

**Massachusetts Office of the Attorney General  
Division of Public Charities**

**FORM PC**

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Report for the Fiscal Period: Beginning JUL 2, 2003 Ending JUN 30, 2004

Check all items attached: Form PC  Schedule A1  Schedule A2  Schedule RO \_\_\_\_\_ AG Schedule B \_\_\_\_\_  
 Probate Account \_\_\_\_\_ Copy of IRS Return  Audited Financial Statements/Review \_\_\_\_\_ Filing Fee  Amended Articles/Bylaws \_\_\_\_\_

Attorney General's Acct. No.:	Federal ID Number: <b>20-0071675</b>
When did the organization first engage in charitable work in Massachusetts?	<u>07/02/2003</u>
Has the organization applied for or been granted IRS tax exempt status? Yes <input checked="" type="checkbox"/> No _____	
If yes, Date of Application: _____ OR Date of Determination Letter: <u>08/27/2003</u>	
IRS Exemption under 501(c): <u>(3)</u>	Check box if <b>No</b> IRS Exemption W
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes <input checked="" type="checkbox"/> No _____	

ORGANIZATION DATA			
Name: <b>WILBRAHAM HAMPDEN ACADEMIC TRUST, INC.</b>			
Mailing Address: <b>P. O. BOX 477</b>			
City: <b>WILBRAHAM</b>		State: <b>MA</b>	Zip: <b>01095</b>
Phone: <b>413-596-2698</b>		Fax: _____	
E-Mail: <b>whatsup@whatinc.org</b>		Web Site (URL): <b>http://www.whatinc.org</b>	

In the section below, please enter the appropriate codes from the corresponding tables found on pages 12 and 13:

Category	Code	Enter <b>up to 2</b> codes from Table 3 for your organization's main purpose(s)	Code
County (Table 1)	<b>7</b>	Organization Purpose Code 1	<b>60</b>
Type of Organization (Table 2)	<b>20</b>	Organization Purpose Code 2	<b>58</b>

Please check box if final return prior to dissolution	<input type="checkbox"/>
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Payment Received Office Use Only
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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.**

<b>1. On what date was the organization created?</b>	<b>2. Where was the organization created?</b>
<b>JULY 2, 2003</b>	<b>WILBRAHAM, MASSACHUSETTS</b>

<b>3. What is the form of the organization?</b>	
Corporation <input checked="" type="checkbox"/>	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 of "Related Organization")?**  
 Yes \_\_\_\_\_ No  If yes, please complete the Schedule RO on pages 10 and 11.

<b>5. Summary of Financial Data</b>		<b>Amounts</b>
A	Contributions, gifts, grants, and similar amounts received	\$ <b>49,993</b>
B	Gross Support and Revenue	\$ <b>57,628</b>
C	Program services and similar amounts paid out	\$ <b>13,040</b>
D	Fundraising expenses	\$ <b>4,745</b>
E	Management and general expenses	\$ <b>1,249</b>
F	Payments to affiliates	\$
G	Total Expenses	\$ <b>19,034</b>
H	Net assets or fund balances at the end of the year	\$ <b>38,594</b>

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

	Name	Title	Hours Per Week	Salary & Other Income	Benefit Plans	Other Compensation
1	<b>NONE</b>					
2						
3						
4						
5						

**7. Was any compensation provided to any of the individuals listed in 6 above which was not quantified in your response to 6?**  
 Yes \_\_\_\_\_ No  If yes, please provide explanation \_\_\_\_\_

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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	Amount of Compensation	Type of Service(s)
1	<b>NONE</b>		
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
<b>COUNTRY BANK FOR SAVINGS</b>	<b>75 MAIN ST, WARE, MA 01082</b>	<b>413-967-6221</b>

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

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

Street Address	City, State	Zip

12. Name, address and telephone number of Contact Person:

Name	Street Address	City, State, Zip	Telephone Number
<b>ROBERT LOUNSBURY</b>	<b>3 WHISPER WALK</b>	<b>WILBRAHAM, MA 01095</b>	<b>413-596-2698</b>

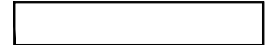
13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes  No \_\_\_\_\_

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

**IF YOU ANSWERED "YES" IN RESPONSE TO QUESTION 13 OR QUESTION 14, YOU MUST COMPLETE SCHEDULES A-1 AND/OR 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 placing an 'X' in 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. Names, addresses (street & P.O.) and telephone numbers of other offices/chapters/branches/affiliates (attach list).

17. List the names, titles and addresses (street & P.O.) of officers, directors, trustees, and the principal salaried executives of organization (attach separate sheet).

