

Office Use Only: Fiscal Year

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

Form PC

Report for the Fiscal Period: 01/01/20 to 12/31/20

AG Account #: 053292 Federal ID #: 27-4555998

Electronic Payment Confirmation #: 131272
Attach printout of electronic payment confirmation.

Electronic Payment Date: 05/11/2021

When did the organization first engage in charitable work in Massachusetts? 05/01/2011

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: 09/19/2011

IRS Exemption under 501(c): 3

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

Organization Data

Name: PROJECT NEW HOPE INC.

Mailing Address: 70 JAMES STREET SUITE 157

City: WORCESTER State: MA ZIP: 01603

Phone Number: 508-713-3362 Fax Number:

Email: BMOORE@PROJECTNEWHOPEMA.ORG Website: WWW.PROJECTNEWHOPEMA.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 with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 14, and Type of Organization (Table 2) with code 26. Organization Purpose Code 1 is 8, and Organization Purpose Code 2 is 40.

Please check box if final return prior to dissolution: []

Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

Office Use Only: Payment Received

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? 01/10/2011
- Where was the organization created? MASSACHUSETTS
- What is the form of 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): _____

- 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
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	258,675.
B.	Gross support and revenue	269,133.
C.	Program services and similar amounts paid out	142,559.
D.	Fundraising expenses	0.
E.	Management and general expenses	49,469.
F.	Payments to affiliates	0.
G.	Total expenses	192,028.
H.	Net assets or fund balances at the end of the year	300,347.

- 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.	SUSAN WILDER EXECUTIVE ASSISTANT	15.00	10,220.	0.	0.
2.	ANN MARIE BAXTER OFFICE ASSISTANT	15.00	8,262.	0.	0.
3.	CAISSE MOORE RETREAT HOST	8.00	4,882.	0.	0.
4.	DIANE SOAVE OFFICE ASSISTANT	16.00	4,271.	0.	0.
5.	THOMAS LAMICA OUTREACH	15.00	3,749.	0.	0.

- 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).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	DOROTHY C SWOPE	8,625.	GRANT WRITER
2.	ROBERT C ALARIO CPA	6,350.	ACCOUNTANT
3.	JENNIFER C FOXWORTHY	3,051.	RETREAT ACTIVITY PROVIDER
4.	DEE WOOLRIDGE	2,500.	RETREAT ACTIVITY PROVIDER
5.	PAIRS FOUNDATION INC	2,500.	RETREAT ACTIVITY PROVIDER

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

Bank	Address	Phone Number
COUNTRY BANK	75 MAIN STREET, WARE, MA 01082	800-322-8233

10. What is the organization's accounting method? Cash Accrual

Other (specify): MODIFIED CASH

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

Address: 70 JAMES STREET, SUITE 157

City: WORCESTER

State: MA

ZIP Code: 01603

12. Contact Person Name: WILLIAM MOORE

Street Address: 70 JAMES STREET, SUITE 157

City: WORCESTER

State: MA

ZIP Code: 01603

Phone Number: 508-713-3362

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.

STATEMENT 1

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 2

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 3

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

If yes 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.

FORM PC

NAME, ADDRESS, PHONE OF OTHER OFFICES

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

PNH WESTERN MASS
1029 NORTH ROAD, ROUTE 202
WESTFIELD, MA 01085

FORM PC

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
WILLIAM MOORE 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	PRESIDENT
RICHARD CEHON 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	TREASURER
ROBYN COONS 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	ASSISTANT TREASURER
TAMMY BERTHIAUME 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR
JEFF BERTHIAUME 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR
DONNA MOORE 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR
CARLOS O. RAMOS RIVERA 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	SECRETARY
TOM STEWART 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR
NICK TREADWELL 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR
ANNE TREADWELL 70 JAMES STREET, SUITE 157 WORCESTER, MA 01603	DIRECTOR

NAME AND ADDRESS	AREA OF RESPONSIBILITY
RICHARD CEHON 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR CUSTODY OF FUNDS
ROBYN COONS 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR CUSTODY OF FUNDS
RICHARD CEHON 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ROBYN COONS 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
RICHARD CEHON 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	CUSTODY OF FINANCIAL RECORDS
ROBYN COONS 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	CUSTODY OF FINANCIAL RECORDS
RICHARD CEHON 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	AUTHORIZED TO SIGN CHECKS
ROBYN COONS 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	AUTHORIZED TO SIGN CHECKS
BOARD OF DIRECTORS 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR FUNDRAISING
WILLIAM MOORE 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR CUSTODY OF FUNDS
WILLIAM MOORE 70 JAMES ST, SUITE 157 WORCESTER, MA 01603	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

WILLIAM MOORE
70 JAMES ST, SUITE 157
WORCESTER, MA 01603

RESPONSIBLE FOR FUNDRAISING

WILLIAM MOORE
70 JAMES ST, SUITE 157
WORCESTER, MA 01603

AUTHORIZED TO SIGN CHECKS

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:		
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 attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: WILLIAM H. MOORE

Title: PRESIDENT

Name of Preparer: O'CONNOR, MALONEY & CO., CPA'S

Address 1 MERCANTILE STREET, SUITE 760

City WORCESTER State MA ZIP Code 01608

Phone Number (508)757-6391

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.

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

Table with 2 columns of solicitation activities and checkboxes. Activities include 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, and Grant Proposals.

Other (specify):

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

Table with 2 columns of fundraising methods and checkboxes. Methods include Professional solicitor*, Professional fundraising counsel*, Commercial co-venturer*, Own employees, and 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

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:

RICHARD CEHON

Name and Title: TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

ROBYN COONS

Name and Title: ASSISTANT TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

WILLIAM MOORE

Name and Title: PRESIDENT

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

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

RICHARD CEHON

Name and Title: TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

ROBYN COONS

Name and Title: ASSISTANT TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

WILLIAM MOORE

Name and Title: PRESIDENT

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

**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.

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

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): _____

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

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* 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:

RICHARD CEHON

Name and Title: TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

ROBYN COONS

Name and Title: ASSISTANT TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

Name and Title:

Address

City

State

ZIP Code

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

RICHARD CEHON

Name and Title: TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

ROBYN COONS

Name and Title: ASSISTANT TREASURER

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

WILLIAM MOORE

Name and Title: PRESIDENT

Address 70 JAMES STREET, SUITE 157

City WORCESTER

State MA

ZIP Code 01603

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: WILLIAM H. MOORE

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: _____

Title: _____