

Office of the New Hampshire Attorney General - Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

ANNUAL REPORT CERTIFICATE

DON'T FORGET TO ATTACH:

NH APPENDIX (conflicts of interest) FILING FEE (\$75) DIRECTOR LIST (name, street address, telephone)

One of the following: NHCT-2A IRS Form 990 990-EZ or 990-PF.
 probate account (for testamentary trusts)

Are your revenues over **\$500,000**? If **yes**, include GAAP financial statement plus 990 (not for 990-PFs)
Are your revenues over **\$1,000,000**? If **yes**, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

_____ Organization Name		_____ Fiscal Year End	
_____ In Care of		_____ NH Registration #	
_____ Address	_____ City	_____ State	_____ Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

_____ Signature of PRESIDENT, TREASURER OR TRUSTEE	_____ Date
_____ (Print or Type) Name of Officer/Trustee	_____ Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF _____
COUNTY OF _____

Signed and sworn to (or affirmed) before me on the ____ day of _____, 20____ by the above-named officer or trustee.

My Commission Expires: _____
[Seal] _____
Notary Public