



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. What is the entity's IRS tax-exempt status?

- 501(c)(3) → *Skip questions 2–4 below*
 Another 501(c) status → *Complete questions 2–4 below*

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

- Yes No

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

- Yes No

3.4. 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 ~~presiding officer~~ [presiding officer](#) or treasurer of the governing board or signed by a trustee if the entity is an express trust. [This form may be signed by the executive director or other paid employee of a charitable organization only if the entity is not New Hampshire-based.](#)

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