

452

RECEIVED

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

JAN 25 2017

CHARITABLE TRUSTS UNIT

**DON'T FORGET TO ATTACH:**  
Appendix, Filing fee, Board List  
One of the following: NHCT-2A, 990, 990-EZ, or 990-PF

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

ANNUAL REPORT CERTIFICATE

RECEIVED

DEC 14 2017

NH Foster & Adoptive Parent Assoc  
Organization Name

6/30/16  
Fiscal Year End

PO Box 3572  
Address  
Concord  
City

6007  
State Registration #  
NH State 03302 Zip

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  
Signature of  
PRESIDENT, TREASURER OR TRUSTEE

1/23/17  
Date

Denise Christiansen  
(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 signator.)

STATE OF  
COUNTY OF

On this the 23 day of January, 2017 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  
Notary Public

LISA SIMONEAU  
Notary Public - New Hampshire  
My Commission Expires May 15, 2018

Organization Name: NH Fosters' 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 Michele Woltering  
Home Address 310 Route 27  
Raymond NH 03835  
Position Held President  
Daytime Phone (603) 859-6855

Name Stephanie Sullivan  
Home Address 10 Iris Rd  
Mill Pond 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 Abbey Clegg  
Home Address 9 1/2 School St  
Manchester NH 03102  
Position Held Secretary  
Daytime Phone (603) 315-8137

Name Deb Bradley  
Home Address 178 Box Bldg Rd  
BOW, NH  
Position Held Member at Large  
Daytime Phone (603) 738-4393

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 7/1/15-6/30/16  
Registration number \_\_\_\_\_

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 ..... \$ 10.88  
2) Program service revenue (see part V).....  
3) Membership dues and assessments. .... Annual Conference ..... 1650.00  
4) Interest on savings and cash investments.....  
5) Dividends and interest from securities.....  
9) Special fundraising events and activities Wendy's Coupon books sold by Wendy's  
(Attach schedule<sup>1</sup>)  
a) Gross revenue..... \$ \_\_\_\_\_  
b) Minus: direct expenses..... 0  
c) Net income (line 9a minus line 9b)..... 16,753.52  
11) Other revenue (see part V).....  
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11)..... 17,414.40

**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)..... 3889.91

**Fund Balances Lines 18 Through 21 Must Be Completed**

- 18) Excess (deficit) for the year (line 12 minus line 17)..... 13524.49  
19) Fund balances or net worth at the beginning of the year..(see line 75)..... 6051.28  
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) 6051.28

<sup>1</sup> 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: \_\_\_\_\_

**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..... Annual Report..... 75.00
- 32) Legal fees..... \_\_\_\_\_
- 33) Supplies..... \_\_\_\_\_
- 34) Telephone..... 562.25
- 35) Postage and shipping..... 197.00
- 36) Occupancy..... \_\_\_\_\_
- 37) Equipment rental and maintenance..... \_\_\_\_\_
- 38) Printing and publications..... \_\_\_\_\_
- 39) Travel..... \_\_\_\_\_
- 40) Conferences, conventions, meetings..... 1480.00
- 41) Interest..... \_\_\_\_\_
- 42) Depreciation (attach schedule)..... \_\_\_\_\_
- 43) Other expenses (itemized):
  - a) Website..... 1330.74
  - b) Misc..... 238.92
  - c) bank fees..... 6.00
  - d)..... \_\_\_\_\_
  - e)..... \_\_\_\_\_
- 44) Total functional expenses (enter on line 14)..... 3889.91

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) _____		\$ _____
_____		
_____		
<b>TOTAL - MUST EQUAL LINE 13</b>		\$ _____

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>
<b>Assets</b>		
45) Cash - non interest bearing	<u>7172.40</u>	<u>20,696.89</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>7172.40</u>	_____
<b>Liabilities</b>		
60) Accounts payable	<u>1121.12</u>	<u>1121.12</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>6051.28</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))**