Form PC

Report for the Fiscal Period: 01/01/2017 to 12/31/2017

Attorney General's Account #: 048664

Federal ID #: 94-3444499

Electronic Payment Confirmation #: ____________

When did the organization first engage in charitable work in Massachusetts? ____________

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

If yes, date of application OR date of determination letter: 09-08-2009

IRS Exemption under 501(c): 3

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

Organization Data

Name: Pennies for Poverty

Mailing Address: 8 Fruit Street

City: Newburyport State: MA Zip: 01950

Phone Number: 9785186753 Fax Number: 9787467109

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>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>5</td>
<td>Organization Purpose Code 1</td>
<td>47</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>23</td>
<td>Organization Purpose Code 2</td>
<td></td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: ☐

Form PC Rev. 11/2016
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 [X]
   - Testamentary Trust [ ]
   - Unincorporated Association [ ]
   - Inter Vivos Trust [ ]
   - 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 [X]

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>51429</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>51429</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>31870</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>10445</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>478</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>42793</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>8636</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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<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 [X]
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>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></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>Newburyport Five Cents Savings Bank</td>
<td>63 State Street, Newburyport, MA 01950</td>
<td>9784623136</td>
</tr>
<tr>
<td>The Provident Bank</td>
<td>5 Market Street, Amesbury, MA 01913</td>
<td>9788348555</td>
</tr>
<tr>
<td>Institution for Savings</td>
<td>93 State Street, Newburyport, MA 01950</td>
<td>9784623106</td>
</tr>
</tbody>
</table>

10. What is the organization's accounting method?  
    - [x] Cash  
    - [ ] Accrual  
    - [ ] Other *specify*:  

11. If organization's mailing address os a P.O. Box, list the organization's full street address:
    
    **Address:**  
    C/O Susan McKittrick, 8 Fruit Street  
    City: Newburyport  
    State: MA  
    Zip Code: 01950

12. Contact Person Name:  
    Sean Bradley  
    Street Address:  
    31 Wildwood Drive  
    City: Newburyport  
    State: MA  
    Zip Code: 01950  
    Phone Number: 9785186753
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.*

#### During the year:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>B.</td>
<td>Has your organization leased assets to or leased assets from a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>C.</td>
<td>Has your organization been indebted to a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>D.</td>
<td>Has your organization allowed a related party to be indebted to it?</td>
<td>Yes</td>
</tr>
<tr>
<td>E.</td>
<td>Has your organization made or held an investment in a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>F.</td>
<td>Has your organization furnished goods, services, or facilities to a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>G.</td>
<td>Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?</td>
<td>Yes</td>
</tr>
<tr>
<td>H.</td>
<td>Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>I.</td>
<td>Has your organization transferred income or assets to or for use by a related party?</td>
<td>Yes</td>
</tr>
<tr>
<td>J.</td>
<td>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</td>
</tr>
<tr>
<td>K.</td>
<td>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</td>
</tr>
<tr>
<td>L.</td>
<td>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</td>
</tr>
<tr>
<td>M.</td>
<td>Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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: __________

Printed Name: Susan McKittrick

Title: President

Name of Preparer: Sean Bradley

Address 31 Wildwood Drive

City Newburyport State MA Zip Code 01950

Phone Number 9785186753
Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Pennies for Poverty

Pennies

Types of solicitation activities in which you expect to engage (check all that apply):

- Mass Mailing
- Door-to-door
- Entertainment event
- Telemarketing without sale of goods or ads
- Telemarketing with sale of goods
- Telemarketing with sale of ads
- Via the Internet
- Raffle, beano, bingo or gaming event
- Sale of goods other than by telephone
- Individual Mailings
- Corporate solicitations
- Grant Proposals

☐ Other specify: ________________________________

Identify the method or methods you expect to use for the fundraising (check all that apply):

- Professional solicitor*
- Professional fundraising counsel*
- Commercial co-venturer*
- Own employees
- Volunteers

* Provide applicable names and addresses:

Professional Solicitor Name: ________________________________
Address: ________________________________________________
City ___________________ State _________ Zip Code ____________

Professional Fundraising Counsel Name: ________________________________
Address: ________________________________________________
City ___________________ State _________ Zip Code ____________

Commercial Co-Venturer Name: ________________________________
Address: ________________________________________________
City ___________________ State _________ Zip Code ____________

Pennies for Poverty
Pennies
Identify the individuals who will have final responsibility for the charity's custody of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan McKittrick, Co-President</td>
<td>8 Fruit Street</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
<tr>
<td>Amy Weickert, Co-President</td>
<td>7 Quail Run Hollow</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
<tr>
<td>Sean Bradley, Treasurer</td>
<td>31 Wildwood Drive</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
</tbody>
</table>

