

A  
G  
O  
8  
/  
12  
/15  
/12  
0  
1  
4

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

MARTHA COAKLEY  
ATTORNEY GENERAL

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

940

Form PC

Report for the Fiscal Period: 1/1/2013 to 12/31/2013

Attorney General's Account #: -042442 03442

Federal ID #: 22-2906009

When did the organization first engage in charitable work in Massachusetts? 11/28/1989

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

If yes, date of application OR date of determination letter: 11/28/1989

IRS Exemption under 501(c): (3)

If 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: RATTLESNAKE GUTTER TRUST

Mailing Address: PO BOX 195

City: LEVERETT State: MA Zip: 01054-0195

Phone Number: 413-367-0373 Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: N/A

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)

Category	Code	Category	Code
County (Table 1)	<u>8</u>	Organization Purpose Code 1	<u>29</u>
Type of Organization (Table 2)	<u>3</u>	Organization Purpose Code 2	<u>28</u>

Please check box if final return prior to dissolution:

Office Use Only: Payment Received 35

A  
G  
O  
8  
/  
2  
5  
/  
2  
0  
1  
4

RATTLESNAKE GUTTER TRUST

22-2906009

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? 11/28/1989

2. Where was the organization created? MASSACHUSETTS

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

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

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:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	11,149
B.	Gross support and revenue	16,861
C.	Program services and similar amounts paid out	5,480
D.	Fundraising expenses	2,736
E.	Management and general expenses	910
F.	Payments to affiliates	0
G.	Total expenses	9,126
H.	Net assets or fund balances at the end of the year	316,568

950

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	NONE	0	0	0
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

RATTLESNAKE GUTTER TRUST

22-2906009

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.			
2.			
3.			
4.			
5.			

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

Bank	Address	Phone Number
NORTHAMPTON CO-OP BANK	67 KING STREET NORTHAMPTON, MA 01061	(413) 584-4474
VANGUARD INVESTMENTS	PO BOX 2600 VALLEY FORGE, PA 19482	(800) 662-2739

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: 15 LAUREL HILL DRIVE

City: LEVERETT State: MA Zip Code: 01054

12. Contact Person Name: MARY BARNETT

Street Address: 15 LAUREL HILL DRIVE

City: LEVERETT State: MA Zip Code: 01054

Phone Number: (413) 367-0373

RATTLESNAKE GUTTER TRUST

22-2906009

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.

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:			
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 of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

A  
G  
O  
  
8  
/  
2  
5  
/  
2  
0  
1  
4

### 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: *Mary Barnett* Date: 8/8/14

Printed Name: MARY BARNETT

Title: TREASURER

Name of Preparer: PRIVATE CLIENT SERVICES GROUP, LLC

Address 23 COLLEGE STREET, STE 7

City SOUTH HADLEY State MA Zip Code 01075

Phone Number (413) 536-1111

**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):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" 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 type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input 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 \_\_\_\_\_



A  
G  
O  
8  
/  
2  
5  
/  
2  
0  
1  
4

RATTLESNAKE GUTTER TRUST

22-2906009

**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: STEVE WEISS CO-CHAIR  
Address 78 MONTAGUE ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY ALICE WILSON CO-CHAIR  
Address 20 JUGGLER MEADOW ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY BARNETT TREASURER  
Address 15 LAUREL HILL DRIVE  
City LEVERETT State MA Zip Code 01054

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

Name and Title: STEVE WEISS  
Address 78 MONTAGUE ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY ALICE WILSON  
Address 20 JUGGLER MEADOW ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY BARNETT  
Address 15 LAUREL HILL DRIVE  
City LEVERETT State MA Zip Code 01054

**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 type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" 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 type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input 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 \_\_\_\_\_

A  
G  
O  
  
8  
/  
2  
5  
/  
2  
0  
1  
4

RATTLESNAKE GUTTER TRUST

22-2906009

**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: STEVE WEISS  
Address 78 MONTAGUE ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY ALICE WILSON  
Address 20 JUGGLER MEADOW ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY BARNETT  
Address 15 LAUREL HILL DRIVE  
City LEVERETT State MA Zip Code 01054

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

Name and Title: STEVE WEISS  
Address 78 MONTAGUE ROAD  
City LEVERETT State MA Zip Code 01054

Name and Title: MARY ALICE WILSON  
Address 20 JUGGLER MEADOW ROAD  
City LEVERETT State MA Zip Code 01054

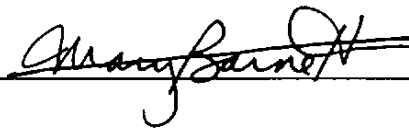

Name and Title: MARY BARNETT  
Address 15 LAUREL HILL DRIVE  
City LEVERETT State MA Zip Code 01054

A  
G  
O  
8  
/  
2  
/  
5  
/  
2  
0  
1  
4

### 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: 8/8/19

Printed Name: MARY ALICE WILSON

Title: CO-CHAIR

Signature:  Date: 8/8/19

Printed Name: MARY BARNETT

Title: TREASURER

## Compensation of Officers, Directors, Trustees and Key Employees

Index	Name	Title	Check ("X") if Entity is a Business	Average hours per week	Average hours per week for related organizations	Position (do not check more than one unless both officer :		Key employee
						Individual trustee or director	Institutional trustee	
1	GLEN AYERS	TRUSTEE	X	1.00	0.00	X		
2	JAMES GROGAN	TRUSTEE	X	1.00	0.00	X		
3	JULIE COLLIER	TRUSTEE	X	1.00	0.00	X		
4	MARY BARNETT	TREASURER	X	4.00	0.00	X	X	
5	EVA GIBAVIC	TRUSTEE	X	1.00	0.00	X		
6	JOAN GODSEY	TRUSTEE	X	1.00	0.00	X		
7	KENNETH KAHN	TRUSTEE	X	1.00	0.00	X		
8	SHEILA SEAMAN	TRUSTEE	X	1.00	0.00	X		
9	BROOKE THOMAS	TRUSTEE	X	1.00	0.00	X		
10	JULIA SHIVELY	SECRETARY	X	2.00	0.00	X		X
11	STEVE WEISS	CO-CHAIR	X	3.00	0.00	X		X
12	MARY ALICE WILSON	CO-CHAIR	X	3.00	0.00	X		X

**Compensation of Officers, Directors, Trustees, Trustees and Key Employees**

0

Index	Highest compensated employee	Former	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compen from the org and related orgs	Total compensation	Check if compensation received from other sources
1			0	0	0	0	
2			0	0	0	0	
3			0	0	0	0	
4			0	0	0	0	
5			0	0	0	0	
6			0	0	0	0	
7			0	0	0	0	
8			0	0	0	0	
9			0	0	0	0	
10			0	0	0	0	
11			0	0	0	0	
12			0	0	0	0	