

The Commonwealth of Massachusetts Office of the Attorney General

Non-Profit Organizations/Public Charities Division
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200 ext. 2101 www.mass.gov/ago/charities

Form PC-IF Modification of Institutional Funds

Α(G #					
Ι.	Institutional Fund Data					
Na	ame of Institution:					
Ma	ailing Address:					
Cit	ity:	State	Zip Code:	:: 		
Na	ame of Institutional Fund:					
1)	Has the Fund been in existence for tw	enty years or lo	onger?	☐ 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?					
	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	on	Administrative Cy	y 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					

II. 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: Da			:		
ted Name:					
e:					
dress					
	State	Zip Code			
ne Number	Email:				
ne of Preparer:					
ress					
,	State	Zip Code			
ne Number	Email:				
Document Submission Disclosu	re				
cate the documents enclosed in thi	s submission:				
An Officer's Certificate of Board authorization of the administrative equitable deviation or administrative cy pres, and any transfer of assets?					
A copy of the gift instrument?			Yes	□No	
A financial statement for the mos	st recent fiscal year of th	e Institutional Fund?	Yes	□No	
If the funds will be transferred to another institution, an affidavit from the recipient institution consenting to the transfer and to the use of the funds subject to the restrictions? \square Yes \square No					
Are other documents enclosed in	this submission?		☐ Yes	□No	
o please list:					
	ne Number ne of Preparer: ne Number Document Submission Disclosu cate the documents enclosed in thi An Officer's Certificate of Board administrative cy pres, and any the A copy of the gift instrument? A financial statement for the most If the funds will be transferred to consenting to the transfer and to	ress State ne Number Email: Document Submission Disclosure cate the documents enclosed in this submission: An Officer's Certificate of Board authorization of the adradministrative cy pres, and any transfer of assets? A copy of the gift instrument? A financial statement for the most recent fiscal year of the If the funds will be transfer and to the use of the funds subject of the adradministrative to the transfer and to the use of the funds subject of the funds will be transfer and to the use of the funds subject of the adradministrative cypes, and any transfer of assets?	state	state	