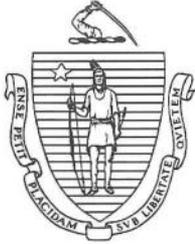


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2013



MARTHA COAKLEY  
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

Print Form

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

SHORT FORM PC

Report for the Fiscal Period: 04-17-2013 to 12/31/13 AW

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

Federal ID #: 46-2547157

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?  
April 17, 2013

Has the organization applied for or been granted IRS tax exempt status? Yes \_\_\_\_\_ No   
The organization is in the process of applying for 501(c)(3) tax-exempt status.  
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: One Fund Boston, Inc.  
Mailing Address: c/o Goodwin Procter, LLP, 53 State Street  
City: Boston State: MA Zip: 02109  
Phone: ( 617 ) 570-1000 Fax: ( 617 ) 570-1231  
Email: \_\_\_\_\_ Website: onefundboston.com

ATTORNEY GENERAL'S OFFICE  
PUBLIC CHARITIES DIVISION  
13 APR 17 PM 4:40

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)	13	Organization Purpose Code 1	34
Type of Organization (Table 2)	23	Organization Purpose Code 2	

Office Use Only  
Payment Received 50

**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.

\_\_\_\_\_

\_\_\_\_\_

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: The organization may decide to use a professional solicitor in the future, but

Address: does not currently have plans to do so.

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

Professional Fundraising Counsel Name: The organization may decide to use professional fundraising counsel

Address: in the future, but does not currently have plans to do so.

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: James D. Gallagher, Director and President

Address: 112 Old Farm Road

City: Milton State: MA Zip: 02186

Name and Title: Michael Sheehan, Director, Treasurer and Clerk

Address: 318 Prospect Street

City: Norwell State: MA Zip: 02061

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: James D. Gallagher, Director and President

Address: 112 Old Farm Road

City: Milton State: MA Zip: 02186

Name and Title: Michael Sheehan, Director, Treasurer and Clerk

Address: 318 Prospect Street

City: Norwell State: MA Zip: 02061

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: James D. Gallagher Date: 4-17-13

Print Name: James D. Gallagher

Title: Director and President

Signature: \_\_\_\_\_ Date: 4-17-13

Print Name: Michael Sheehan

Title: Director, Treasurer and Clerk

**CERTIFICATION BY ORGANIZATION**

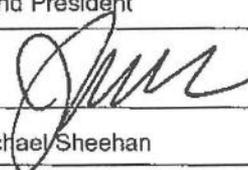
Two different signatures required. Signers must be organization president or other authorized officer or trustee.

**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: 4-17-13

Print Name: James D. Gallagher

Title: Director and President

Signature:  \_\_\_\_\_ Date: 4-17-13

Print Name: Michael Sheehan

Title: Director, Treasurer and Clerk