



MARTHA COAKLEY
ATTORNEY GENERAL

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

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Form PC

Report for the Fiscal Period: _____ to _____

Attorney General's Account #: _____

Federal ID #: _____

When did the organization first engage in charitable work in Massachusetts? _____

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application **OR** date of determination letter: _____

IRS Exemption under 501(c): _____

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

- Schedule A-1
 Schedule A-2
 Schedule RO
 Probate Account
 Copy of IRS Return
 Audited Financial Statements/Review
 Filing Fee
 Amended Articles/By-Laws

Organization Data

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

| Category | Code | Category | Code |
|--------------------------------|----------------------|-----------------------------|----------------------|
| County (Table 1) | <input type="text"/> | Organization Purpose Code 1 | <input type="text"/> |
| Type of Organization (Table 2) | <input type="text"/> | Organization Purpose Code 2 | <input type="text"/> |

Please check box if final return prior to dissolution:

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? _____
2. Where was the organization created? _____
3. What is the form of organization? (check one)

| | |
|---|---|
| Corporation <input type="checkbox"/> | Testamentary Trust <input type="checkbox"/> |
| Unincorporated Association <input type="checkbox"/> | Inter Vivos Trust <input type="checkbox"/> |

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

| | 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 | |

6. List the total compensation you provided to your five highest paid employees:

| | Name/Title | Hrs/Week | Salary and Other Income | Benefit Plans | Other Compensation |
|----|------------|----------|-------------------------|---------------|--------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

| | Name/Title | Amount of Compensation | Type(s) of Service |
|----|------------|------------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

| Bank | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

10. What is the organization's accounting method? Cash Accrual
 Other *specify*): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____
City: _____ State: _____ Zip Code: _____

12. Contact Person Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

| | |
|--|--------------------------|
| a religious organization | <input type="checkbox"/> |
| an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.] | <input type="checkbox"/> |

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

| During the year: | | |
|-------------------------|--|--|
| 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 of this organization's officers, directors or trustees has a relationship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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: _____

Name of Preparer: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

| | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| Mass Mailing | <input type="checkbox"/> | Via the Internet | <input type="checkbox"/> |
| Door-to-door | <input type="checkbox"/> | Raffle, beano, bingo or gaming event | <input type="checkbox"/> |
| Entertainment event | <input type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/> | Individual Mailings | <input type="checkbox"/> |
| Telemarketing with sale of goods | <input type="checkbox"/> | Corporate solicitations | <input type="checkbox"/> |
| Telemarketing with sale of ads | <input type="checkbox"/> | Grant Proposals | <input type="checkbox"/> |

Other *specify*): _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

| | | | |
|-----------------------------------|--------------------------|---------------|--------------------------|
| Professional solicitor* | <input type="checkbox"/> | Own employees | <input type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers | <input type="checkbox"/> |
| Commercial co-venturer* | <input type="checkbox"/> | | |

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

| | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| Mass Mailing | <input type="checkbox"/> | Via the Internet | <input type="checkbox"/> |
| Door-to-door | <input type="checkbox"/> | Raffle, beano, bingo or gaming event | <input type="checkbox"/> |
| Entertainment event | <input type="checkbox"/> | Sale of goods other than by telephone | <input type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/> | Individual Mailings | <input type="checkbox"/> |
| Telemarketing with sale of goods | <input type="checkbox"/> | Corporate solicitations | <input type="checkbox"/> |
| Telemarketing with sale of ads | <input type="checkbox"/> | Grant Proposals | <input type="checkbox"/> |

Other *specify*: _____

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

| | | | |
|-----------------------------------|--------------------------|---------------|--------------------------|
| Professional solicitor* | <input type="checkbox"/> | Own employees | <input type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers | <input type="checkbox"/> |
| Commercial co-venturer* | <input type="checkbox"/> | | |

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Name and Title: _____

Address _____

City _____ State _____ Zip Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

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

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than five Related Organizations, please attach a list.)

| | | | | |
|-------|---|---|---------------------------------------|-----------------------------|
| Name: | | Primary purpose or activity: | | |
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| | | | | |
|-------|---|---|---------------------------------------|-----------------------------|
| Name: | | Primary purpose or activity: | | |
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| | | | | |
|-------|---|---|---------------------------------------|-----------------------------|
| Name: | | Primary purpose or activity: | | |
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| | | | | |
|-------|---|---|---------------------------------------|-----------------------------|
| Name: | | Primary purpose or activity: | | |
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

| | | | | |
|-------|---|---|---------------------------------------|-----------------------------|
| Name: | | Primary purpose or activity: | | |
| FYE | A. Donor restricted funds (-) liabilities | B. 3rd party restricted funds (-) liabilities | C. Unrestricted funds (-) liabilities | D. Total net assets (A+B+C) |
| | | | | |

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

| | | | |
|----------------|--------------------------|----------------|--------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| | | | |
|----------------|--------------------------|----------------|--------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| | | | |
|----------------|--------------------------|----------------|--------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| | | | |
|----------------|--------------------------|----------------|--------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

| | | | |
|----------------|--------------------------|----------------|--------------------|
| Name: | | Title: | |
| Income Source: | Salary and Other Income: | Benefits Plan: | Other Compensation |
| | | | |

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No