

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATION/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE

BOSTON, MASSACHUSETTS 02108

MARTHA COAKLEY
ATTORNEY GENERAL(617) 727-2200, ext. 2101
www.mass.gov/ago/charities**Form PC**Report for the Fiscal Period: 01/01/2010 to 12/31/2010Attorney General's Account #: 051150Federal ID #: 30-0516241When did the organization first engage in
charitable work in Massachusetts? 11/21/2008Has the organization applied for or been
granted IRS tax exempt status?☒ Yes ☐ NoIf yes, date of application OR date of
determination letter:10/20/2009

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to
the organization tax deductible as charitable
contributions?☒ Yes ☐ No**Check all items attached
(if applicable)**☒ Schedule A-1☒ Schedule A-2☐ Schedule RO☐ Probate Account☒ Copy of IRS Return☐ Audited Financial
Statements/Review☒ Filing Fee☐ Amended Articles/
By-Laws**Organization Data**Name: MEDWAY COMMUNITY FARM, INC.Mailing Address: 4 HIGHLAND STREETCity: MEDWAYState: MAZip: 02053Phone Number: N/AFax Number: N/AEmail: N/AWebsite: WWW.MEDWAYCOMMUNITYFARM.ORG

In the table below, please center 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)	<u>11</u>	Organization Purpose Code 1	<u>29</u>
Type of Organization (Table 2)	<u>3</u>	Organization Purpose Code 2	<u>62</u>

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? 11/21/2008

2. Where was the organization created? MASSACHUSETTS

3. What is the form of the organization? (check one)

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

Other (please describe): _____

4. 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	11,208.00
B.	Gross support and revenue	20,526.00
C.	Program services and similar amounts paid out	10,794.00
D.	Fundraising expenses	
E.	Management and general expenses	1,934.00
F.	Payments to affiliates	
G.	Total expenses	12,728.00
H.	Net assets or fund balances at the end of the year	13,587.00

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.	NONE				
2.					
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 N/A

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.	NONE		
2.			
3.			
4.			
5.			

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

Bank	Address	Phone Number
CHARLES RIVER BANK	81 MAIN STREET MEDWAY, MA 2053	508-533-6287

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: _____
City: _____ State: _____ Zip Code: _____

12. Contact Person Name: HEATHER SCOTT
Street Address: 4 HIGHLAND STREET
City: MEDWAY State: MA Zip Code: 02053
Phone Number: _____

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. N/A

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. SEE PAGE 2, PART IV, OF FORM 990-EZ

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. HEATHER SCOTT, PRESIDENT & NATE HAMILTON, TREASURER

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.

N/A

☐ Yes ☐ No

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

If yes, please attach an explanation.

N/A

☐ Yes ☐ No

23. This question involves "Termination of Employment or Change 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?

N/A

☐ Yes ☐ No

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

☐ 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:		
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 became 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

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: _____ Date: _____

Printed Name: _____

Title: _____

Name of Preparer: RICHARDSON & COMPANY, P.C.

Address 165 VILLAGE STREET

City MEDWAY State MA Zip Code 02053

Phone Number 508-533-6426

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.

NONE

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

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

☐ Other (specify): _____

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

Professional solicitor*		Own employees	
Professional fundraising counsel*		Volunteers	X
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-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

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

Name and Title: HEATHER SCOTT, PRESIDENT AND DIRECTOR

Address 4 HIGHLAND STREET

City MEDWAY State MA Zip Code 02053

Name and Title: NATE HAMILTON, TREASURER AND DIRECTOR

Address 6 FERNDALE ROAD

City NORFOLK State MA Zip Code 02056

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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

Name and Title: HEATHER SCOTT, PRESIDENT AND DIRECTOR

Address 4 HIGHLAND STREET

City MEDWAY State MA Zip Code 02053

Name and Title: NATE HAMILTON, TREASURER AND DIRECTOR

Address 6 FERNDALE ROAD

City NORFOLK State MA Zip Code 02056

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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.

NONE

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

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

☐ Other (*specify*): _____

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

Professional solicitor*		Own employees	
Professional fundraising counsel*		Volunteers	X
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: HEATHER SCOTT PRESIDENT AND DIRECTOR

Address 4 HIGHLAND STREET

City MEDWAY State MA Zip Code 02053

Name and Title: NATE HAMILTON TREASURER AND DIRECTOR

Address 6 FERNDAL ROAD

City NORFOLK State MA Zip Code 02056

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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

Name and Title: HEATHER SCOTT PRESIDENT AND DIRECTOR

Address 4 HIGHLAND STREET

City MEDWAY State MA Zip Code 02053

Name and Title: NATE HAMILTON TREASURER AND DIRECTOR

Address 6 FERNDAL ROAD

City NORFOLK State MA Zip Code 02056

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

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: _____

Title: _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____