



# 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) 727-2200 ext. 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

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

## III. Document Submission Disclosure

Indicate the documents enclosed in this submission:

- a) An Officer's Certificate of Board authorization of the administrative equitable deviation or administrative cy pres, and any transfer of assets?  Yes  No
- b) A copy of the gift instrument?  Yes  No
- c) A financial statement for the most recent fiscal year of the Institutional Fund?  Yes  No
- d) 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?  Yes  No
- e) Are other documents enclosed in this submission?  Yes  No

If so please list: