

Mail completed form to: NH Attorney General's Office Attn: Charitable Trusts Unit One Granite Place South Concord, NH 03301

FORM NHC					
APPLICATION FOR	REGISTRATION				
THADITADI E ENT	TITY INFORMATION				
Legal Name of Entity	ITTY INFORMATION				
Legar Name of Entry					
Federal Employer Identifi	cation Number (FEIN)	Month Fiscal Year Ends			
Mailing Address		City	State	Zip	
Physical Address (if differ	rent from mailing address)	City	State	Zip	
List of Trade Names (if an	ny)				
Entity's Website					
Cover of Lypon	7. C. W. C. Y.				
CONTACT INFOR	MATION				
Contact Name					
Contact Address		City	State	Zip	
Contact Telephone Numb	er	I			
Contact Email					
OUT-OF-STATE EN	NTITIES ONLV.				
	ESS(ES) OF OFFICERS OR I	RESIDENT AGENTS IN	NEW HAMPSH	IRE, IF ANY	
Name	Address	City	State	Zip	

FORM OF ORGANIZATION
 □ Charitable Corporation ➤ Submit a copy of the Articles of Incorporation or Agreement and bylaws with any amendments. (The Articles of Agreement of a New Hampshire charitable nonprofit corporation must state with specificity one or more charitable purposes of the organization.)
□ Trust➤ Submit a copy of the trust instrument and amendments, if any.
 □ Other Form of Organization/Association ➤ Submit a copy of the constitution, charter, or other governing document with any amendments. (The governing documents must state with specificity one or more charitable purposes of the organization.)
Date of incorporation/instrument/formation
If incorporated, indicate the state of incorporation
INTERNAL REVENUE SERVICE (IRS) TAX EXEMPTION
Has the IRS issued the entity a letter of determination recognizing the entity as tax-exempt under the Internal Revenue Code? <i>If answering yes, submit a copy of the letter of determination.</i>
□ Yes □ No
If yes, indicate the section of the Internal Revenue Code under which the entity is exempt:
□ 501 (c)(3) □ 501 (c)(4) □ Other
If the entity has <u>not</u> received a letter of determination from the IRS, check one of the following:
☐ The entity has filed with the IRS an application for determination of tax-exempt status (IRS Form 1023 or equivalent), and the application is pending.
☐ The entity plans to file an application with the IRS for determination of tax-exempt status within the next year.

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 $\hfill\Box$ The entity does not plan to file an application with the IRS for determination of tax-exempt

SPECIAL CONSIDERATIONS FOR NEW-HAMPSHIRE-BASED CHARITABLE CORPORATIONS

Under New Hampshire law, there are specific requirements for New Hampshire-based charitable corporations. These include requirements with respect to the composition of the organization's Board of Directors, its Articles of Agreement, its bylaws, and its conflict-of-interest and pecuniary benefit transaction policies. Template documents found online are frequently not compliant with New Hampshire law. Before you continue, it is strongly recommended that you review the following information on New Hampshire charitable organizations.

https://www.doj.nh.gov/charitable-trusts/documents/how-to-start-charity.pdf https://www.doj.nh.gov/charitable-trusts/documents/guidebook-non-profit-organizations.pdf

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Sele	ect one of the following:
	☐ I understand. ☐ This entity is not a New Hampshire-based charitable corporation.
Enc	CLOSURES
	□ Payment of \$25.00 (checks should be made payable to "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).
	□ Copy of IRS determination letter, if applicable.
	☐ Completed Governing Board List, or equivalent list of the members of the governing board and their titles. For New Hampshire-based entities, the list must also include home addresses with street number, email addresses, and daytime telephone numbers.
	 □ Copy of one of the following financial documents: a. Entity's most recent bank statement or a bank check showing the name of the account holder and the account number; or
	b. Entity's most recently filed IRS Form 990; Form 990-EZ; Form 990-PF; or Form 5227 (Form 990-N cannot be accepted);
	c. If neither a. nor b. exist, attach an explanation of where the entity's financial assets are held.
	□ Copy of the entity's conflict of interest and pecuniary benefit transaction policies. Alternatively, if the policies are included in an attached governing document, indicate the document and paragraph where they can be found:
	□ Copy of the entity's dissolution provision. Alternatively, if the dissolution provision is included in an attached document, indicate the document and paragraph where it can be found:

CERTIFICATION

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			
Title			

(This form must be signed by the presiding officer or treasurer of the governing board if the entity is an organization, or signed by a trustee if the entity is an express trust. The signature of an Executive Director or other paid employee is permitted only if the entity is <u>not</u> New Hampshire-based.)

GOVERNING BOARD LIST¹

Provide names, titles, home addresses, daytime telephone numbers, and email addresses of all officers, directors, or trustees of the entity. Out-of-state entities need only provide the names and titles of officers, directors, or trustees. Note: New Hampshire charitable corporations must have at least five (5) unrelated board members, pursuant to RSA 292:6-a

Board Member Name	Title	Street Address	City, State, Zip	Daytime Telephone	Email Address

¹ Please note that entities are permitted to submit their own spreadsheets in lieu of this chart, as long as the spreadsheet contains the information requested. The Charitable Trusts Unit requires the home address, 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 information is not subject to public disclosure.