



MARTHA COAKLEY  
ATTORNEY GENERAL

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)

SHORT FORM PC

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

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

Federal ID #: \_\_\_\_\_

To be filed only by organizations that wish to solicit funds prior to completion of their first fiscal year.

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 \_\_\_\_\_

ORGANIZATION DATA

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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)		Organization Purpose Code 1	
Type of Organization (Table 2)		Organization Purpose Code 2	

Office Use Only  
Payment Received

**SCHEDULE A-2**  
**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.

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

Mass mailing		Via the Internet	
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event		Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual mailings	
Telemarketing with sale of goods		Corporate solicitations	
Telemarketing with sale of ad		Grant proposals	

Other (*please describe*): \_\_\_\_\_

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

Professional solicitor*		Own employees	
Professional fundraising counsel*		Volunteers	
Commercial co-venturer*			

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Professional Fundraising Counsel Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Commercial Co-Venturer Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**SCHEDULE A-2 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: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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