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Department of Justice  
33 Capitol Street  
Concord, NH 03301-6397



ANNUAL FILING FEE: \$75.00  
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STATE OF NEW HAMPSHIRE

RECEIVED

**ANNUAL REPORT CERTIFICATE**

FEB 4 - 2016

NH Foster and Adoptive Parent Association  
PO Box 3572  
Concord, NH 03302

Fiscal Year End: June 2015  
CHARITABLE TRUSTS UNIT  
State Registration # 6007

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the attached report, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete.

Denise Chu  
Signature of  
PRESIDENT, TREASURER OR TRUSTEE

1/9/15  
Date

Denise Christensen  
(Print or Type) Name of Officer/Trustee

Treasurer  
Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signatory.)

STATE OF

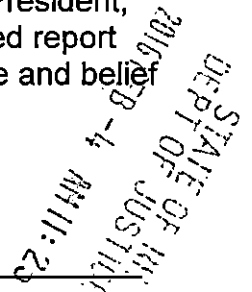
COUNTY OF

On this the 9th day of January, 2016 before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, Treasurer of the above-named organization and took oath or affirmed that the attached report including accompanying schedules and statements is to the best of his/her knowledge and belief true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

Lisa Simoneau



LISA SIMONEAU  
Notary Public - New Hampshire  
My Commission Expires May 15, 2013

Organization Name: NH Foster & Adoptive Parent Assoc

**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 Michelle Wolterris  
Home Address B101 Route 27  
Raymond NH 03835  
Position Held President  
Daytime Phone (603) 859-6855

Name Stephanie Sullivan  
Home Address 10 Iris Rd  
Milford NH 03055  
Position Held Vice President  
Daytime Phone (603) 305-6838

Name Denise Christensen  
Home Address 242 Parade Rd  
Barnstead NH 03218  
Position Held Treasurer  
Daytime Phone (603) 608-2543

Name Cyneli Nell  
Home Address 1265 Bodwell Rd #11  
Manchester NH 03109  
Position Held Secretary  
Daytime Phone \_\_\_\_\_

Name Tracy Brengola  
Home Address 38 Lannan Dr.  
Pelham NH 03076  
Position Held Member - At - Large  
Daytime Phone (603) 801-2262

Attach sheet if additional space is required.

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: NH Foster & Adoptive Parent Assoc.

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.

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 7/1/14-6/30/15  
Registration number 10007

NAME OF ORGANIZATION: NH Foster + Adoptive Parent Assoc  
ADDRESS: PO Box 3572 Concord NH 03302  
*Please make name/address corrections here:*

A) Employer or Federal ID Number: 22-3275811  
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 ..... \$ 2594.65  
2) Program service revenue (see part V).....  
3) Membership dues and assessments. annual conference..... 2800.00  
4) Interest on savings and cash investments.....  
5) Dividends and interest from securities.....  
9) Special fundraising events and activities  
(Attach schedule, see instructions #6)  
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..... 5394.65

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)..... 2070.82

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17)..... 3323.83  
19) Fund balances or net worth at the beginning of the year..(see line 75)..... 3530.53  
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) 5844.90

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.....	Annual report 150.00
34) Telephone.....	510.05
35) Postage and shipping.....	128.00
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) Website.....	1188.00
b) Misc.....	94.77
c).....	_____
d).....	_____
e).....	_____
44) Total functional expenses (enter on line 14).....	2070.82

Organization Name: NH Foster & Adoptive Parent Assoc.

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

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

Organization Name: NH Foster & Adoptive Parent Assoc.

**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>
<b>Assets</b>		
45) Cash - non interest bearing	<u>4858.03</u>	<u>7172.40</u>
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)	_____	_____
<b>Liabilities</b>		
60) Accounts payable	<u>1327.50</u>	<u>1327.50</u>
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	<u>1327.50</u>	<u>1327.50</u>
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	<u>3530.53</u>	<u>5844.90</u>

**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))**