

COMMUNITY BENEFITS PLAN

INITIAL FILING INFORMATION

Pursuant to RSA 7:32-c – 1

to be filed with:

**Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591
<http://doj.nh.gov/charitable/index.html>**

Organization Name

Federal Tax Identification Number

Street Address

State Registration Number

City

State

Zip Code

The following information and attachments must be included with the initial community benefits plan filed with the Attorney General:

I. a. General Background Information:

Name and Address of the chief executive officer and board chair:

b. Organizational Structure:

Please attach:

•A copy of the charitable trust’s articles of incorporation, constitution, and by-laws, or other instrument of creation.

•A list of the names and addresses of the officers and directors of the organization.

•A brief description of the governance and administrative structure of the health care charitable trust, its parent and subsidiary entities, if any.

II. Program Information

Does your health care charitable trust have a strategic plan that addresses community benefits?

Yes _____ No _____

If yes, please **attach** a copy of the plan or section(s) of the plan pertaining to community benefits.

PLEASE NOTE: It will not be necessary to resubmit the information requested in I and II unless changes or amendments occur. Any updated information or amended organizational documents must be submitted to the Attorney General at the time the community benefits plan is filed.