

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street
Concord, NH 03301-6397

Register of Charitable Trusts

Form NHCT-2A

ANNUAL REPORT

For the calendar year _____
and ending _____

or fiscal year beginning _____
Registration number _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

Please make name/address corrections here:

A) Employer or Federal ID Number: _____

D) Tax exempt under section 501 (c) (): check here if application for exemption is pending ()

G) Group return filed for affiliates? Yes _____ No _____

Separate return filed by group affiliate? Yes _____ No _____

**PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN
FUND BALANCES:**

Support and Revenue

1) Contributions, gifts, grants \$ _____

2) Program service revenue (see part V). _____

3) Membership dues and assessments. _____

4) Interest on savings and cash investments. _____

5) Dividends and interest from securities. _____

9) Special fundraising events and activities

(Attach schedule¹)

a) Gross revenue. \$ _____

b) Minus: direct expenses. _____

c) Net income (line 9a minus line 9b). _____

11) Other revenue (see part V). _____

12) Total revenue (add lines 1,2,3,4,5,9(c) and 11. _____

Expenses

13) Program services (program service charities only) (see Part III). _____

14) Management and general (see line 44). _____

17) Total expenses (add lines 13 and 14). _____

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17). _____

19) Fund balances or net worth at the beginning of the year..(see line 75). _____

20) Other changes in net assets or fund balance. _____

(ATTACH EXPLANATION)

21) Fund balances or net worth at end of year (add lines 18 and 19)(see also line 75) _____

¹ Any organization which engages the services of a professional fund-raiser (paid solicitor, fund raising counsel, etc.) is required to provide the name and address of the professional fund-raiser as well as detailed information regarding monies raised, fees paid, etc. This information may be submitted as an attached schedule on plain paper. Any organization which sponsors Bingo Games, or sells Lucky 7 tickets or conducts its own events is required to provide detailed information as to the gross amount of revenue received from the games or events, a breakdown of all expenses related to the operation of the function, and the net amount received by the charitable organization.

Organization Name: _____

PART II STATEMENT OF FUNCTIONAL EXPENSES

- 22) Grants and allocations (ATTACH SCHEDULE)..... _____
- 23) Specific assistance to individuals..... _____
- 24) Benefits paid to or for members..... _____
- 25) Compensation of officers, directors, etc..... _____
- 26) Other salaries and wages..... _____
- 27) Pension plan contributions..... _____
- 28) Other employee benefits..... _____
- 29) Payroll taxes..... _____
- 30) Professional fundraising fees..... _____
- 31) Accounting fees..... _____
- 32) Legal fees..... _____
- 33) Supplies..... _____
- 34) Telephone..... _____
- 35) Postage and shipping..... _____
- 36) Occupancy..... _____
- 37) Equipment rental and maintenance..... _____
- 38) Printing and publications..... _____
- 39) Travel..... _____
- 40) Conferences, conventions, meetings..... _____
- 41) Interest..... _____
- 42) Depreciation (attach schedule)..... _____
- 43) Other expenses (itemized):
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____
- 44) Total functional expenses (enter on line 14)..... _____

Organization Name: _____

PART III STATEMENT OF PROGRAM SERVICES RENDERED (program service charities only)

DESCRIPTION	EXPENSES
a) _____ _____ _____	\$ _____
b) _____ _____ _____	\$ _____
c) _____ _____ _____	\$ _____
TOTAL - MUST EQUAL LINE 13	\$ _____

Organization Name: _____

PART IV OFFICERS AND DIRECTORS

List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.

Name _____

Home Address _____

Position Held _____

Daytime Phone _____

Name _____

Home Address _____

Position Held _____

Daytime Phone _____

Name _____

Home Address _____

Position Held _____

Daytime Phone _____

Name _____

Home Address _____

Position Held _____

Daytime Phone _____

Name _____

Home Address _____

Position Held _____

Daytime Phone _____

Attach sheet if additional space is required.

Organization Name: _____

PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE (State nature)
(Program service charities only)

	<u>Program Service</u>	<u>Other</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____

PART VI BALANCE SHEETS

	<u>Beginning of Year</u>	<u>End of Year</u>
Assets		
45) Cash - non interest bearing	_____	_____
46) Savings and cash investments	_____	_____
47) Accounts receivable	_____	_____
48) Pledges receivable	_____	_____
49) Grants receivable	_____	_____
50) Receivables due from Officers, Directors, etc.	_____	_____
51) Other notes and loans receivable	_____	_____
52) Inventories for sale or use	_____	_____
53) Prepaid	_____	_____
54) Investments - securities	_____	_____
55) Investments - real estate	_____	_____
56) Investments - other	_____	_____
58) Other assets	_____	_____
59) Total assets (add lines 45 through 58)	_____	_____
Liabilities		
60) Accounts payable	_____	_____
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	_____	_____
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	_____	_____

**NOTE: PLEASE BE SURE TO SIGN THE ANNUAL REPORT CERTIFICATE BEFORE
A NOTARY PUBLIC AND RETURN THE CERTIFICATE AND REPORT TO:**

Office of the Attorney General, Charitable Trusts Unit, 33 Capitol St., Concord, NH 03301-6397

**FAILURE TO FILE ANNUAL FINANCIAL REPORTS WITH THE DEPARTMENT OF JUSTICE IN A
TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES
OF UP TO \$10,000.00 FOR EACH VIOLATION (RSA 7:28-f II (d))**

**OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397**

**MUST BE COMPLETED
AND ATTACHED TO FILING**

APPENDIX TO ANNUAL REPORT

Name of Organization: _____

1. Is there currently a conflict of interest policy in effect? Yes_____ No_____

A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): _____

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes_____

No_____

If Yes, complete the following:

A. Was any real estate transaction involved? Yes_____ No_____

B. Was a loan made to any director, officer or trustee? Yes_____ No_____

C. Was a pecuniary benefit paid in excess of \$500? Yes_____ No_____

If Yes, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes_____ No_____

If Yes, attach a copy of each of the following:

- * Public Notice made pursuant to RSA 7:19-a, II (d)
- * Meeting Minutes
- * Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient:_____ Nature & Amount of Benefit:_____

Name of Recipient:_____ Nature & Amount of Benefit:_____

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.