

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

Name and Title: Melanie McCarthy
Address 10 Beebe Rd
City Monson State MA Zip Code 01057

Name and Title: Linda Rogers
Address 909 SE Country Road 2240
City Corsicana State TX Zip Code 75151

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: Melanie McCarthy Clerk/Treasurer
Address 10 Beebe Rd
City Monson State MA Zip Code 01057

Name and Title: Linda Rogers President
Address 909 SE Country Road 2240
City Corsicana State TX Zip Code 75151

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: Melanie J McCarthy Date: 12-31-11

Printed Name: Melanie McCarthy

Title: Treasurer/Clerk

Signature: Linda Rogers Date: 12-31-11

Printed Name: Linda Rogers

Title: President

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Linda Rogers P. O. Box 681, Corsicana, TX 75151	President	0		
Alicia Baylor P. O. Box 107, Burson, CA 95225	Vice President	0		
Melanie McCarthy 10 Beebe Road, Monson, MA 01057	Treasurer and Clerk ✓	500	✓	
Patricia DuPlessis 13 Rainbow's End, Pawling, NY 12564	Director	0		
Lisa Fietz 6102 Mulberry Avenue, Portage, IN 46368	Director	0		
Nancy Hobart 7311 1st Avenue North St., Petersburg, FL 33710	Director	0		
Christine Lowe 3952 W. Camino Del Rio, Glendale, AZ 85310	Director	0		
Una McGurk 86 Elm Street, Montclair, NJ 07042	Director	0		
Heather Ness PO Box 246, Wellsburg, WV 26070	Director	0		

Form 990-EZ (2010)

Questions

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