Form PC


Attorney General's Account #: 048664

Federal ID #: 94-3444499

Electronic Payment Confirmation #: ________________

When did the organization first engage in charitable work in Massachusetts? 10-1-2008

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

If yes, date of application OR date of determination letter: 09-18-2009

IRS Exemption under 501(c): 03

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

Organization Data

Name: Pennies for Poverty: 2 Cents 4 Change, Inc

Mailing Address: Post Office Box 532

City: Newburyport State: MA Zip: 01950

Phone Number: (978) 255-4116 Fax Number: ________________

Email: pennies@penniesforpoverty.org Website: penniesforpoverty.org

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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>5</td>
<td>Organization Purpose Code 1</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>23</td>
<td>Organization Purpose Code 2</td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: □
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.

1. On what date was the organization created?  
   
   10-01-2008

2. Where was the organization created?  
   Newburyport, MA

3. What is the form of organization? (check one)  
   
   Corporation ☒  Testamentary Trust ☐  Inter Vivos Trust ☐  Unincorporated Association ☐  Other (please describe): 

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

5. Enter your summary of financial data:  
   
<table>
<thead>
<tr>
<th>Financial Data</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contributions, gifts, grants, and similar amounts received</td>
<td>$49,732.00</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>$49,757.00</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>$50,433.00</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>$4,774.00</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>$777.00</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>$0.00</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>$55,984.00</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>$14,737.00</td>
</tr>
</tbody>
</table>

6. List the total compensation you provided to your five highest paid employees:  
   
<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Hrs/Week</th>
<th>Salary and Other Income</th>
<th>Benefit Plans</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No employees, no compensation paid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.</td>
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<td></td>
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<tr>
<td>4.</td>
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<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
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).

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Amount of Compensation</th>
<th>Type(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dingo Creative</td>
<td>$1,127.00</td>
<td>graphic design</td>
</tr>
<tr>
<td>Sproutech</td>
<td>$805.00</td>
<td>web services</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Bank</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution for Savings</td>
<td>93 High Street, Newburyport, MA 01950</td>
<td>(978) 462-3106</td>
</tr>
<tr>
<td>Newburyport Five Cents Savings</td>
<td>63 High Street, Newburyport, MA 01950</td>
<td>(978) 462-3136</td>
</tr>
<tr>
<td>Provident Bank</td>
<td>66 Storey Ave, Newburyport, MA 01950</td>
<td>(978) 465-6554</td>
</tr>
</tbody>
</table>

10. What is the organization's accounting method?  
    - [X] Cash  
    - [ ] Accrual  
    - [ ] Other (specify):  

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

    Address:  
    c/o Thom Connolly, 346 High Street  
    City: Newburyport  
    State: MA  
    Zip Code: 01950

12. Contact Person Name:  
    Susan McKittrick  
    Street Address:  
    8 Fruit Street  
    City: Newburyport  
    State: MA  
    Zip Code: 01950  
    Phone Number: +1 (978) 255-4116
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 and 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
- ☐ 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.]

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.

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.

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.*
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.
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 or 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.*

<table>
<thead>
<tr>
<th>During the year:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>B. Has your organization leased assets to or leased assets from a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>C. Has your organization been indebted to a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>D. Has your organization allowed a related party to be indebted to it?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>E. Has your organization made or held an investment in a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>F. Has your organization furnished goods, services, or facilities to a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>I. Has your organization transferred income or assets to or for use by a related party?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>L. Is any property of the organization held in the name of or commingled with the property of any other person or organization?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>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?</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>
Signature Required

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

Signature: [Signature]  Date: 03/09/16

Printed Name: Michael Sandberg
Title: President

Name of Preparer: Susan McKittrick
Address: 8 Fruit Street
City: Newburyport  State: MA  Zip Code: 01950
Phone Number: +1 (978) 255-4116
2015 Office of Attorney General, Massachusetts, Form PC
Supplemental Information for:

Pennies for Poverty: 2 Cents 4 Change
FID: 94-3444499
AG #: 048664

Question 9:
Eastern Bank, 17 Storey Avenue, Newburyport, MA 01950 978-462-6641

Question 16:
No affiliates/offices/chapters/branches

Question 17:
President: Michael Sandberg, 10 Arthur Welch Drive, Newburyport, MA 01950
Treasurer: Susan McKittrick, 8 Fruit Street, Newburyport, MA 01950
Clerk: Amy Weickert, 7 Quail Run Hollow, Newburyport, MA 01950
Director: Joe Carper, 8 Fruit Street, Newburyport, MA 01950
Director: Yvonne McQuilkin, 39 Purchase Street, Newburyport, MA 01950
Director: Thomas Connolly, 346 High Street, Newburyport, MA 01950
Director: Rosalie Cuticchia, 12 Hancock Street, Newburyport, MA 01950
Director: Deborah Green, 1 Sullivan St. West Newbury, MA 01985

No salaried executives.

Question 18:
Authorized to sign checks:
President: Michael Sandberg, 10 Arthur Welch Drive, Newburyport, MA 01950
Treasurer: Susan McKittrick, 8 Fruit Street, Newburyport, MA 01950

Responsible for custody of funds, distribution of funds, custody of financial records
Treasurer: Susan McKittrick, 8 Fruit Street, Newburyport, MA 01950