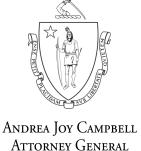
Office Use Only: Fiscal Year



THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

Non-Profit Organizations/Public Charities Division One Ashburton Place Boston, Massachusetts 02108

(617) 963-2101 (617) 727-4765 TTY www.mass.gov/ago/charities

Final Form PC (Form PC-F)

Repor	t for the Fiscal Period:	Check all items enclosed (if applicable)		
Attori	ney General's Account #:			
Organ Name:	ization Data	Officer's Certificate of Board Authorization of the dissolution and any transfer of assets		
		Administrative Petition Judicial Complaint Package		
Mailin	g Address:	3-year financial report for an		
City: _	State: Zip:	organization not required to fit Form PCs		
Phone	Number:			
Email:				
1.	Is the organization in compliance with its reporting to the Division? If "no", attach an explanation.	Yes No		
2.	Does the Organization have any remaining assets to distribute?	Yes No		
3.	Does the Organization have any financial activity after the last fiscal year-end	? Yes No		
4.	Does the Organization have any outstanding debt or liabilities? If "yes", attach an explanation.	Yes No		
	Impact on Creditors: Any action by the Non-Profit Organizations/Public Charit respect to or involving the dissolution of a public charity shall not, in and of itsel otherwise held by any creditor of the dissolved organization. With respect to sur creditors, see also G.L. c. 156B, §102 as applicable under G.L. c. 180, §10C.	f, affect any rights		
5.	Did the organization distribute any assets in anticipation of dissolution that were not in the ordinary course of business, including those to a related party?	Yes No		
	If "yes", attach an explanation.			
6.	Were any restrictions removed from the donor-restricted funds?	Yes No		
	If "yes", attach an explanation.			

7.	Did the Organization engage in any related party transactions?	Yes	No
	If "yes", answer the following questions and provide the requested information.		
	During this fiscal period:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	☐ No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	No No
C.	Has your organization been indebted to a related party?	Yes	No No
D.	Has your organization allowed a related party to be indebted to it?	Yes	No No
E.	Has your organization made or held an investment in a related party?	Yes	No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	No No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	☐ No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	☐ No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	☐ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	☐ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	☐ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	☐ No
N.	Has your organization made any other payments, including a payment of debt, to a related party that is not disclosed above?	Yes	☐ No
			•

For each "yes" in Question 7, please state on separate pages and indicate the corresponding letter with the following information: the name and address of the related party; a description of the relationship to the dissolving entity; the nature of the transaction; the value, amount, or description of the property involved; and the board action authorizing the transaction. See example below:

7(H) Ms. Jane Smith, 123 Main Street, Anytown, MA 12345-6789 Executive Director and Officer, annual salary \$65,000, board authorized on 01/30/10

8. Complete the following for t	his fiscal period:					
Finan	cial Data	A	Amounts			
A. Contributions, gifts, grants,	Contributions, gifts, grants, and similar amounts received					
B. Gross support and revenue						
C. Program services and similar	or amounts paid out					
D. Fundraising expenses						
E. Management and general ex	rpenses					
F. Payments to affiliates						
G. Total expenses						
H. Net assets or fund balances	at the end of the year					
If "yes", attach an itemization of expected costs. 10. If there are remaining assets, please list the type of asset, name and address of proposed recipient, and value. Please use additional pages as needed.						
Description of Type of Asset	Recipient Name and Address	Related Party	Approximate Value			
		Yes				
		No No				
		Yes				
		No No				
		Yes				
		No No				
		Yes				
		No No				
		Yes				
		No No				
Total Amount For Transfer:						
11. Do the proposed recipients of funds and/or other property have a similar mission or purpose to the dissolving organization and/or agree to use the funds or property for such Yes No mission or purpose? If "no", attach an explanation.						

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature:	Date:					
Printed Name:						
Title:						
Address						
City	State	Zip Code				
Phone Number	Email:					
Name of Preparer:						
Address						
City	State	Zip Code				
Phone Number	Email:					