



Mail completed form to:
NH Attorney General's Office
Attn: Charitable Trusts Unit
One Granite Place South
Concord, NH 03301

FORM NHCT-10

REQUEST FOR PRE-REGISTRATION REVIEW

CHARITABLE ENTITY INFORMATION

Entity Name			
Mailing Address	City	State	Zip
Contact Name			
Contact Address	City	State	Zip
Contact Phone Number			
Contact Email			

DOCUMENTS REQUIRED

- Submit a copy of your governing document – articles of agreement, constitution, trust instrument.

- Submit a copy of your Internal Revenue Service (IRS) letter of determination of tax classification (*Note: if you have not applied to the IRS for a tax-exempt classification, submit a summary of the organization's activities and sources of revenue*).

- Submit your most recent Internal Revenue Service (IRS) Form 990; Form 990-EZ; Form 990-PF; or audited financial statement. If the forms are not available, you may submit a current financial statement showing the entity's revenue and expenditures.

QUESTIONS TO BE ANSWERED

1. If this entity is based outside of New Hampshire, does it target New Hampshire residents for fundraising or conduct operations in this state?
 Yes No

2. Does the entity currently hold or accept, or intend to hold or accept, gifts or donations of money or other property restricted to a charitable purpose in New Hampshire?
 Yes No

3. Does the entity currently, or does it intend to, solicit money or other property from the public for any charitable purpose in New Hampshire?
 Yes No

4. Does the entity currently present itself, or intend to present itself, to the public as an organization that donates money or services to charities, or that was established for charitable purposes in New Hampshire?
 Yes No

5. Does the entity engage in activities that are not social, fraternal, or otherwise intended solely for the pleasure, recreation, or advancement of its members and guests in New Hampshire?
 Yes No

CERTIFICATION

I hereby certify that the information contained in this form is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

Signature

Date

Print Name

Print Title *(must be signed by the president or treasurer of a charitable trust, or trustee, if an express trust)*