               | Is any property of the organization held in the name of or commingled with the property of any other person or organization?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M.               | Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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**Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature:  Date: 10-6-16

Printed Name: ~~RICHARD LYNDS~~ Lorene Schettino  
Interim  
Title: EXECUTIVE DIRECTOR

Name of Preparer: BOLLUS LYNCH, LLP 

Address 89 SHREWSBURY STREET

City WORCESTER State MA ZIP Code 01604

Phone Number (508) 755-7107