



**FORM NHCT-32**

COMMUNITY BENEFITS PLAN APPLICATION FOR EXEMPTION

**HEALTHCARE CHARITABLE TRUST INFORMATION**

NH Charitable Trusts Unit Registration Number	For Fiscal Year Beginning (MM/DD/YYYY)
Federal Employer Identification Number (FEIN)	

Entity Name			
Address of Principal Office	City	State	Zip
Contact Name			
Contact Telephone Number	Contact Email Address		

**EXEMPTION CRITERIA**

*(check one of the following and submit the documents or information requested)*

**Application for Exemption Pertaining to Limited Mission**

- The entity seeks an exemption because it serves a specifically defined and very limited segment of the population and provides no health care services to the community at large:
  - a. Submit a description of the population served by the entity.
  - b. Submit a list of the names and addresses of the officers and directors of the entity.
  - c. Describe the health care services provided by the entity.
  - d. Submit copies of the entity's mission statement, articles of agreement, bylaws, and other governing documents.

### **Application for Exemption Based on Financial Burden**

- The entity seeks an exemption because its cash assets are valued at less than \$100,000, the financial resources of the entity would be negatively impacted by the obligation to prepare the community benefits plan, *and* it is not possible to enter into a collaboration with another health care charitable trust for the purpose of preparing a community benefits plan:
  - a. Submit a list of the names and addresses of the officers and directors of the entity.
  - b. Submit copies of the entity’s mission statement, articles of agreement, bylaws, and other governing documents.
  - c. Submit a copy of the entity’s Internal Revenue Service Form 990 or Form 990-EZ, audited financial statement, or other financial report for the most recent accounting period.

### **Application for Exemption Based on Administrative Burden**

- The entity seeks an exemption because it does not have sufficient paid staff, volunteers, or other resources available to prepare the community benefits plan, it does not have sufficient financial resources available to engage the services of an outside entity for the purpose of preparing the community benefits plan, *and* it is not possible to enter into a collaboration with another health care charitable trust for the purpose of preparing a community benefits plan.
  - a. Submit a list of the names and addresses of the officers and directors of the entity.
  - b. Submit copies of the entity’s mission statement, articles of agreement, bylaws, and other governing documents.
  - c. Submit a copy of the entity’s Internal Revenue Service Form 990 or Form 990-EZ, audited financial statement, or other financial report for the most recent accounting period.
  - d. Submit an organizational chart showing all paid full and part-time positions.

## **CERTIFICATION**

*I hereby certify that the information contained in this form and attached 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 (must be Presiding officer or Treasurer of governing board)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (must be Presiding officer or Treasurer of governing board)

\_\_\_\_\_  
Title (must be Presiding officer or Treasurer of governing board)