



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

**FORM NHCT-11**  
 APPLICATION FOR REGISTRATION

**CHARITABLE ENTITY INFORMATION**

Legal Name of Entity			
Federal Employer Identification Number (FEIN)		Month Fiscal Year Ends	
Mailing Address	City	State	Zip
Physical Address <i>(if different from mailing address)</i>	City	State	Zip

List of Trade Names <i>(if any)</i>
Entity's Website

**CONTACT INFORMATION**

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

**OUT-OF-STATE ENTITIES ONLY:**

**NAME(S) & ADDRESS(ES) OF OFFICERS OR RESIDENT AGENTS IN NEW HAMPSHIRE, IF ANY**

Name	Address	City	State	Zip

**FORM OF ORGANIZATION** *\*select all that apply*

- Charitable Corporation**
  - Submit a copy of the Articles of Incorporation or Agreement and bylaws with any amendments
- 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

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? *If answering yes, submit a copy of the letter of determination*

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

## ENCLOSURES

- 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:
  - 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; or Form 990-PF;
  - 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 it 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

*This form must be signed by the president 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 is permitted only if the entity is not based in New Hampshire.*

*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

## GOVERNING BOARD LIST<sup>1</sup>

*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*

<b>Board Member Name</b>	<b>Title</b>	<b>Street Address</b>	<b>Daytime Telephone</b>	<b>Email Address</b>

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<sup>1</sup> 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.