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ATTORNEY GENERAL

The Commonwealth of Massachusetts Office of the Attorney General

Non-Profit Organizations/Public Charities Division

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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

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.

Phone Number: _____ Email: _____