



Mail completed form to:  
 NH Attorney General's Office  
 Attn: Charitable Trusts Unit  
 33 Capitol Street  
 Concord, NH 03301-6397

# FORM NHCT-13

APPLICATION TO SUSPEND ANNUAL REPORT FILING

## CHARITABLE ENTITY SEEKING SUSPENSION

Legal Name			
Charitable Trusts Unit Registration Number		Fiscal Year End (MM/DD/YYYY)	
Mailing Address	City	State	Zip

## CONTACT INFORMATION

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

## FINANCIAL INFORMATION

*Bank/investment accounts information*

Name of Institution	Address		Type of Account	Amount
	City	State		

**SMALL ENTITIES**

1. In the last three years, has the entity hired a professional fundraiser (fund raising counsel or paid solicitor)?

- Yes             No

2. In the last three years, has the entity operated a game of chance, pursuant to RSA 287-D or bingo game, pursuant to RSA 287-E?

- Yes             No

*Annual revenue for three most recent fiscal years*

Fiscal Year End	Revenue Amount

*Value of year end cash and investments for each of the three most recent fiscal years*

Fiscal Year End	Amount

**SOCIAL AND RECREATIONAL ENTITIES**

*Complete this section if your entity is primarily or exclusively engaged in social, recreational, or other private activities limited to members.*

1. Does this entity have any special funds restricted to charitable purposes or uses?

- Yes             No

2. In the last three years, has this entity solicited funds from the public for charitable or community purposes?

- Yes             No

3. In the last three years, has this entity engaged exclusively in social, recreational, or other private activities?

- Yes             No

# CERTIFICATION

*This form must be signed by the president or treasurer of the governing board or signed by a trustee if the entity is an express trust.*

*I hereby certify that the information above 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 of Signatory

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address