



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

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[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

**Final Form PC (Form PC-F)**

**Report for the Fiscal Period:** \_\_\_\_\_

**Attorney General's Account #:** \_\_\_\_\_

**Organization Data**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Check all items enclosed  
(if applicable)**

- ☐ Officer's Certificate of Board  
Authorization of the dissolution  
and any transfer of assets
- ☐ Administrative Petition
- ☐ Judicial Complaint Package
- ☐ 3-year financial report for an  
organization not required to file  
Form PCs

1. Is the organization in compliance with its reporting to the Division? ☐ Yes ☐ No  
If "no", attach an explanation.

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? ☐ Yes ☐ No  
If "yes", attach an explanation.

**Impact on Creditors:** Any action by the Non-Profit Organizations/Public Charities Division with respect to or involving the dissolution of a public charity shall not, in and of itself, affect any rights otherwise held by any creditor of the dissolved organization. With respect to surviving rights of creditors, see also G.L. c. 156B, §102 as applicable under G.L. c. 180, §10C.

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
N.	Has your organization made any other payments, including a payment of debt, to a related party that is not disclosed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 this fiscal period:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	
B.	Gross support and revenue	
C.	Program services and similar amounts paid out	
D.	Fundraising expenses	
E.	Management and general expenses	
F.	Payments to affiliates	
G.	Total expenses	
H.	Net assets or fund balances at the end of the year	

9. Are any funds being reserved to pay for dissolution-related expenses? ☐ Yes ☐ No  
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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 mission or purpose? ☐ Yes ☐ No

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: \_\_\_\_\_