

**OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
 CHARITABLE TRUSTS UNIT
 33 CAPITOL STREET, CONCORD, N.H. 03301**

NHCT-11



Registration Fee: \$25.00

Please make check payable to:
 "State of New Hampshire"

**APPLICATION FOR REGISTRATION
 CHARITABLE TRUST OR CHARITABLE ORGANIZATION**

| |
|------------------------------|
| Name and Contact Information |
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|------------------------------|---|
| Legal Name of Entity: | Federal Employer I.D. # |
| Contact Name: | Month Fiscal Year Ends: |
| Mailing Address of Entity: | Website Address: |
| Telephone Number of Contact: | Email address of Contact: |
| List trade names, if any: | <i>FOR OUT OF STATE ENTITIES ONLY:</i> Name and address of office/resident agent in New Hampshire, if any: |

Form of Organization (Check appropriate box)

Charitable Corporation

Date of incorporation: _____

State of incorporation: _____

Attach a copy of articles of agreement and bylaws with any amendments

Trust

Date of instrument: _____

Attach a copy of trust instrument with any amendments

Testamentary (probate) trust Inter vivos (non-probate) trust

Other Form of Organization/Association

Date of Formation _____

Attach a copy of constitution, charter, or other governing document with any amendments

IRS Tax Exemption

Check one of the following and supply any requested documents:

The entity is exempt from federal taxation because it is an organization described in Internal Revenue Code Section 501(c)() [fill in applicable paragraph number from the Code]. Attach a copy of the IRS letter of determination showing entity's tax exempt status.

The entity has filed with the IRS a pending application for determination of tax exempt status (IRS Form 1023 or equivalent).

The entity plans to file an application with the IRS within the next year for determination of tax exempt status.

The entity does not plan to file an application with the IRS within the next year for determination of tax exempt status.

Enclosures

Check in the amount of \$25.00 made payable to the "State of New Hampshire."

Copies of all governing documents of the entity (e.g., articles of agreement, bylaws, trust instrument, constitution, charter, and any amendments).

NHCT FORM 11 Schedule A

Entity name:

GOVERNING BOARD LIST¹

Required for all entities applying for registration.

For entities based in New Hampshire, provide all of the following information. Note: boards of directors of nonprofit corporations formed in New Hampshire (RSA Ch. 292) must consist of at least five persons unrelated by blood or marriage. RSA 292:6-a. This requirement does not apply to IRS Form 990-PF filers.

For entities not based in New Hampshire, provide names and positions held. It is acceptable to submit (in lieu of the following chart) a copy of the board list appearing at IRS Form 990, Part VII or Form 990-EZ, Part IV or Form 990-PF, Part VIII.

| Name | Position held | Home address | Daytime phone | Email address |
|------|---------------|--------------|---------------|---------------|
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¹ Please note that entities are permitted to submit their own spreadsheets in lieu of this chart, as long as the spreadsheets contain the information requested. The Charitable Trusts Unit requires the home addresses, phone numbers, and email addresses of board members of New Hampshire based entities so that the Unit can contact the board members apart from management, if needed. The personal contact information is not subject to public disclosure.