

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

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**APPLICATION FOR EXTENSION OF TIME TO FILE COMMUNITY BENEFITS
PLAN**

This application for extension of time must be received on or before the due date of the community benefits plan in order to be accepted.

NAME OF ORGANIZATION: _____
CURRENT ADDRESS: _____
STATE REGISTRATION NUMBER: _____

COMPLETE THE FOLLOWING

I REQUEST AN EXTENSION OF TIME UNTIL: _____

DATE OF FISCAL YEAR BEGINNING: _____

REASON FOR EXTENSION (attach additional sheets if necessary):

Date: _____

By: _____

Title: _____

Phone #: _____

FAILURE TO FILE THE COMMUNITY BENEFITS PLAN WITH THE ATTORNEY GENERAL IN A TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES OF UP TO \$1,000 PER VIOLATION PLUS ATTORNEYS FEES AND COSTS (RSA 7:32-g III)

FOR CHARITABLE TRUST UNIT USE ONLY:

Request granted and report due on: _____

Request denied: _____

Copy mailed to organization on _____.