



# The Commonwealth of Massachusetts Office of the Attorney General

Non-Profit Organizations/Public Charities Division

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## Form PC-IF Modification of Institutional Funds

AG # \_\_\_\_\_

### I. Institutional Fund Data

Name of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Institutional Fund: \_\_\_\_\_

1) Has the Fund been in existence for twenty years or longer?  Yes  No

Date the Fund was established: \_\_\_\_\_

2) Is the total value of the Fund less than \$75,000, as determined as of the end of the Institution's last fiscal year?  Yes  No

Total value of the Fund: \_\_\_\_\_

3) Please indicate whether the Institution is seeking modification pursuant to Administrative Equitable Deviation or Administrative Cy Pres:

Administrative Equitable Deviation  Administrative Cy Pres

4) Please provide a statement describing the charitable purposes of the Fund, the restrictions imposed upon the Fund, and the reason for the proposed modification of purpose(s) and/or release of restriction(s). If attaching a longer statement, please check "Yes".

Yes  No