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan McKittrick, Co-President</td>
<td>8 Fruit Street</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
<tr>
<td>Amy Weickert, Co-President</td>
<td>7 Quail Run Hollow</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
<tr>
<td>Sean Bradley, Treasurer</td>
<td>31 Wildwood Drive</td>
<td>Newburyport</td>
<td>MA</td>
<td>01950</td>
</tr>
</tbody>
</table>
Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Pennies for Poverty

Types of solicitation activities in which you expect to engage (check all that apply):

- Mass Mailing
- Door-to-door
- Entertainment event
- Telemarketing without sale of goods or ads
- Telemarketing with sale of goods
- Telemarketing with sale of ads
- Via the Internet
- Raffle, beano, bingo or gaming event
- Sale of goods other than by telephone
- Individual Mailings
- Corporate solicitations
- Grant Proposals

Other specify: ______________________________________

Identify the method or methods you expect to use for the fundraising (check all that apply):

- Professional solicitor*
- Own employees
- Professional fundraising counsel*
- Volunteers
- Commercial co-venturer*

* Provide applicable names and addresses:

Professional Solicitor Name: ________________________________
Address
City __________ State ________ Zip Code ____________________

Professional Fundraising Counsel Name: ____________________________
Address
City __________ State ________ Zip Code ____________________

Commercial Co-Venturer Name: _________________________________
Address
City __________ State ________ Zip Code ____________________
Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: Susan McKittrick, Co-President
Address 8 Fruit Street
City Newburyport State MA Zip Code 01950

Name and Title: Amy Weickert, Co-President
Address 7 Quail Run Hollow
City Newburyport State 01950 Zip Code 01950

Name and Title: Sean Bradley
Address 31 Wildwood Drive
City Newburyport State MA Zip Code 01950

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: Susan McKittrick, Co-President
Address 8 Fruit Street
City Newburyport State MA Zip Code 01950

Name and Title: Amy Weickert, Co-President
Address 7 Quail Run Hollow
City Newburyport State MA Zip Code 01950

Name and Title: Sean Bradley, Treasurer
Address 31 Wildwood Drive
City Newburyport State MA Zip Code 01950
Certification by Organization

_Two different signatures required_. Signers must be organization president or other authorized officer or trustee.

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

Signature: ___________________________________________ Date: __________

Printed Name: Susan McKittrick

Title: Co-President

Signature: ___________________________________________ Date: __________

Printed Name: Sean Bradley

Title: Treasurer
Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Primary purpose or activity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds (-) liabilities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Primary purpose or activity:</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds (-) liabilities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Primary purpose or activity:</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds (-) liabilities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Primary purpose or activity:</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>FYE</td>
<td>A. Donor restricted funds (-) liabilities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation *(see instructions)*. Use additional lines below to itemize by compensation source.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
<tr>
<td>Name:</td>
<td>Title:</td>
</tr>
<tr>
<td>Income Source:</td>
<td>Salary and Other Income:</td>
</tr>
</tbody>
</table>

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  

   [ ] Yes  [ ] No
Schedule VCO

Application for Designation As Veterans' Charitable Organization

PLEASE NOTE THAT ORGANIZATIONS DESIGNATED AS VETERANS' CHARITABLE ORGANIZATIONS ("VCOs") MAY NOT RETAIN PAID FUNDRAISERS

Schedule VCO is an application for designation as a veterans' charitable organization. Schedule VCO may be submitted by certain charitable organizations. To determine whether your organization is eligible to be designated as a VCO, and thus may file a schedule VCO, please answer questions 1 and 2, below.

1. Was your organization established for an advocacy, benevolent, educational, humane, patriotic, philanthropic, scientific or social welfare purpose on behalf of veterans or the military? Yes ☐ No ☐

2. Does your organization intend to solicit contributions from persons within the commonwealth itself or to have contributions solicited on its behalf only by other charitable organizations? Yes ☐ No ☐

ORGANIZATIONS THAT ANSWER “NO” TO EITHER QUESTION MAY NOT SUBMIT A SCHEDULE VCO.

ORGANIZATIONS THAT ANSWER “YES” TO BOTH QUESTIONS MAY CONTINUE AND SUBMIT A SCHEDULE VCO.

Identify your organization's purpose, as recorded in its by-laws, articles of organization, agreement of association, or instrument of trust, or otherwise in its written statement of purpose.

Provide the charitable purposes for which solicited contributions shall be used.

IMPORTANT INFORMATION, PLEASE READ

· VCO designation is valid for three (3) years.
· By applying for this designation, this organization agrees that its retention of a paid fundraiser while it is designated as a VCO will operate to forfeit its VCO status.
· An organization designated as a VCO must still comply with annual filing requirements pursuant to G.L. c. 12, § 8F and G.L. c. 68, § 19; however, otherwise applicable fees for those filings will be waived for designated VCOs.
· Organizations designated as VCOs that fail to comply with annual filing requirements pursuant to G.L. c. 12, §8F and G.L. c. 68, §19 may not solicit contributions from persons within the commonwealth.

Signature: _______________________________ Date: _______________________________

Printed Name: _______________________________