



The Commonwealth of Massachusetts

Office of the Attorney General

Non-Profit Organizations/Public Charities Division

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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ATTORNEY GENERAL

617-963-2101

www.mass.gov/ago/charities

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