18. Attach separate sheet listing names and addresses (street & P.O.) for all below:

- Individual(s) responsible for custody of funds
- Individual(s) responsible for distribution of funds
- Individual(s) responsible for fund raising
- Individual(s) responsible for custody of financial records
- Individual(s) authorized to sign checks

19. Has this organization or any of its officers, directors, employees or fund raisers solicited funds in any other state? Yes \_\_\_\_\_ No  X

If "yes", attach list of states where solicitation was conducted, including registering 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, 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  X
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes \_\_\_\_\_ No  X
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes \_\_\_\_\_ No  X
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court of administrative agency? Yes \_\_\_\_\_ No  X

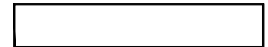
21. Have any restrictions been removed during the year from donor-restricted funds? If yes, please attach an explanation Yes \_\_\_\_\_ No  X

22. Have donor-restricted funds been loaned to unrestricted funds? If yes, please attach an explanation Yes \_\_\_\_\_ No  X

23. This question involves "Termination of Employment or Change or 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  X
- (b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an agreement? Yes \_\_\_\_\_ No  X

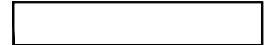
If you answered "yes" for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.



**24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, 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.

<b>During the year, has your organization:</b>		Yes	No
(a)	Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		<b>X</b>
(b)	Leased assets to or leased assets from a related party?		<b>X</b>
(c)	Been indebted to a related party?		<b>X</b>
(d)	Allowed a related party to be indebted to it?		<b>X</b>
(e)	Made or held an investment in a related party?		<b>X</b>
(f)	Furnished goods, services, or facilities to a related party?		<b>X</b>
(g)	Acquired goods, services, or facilities from a related party who received compensation or other value in return?		<b>X</b>
(h)	Paid or became obligated to pay wages, salary or other compensation to a related party?		<b>X</b>
(i)	Transferred income or assets to or for use by a related party?		<b>X</b>
(j)	Was the 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?		<b>X</b>
(k)	Has the organization invested in any corporate stock in which any officer, director, or trustee owns more than 10% of the outstanding shares?		<b>X</b>
(l)	Is any property of the organization held in the name of or commingled with the property of any other person or organization?		<b>X</b>
(m)	Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees has a relationship?		<b>X</b>



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 of president or other authorized officer or trustee

**PRESIDENT**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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**SOLICITATION ACTIVITIES**

**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.	
A.	
B.	
C.	

Types of solicitation activities in which you expect to engage (check all that apply):			
<input checked="" type="checkbox"/>	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
<input checked="" type="checkbox"/>	Entertainment event		Individual mailings
	Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Corporate solicitations
	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
	Telemarketing with sale of ads		Other: (explain)
	Via the internet		

Identify the method or methods you expect to use for fundraising (check all that apply):			
	A. Professional solicitor		D. Own employees
	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

4. Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions

Name	Title
<b>CATHERINE LAMICA</b>	<b>TREASURER</b>
<b>ROBERT LOUNSBURY</b>	<b>PRESIDENT</b>

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

<b>LYNNE QUINTIN</b>	<b>VP - ALLOCATIONS</b>
<b>ROBERT LOUNSBURY</b>	<b>PRESIDENT</b>

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**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 name which appears on page 1.	
A.	
B.	
C.	

Types of solicitation activities in which you expect to engage (check all that apply):			
<input checked="" type="checkbox"/>	Mass mailings		Raffle, beano, bingo or gaming event
	Door-to-door	<input checked="" type="checkbox"/>	Sale of goods other than by telephone
<input checked="" type="checkbox"/>	Entertainment event		Individual mailings
	Telemarketing without sale of goods or ads	<input checked="" type="checkbox"/>	Corporate solicitations
	Telemarketing with sale of goods	<input checked="" type="checkbox"/>	Grant proposals
	Telemarketing with sale of ads		Other: (explain)
	Via the internet		

Identify the method or methods you expect to use for fundraising (check all that apply):			
	A. Professional solicitor		D. Own employees
	B. Professional fundraising counsel	<input checked="" type="checkbox"/>	E. Volunteers
	C. Commercial co-venturer		

With respect to categories A, B and C, furnish names and addresses:

Name	Address

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

Name	Title
<b>TERESA JUDYCKI</b>	<b>TREASURER</b>
<b>ROBERT LOUNSBURY</b>	<b>PRESIDENT</b>

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

Name	Title
<b>LYNNE QUINTIN</b>	<b>VP ALLOCATIONS</b>
<b>ROBERT LOUNSBURY</b>	<b>PRESIDENT</b>

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**Certification by Organization - TWO SIGNATURES ARE REQUIRED**

Under penalty of perjury, we declare that the information furnished above, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date

Signature of President or other authorized officer or trustee	Title	Date