

Office of the New Hampshire Attorney General Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

ANNUAL FILING FEE: \$75.00

Make check payable to:
State of New Hampshire

ANNUAL REPORT CERTIFICATE

RECEIVED

JUN 22 2015

NH Foster & Adoptive Parent Assn 6/30/14
 Organization Name Fiscal Year End
PO Box 3572 Concord 6007 NH 03301
 In Care of Address City State Zip
 State Registration #

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 Ch 6/17/15
 Signature of Date
 PRESIDENT, TREASURER OR TRUSTEE
Denise Christiansen Treasurer
 (Print or Type) Name of Officer/Trustee Title

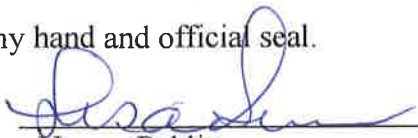
THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", please attach an explanation or definition of the authority vested in the signator.)

STATE OF
COUNTY OF

On this the 17th day of June, 2015 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:


 Notary Public

LISA SIMONEAU
Notary Public - New Hampshire
My Commission Expires May 16, 2018

7. RECEIPT OF REPORT: If acknowledgment of receipt of the report is desired, **please enclose a stamped, self-addressed envelope.**

8. NOTICE TO NEW REGISTRANTS: You are not required to submit an annual report to this office until you have been registered with this division for one full year.

9. ORGANIZATION NAME: Please refer to the **exact** name of your organization, the legal name used when registering, when addressing any inquiries to this office.

10. CHANGES: Organizations that change their name/address, amend Articles of Agreement/Constitution or dissolve must inform the Register of Charitable Trusts, Office of Attorney General when the change/amendment is made. **PLEASE NOTE; Notification to the Secretary of State is NOT notification to the Attorney General.** Copies of changes and amendments should be mailed to this office immediately.

If you have amended or will, in the future, amend your Articles of Agreement or Bylaws, it is necessary that you file a copy of the amended documents with this office.

11. REMEMBER: Under state law your volunteer organization has an obligation to file an annual report with the Office of Attorney General. It is the responsibility of the incumbent treasurer to provide the treasurer-elect with sufficient instruction in the preparation and submission of annual reports.

12. If you have any questions, please call (603) 271-3591 for further information.

13. AUDIT REQUIREMENT: Per RSA 7:28, III-a, "Any charitable organization with revenue, gains, and other support of \$500,000 or more that is required to file an Internal Revenue Service Form 990 with the attorney general shall also submit the organization's latest financial statement prepared in accordance with generally accepted accounting principles." Per RSA 7:28, III-b, "Any charitable organization with revenue, gains, and other support of \$1,000,000 or more that is required to file an Internal Revenue Service Form 990 with the attorney general shall also submit the organization's latest audited financial statement prepared in accordance with generally accepted accounting principles."

**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 _____ or fiscal year beginning 7/1/13 - 6/30/14
and ending _____ Registration number 6007

NAME OF ORGANIZATION: NH Foster & Adaptive 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 \$ 929.31
- 2) Program service revenue (see part V)..... _____
- 3) Membership dues and assessments. annual conf registrations... 2460.50
- 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)..... 3389.81

Expenses

- 13) Program services (program service charities only) (see Part III)..... _____
- 14) Management and general (see line 44)..... 2095.20
- 17) Total expenses (add lines 13 and 14)..... 2095.20

Fund Balances Lines 18 Through 21 Must Be Completed

- 18) Excess (deficit) for the year (line 12 minus line 17)..... 1294.61
- 19) Fund balances or net worth at the beginning of the year..(see line 75)..... 1478.87
- 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) 2773.48

Organization Name: NH Foster & 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..... _____
- 32) Legal fees..... _____
- 33) Supplies..... 99.20
- 34) Telephone..... 556.61
- 35) Postage and shipping..... 198.00
- 36) Occupancy..... _____
- 37) Equipment rental and maintenance..... _____
- 38) Printing and publications..... 53.21
- 39) Travel..... _____
- 40) Conferences, conventions, meetings..... _____
- 41) Interest..... _____
- 42) Depreciation (attach schedule)..... _____
- 43) Other expenses (itemized):
 - a) website..... 1188.00
 - b)..... _____
 - c)..... _____
 - d)..... _____
 - e)..... _____
- 44) Total functional expenses (enter on line 14)..... 2095.20

Organization Name: NH Foster & Adoptive Parent Assoc

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

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

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 Jacqueline Capello
Home Address 24 Chipmunk Lane
Farmington NH 03835
Position Held President
Daytime Phone (603) 859-6855

Name Michelle Wittering
Home Address 310 Route 27
Raymond NH 03077
Position Held Vice President
Daytime Phone (603) 759-9732

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

Name Tracy Brengola
Home Address 38 Lannan Dr.
Pelham NH 03076
Position Held Member-at-Large
Daytime Phone (603) 893-3730

Name Misty Kennedy
Home Address 5 Prescott St
Nashua, NH 03064
Position Held Member-at-Large
Daytime Phone (603) 801-2262

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	3927.49	5222.28
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	2448.62	2448.62
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	2448.62	2448.62
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	1478.87	2773.66

**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: 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.