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ANNUAL REPORT CERTIFICATE

CHARITABLE TRUSTS UNIT

DON'T FORGET TO ATTACH:

NH APPENDIX (conflicts of interest) FILING FEE (\$75) DIRECTOR LIST (name, street address, telephone)

One of the following: NHCT-2A IRS Form 990 990-EZ or 990-PF

Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs)

Are your revenues over \$1,000,000? If yes, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

NH Foster & Adoptive Parent Assoc.
Organization Name

6/30/17
Fiscal Year End
6007

In Care of
PO Box 3572
Address
Concord
City

NH Registration #
NH State 03302 Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Denise
Signature of
PRESIDENT, TREASURER OR TRUSTEE

12/11/17
Date

Denise Chnstansen
(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", attach an explanation of the signer's authority)

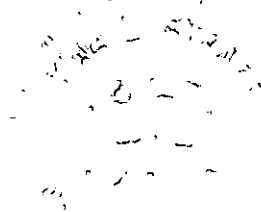
STATE OF
COUNTY OF

Signed and sworn to (or affirmed) before me on the 11th day of Dec, 2017 by the above-named officer or trustee.

My Commission Expires:
[Seal]

Tina Stoner
Notary Public

TINA L. STONER, Notary Public
My Commission Expires April 23, 2019



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 Williams
Home Address 310 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 Christiansen
Home Address 242 Parade Rd
Barnstead NH 03218
Position Held Treasurer
Daytime Phone (603) 608-2543

Name Abbey Clegg
Home Address 96 Schall St
Manchester NH 03102
Position Held Secretary
Daytime Phone (603) 315-8137

Name Deb Bradley
Home Address 178 Bow Bow Rd
Bow Mt 0
Position Held Member At Large
Daytime Phone (603) 738-4343

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 7/1/16 - 6/30/17
 Registration number _____

NAME OF ORGANIZATION: NH Foster & Adoptive Parent Association
 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 \$ 3032.65
 2) Program service revenue (see part V).....
 3) Membership dues and assessments. ... Annual Congen. ce. 4175.00 part of last yr. too
 4) Interest on savings and cash investments.....
 5) Dividends and interest from securities.....
 9) Special fundraising events and activities
 (Attach schedule¹)
 a) Gross revenue..... \$ 29472.70 (Wendys) Golf tournament \$1,700.00.ii,
 b) Minus: direct expenses..... 539.49
 c) Net income (line 9a minus line 9b)..... 30,633.21
 11) Other revenue (see part V).....
 12) Total revenue (add lines 1,2,3,4,5,9(c) and 11)..... 37,840.86

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)..... 18,576.14

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17)..... 19,264.22
 19) Fund balances or net worth at the beginning of the year..(see line 75)..... 19,575.77
 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) 38,839.99

¹ Any organization which engages the services of a professional fund-raiser (paid solicitor, fund raising counsel, etc.) is required to provide the 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: NH Fosters' Adoptive Parent Assoc.

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. <u>Annual report</u>	<u>75.00</u>
32) Legal fees.....	_____
33) Supplies.....	_____
34) Telephone.....	<u>526.87</u>
35) Postage and shipping.....	<u>208.00</u>
36) Occupancy.....	_____
37) Equipment rental and maintenance.....	_____
38) Printing and publications.....	<u>510.60</u>
39) Travel.....	_____
40) Conferences, conventions, meetings.....	<u>953.507</u>
41) Interest.....	_____
42) Depreciation (attach schedule).....	_____
43) Other expenses (itemized):	
a) <u>Misc</u>	<u>536.60</u>
b) <u>Website</u> .. <u>Total new website design done.</u>	<u>6484.00</u>
c) <u>Childcare</u> .. <u>for meetings</u>	<u>150.00</u>
d) <u>Insurance</u> .. <u>board insurance</u>	<u>555.00</u>
e).....	_____
44) Total functional expenses (enter on line 14).....	<u>18,576.14</u>

Organization Name: NH Foster & Adoptive Parent Assoc

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

DESCRIPTION	EXPENSES
a) <u>N/A</u>	\$ _____

b) _____	\$ _____

c) _____	\$ _____

TOTAL - MUST EQUAL LINE 13	\$ _____

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	<u>20,696.89</u>	<u>44,101.86</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)	<u>20,696.89</u>	_____
Liabilities		
60) Accounts payable	<u>1121.12</u>	<u>5261.87</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>1121.12</u>	_____
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	<u>19,575.77</u>	<u>38,839.99</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))**