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Form NHCT-12: Annual Report

version 2.12

(Submission #: HPY-RNEW-VW19C, version 1)

Details

Submitted 11/13/2023 (0 days ago) by Anita Mathur

Alternate Identifier Oyster River Alumni Association

Submission ID HPY-RNEW-VW19C

Status Submitted

Form Input

Charitable Trust Information

Charitable Entity Information

Entity Name

Oyster River Alumni Association

Registration Number Lookup

If you don't remember your registration number click on the link

[Registration number](#)

NH Charitable Trusts Unit Registration number

18203

Report is for fiscal year end date (MM/DD/YYYY)

12/31/2022

Is this report a consolidated report for multiple years because you received a suspension of your annual requirement?

No

Entity's Address

PO Box 320

Durham, NH 03824

Has the entity changed its address this year?

No

Entity's Website

www.oralumni.org

Has the entity changed its name this year?

No

Contact Information

Contact Name

Anita Mathur

Contact Address

15 Oyster River Road
Durham, NH 03824

Contact Telephone Number

5107080747

Contact Email Address

orhs92@yahoo.com

Charitable Trust Questionnaire

1. Did the entity submit a request to extend the deadline to file the annual report with payment of the \$75.00 fee required by RSA 7:28-a, II?

Yes

2. Is the entity a private foundation? (private foundations file Internal Revenue Service Form 990-PF)

No

3. Did the entity file with the Internal Revenue Service a Form 990, Form 990-EZ, or Form 990-PF for the reporting period?

No

4. For New Hampshire-based charitable trusts only, did revenue equal or exceed \$500,000 during the reporting period?

No

5. Is the entity a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire? (If yes, and the entity is not a private foundation, complete Form NHCT-12, Schedule C.)

Yes

6. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens? (If yes, complete Form NHCT-12, Schedule D.)

No

7. Is this the entity's final report (i.e. is your entity dissolving, withdrawing from registration)? (If yes, complete Form NHCT-12, Schedule E.)

No

8. Note that all charitable trusts are required to submit a governing board list (see Form NHCT-12, Schedule B.)

NHCT-12: Schedule A - Financial Report**Financial Report**

A. Employer identification number (EIN)

26-0117747

B. Internal Revenue Service Tax Exemption Status

501(c)(3)

Part I. Statement of Program Service Accomplishments

Complete the items below

C. Describe the entity's primary charitable purpose

Strengthen Oyster River School District community through targeted charitable giving and facilitating alumni networking

D. Describe briefly, for each of the entity's largest programs (measured by expenses), the services provided and the number of persons benefited. (These program expense amounts must be included in Part II, lines F8 through F16).

Description of Program	Program Expenses
Annual Oyster River Alumni Association Scholarship to one selected high school graduating senior for excellence in community organizing	\$300
Provided funds to support Oyster River Middle School playground construction (benefits approximately 600 students attending the middle school)	\$1,630
Class of 1992 reunion event (paid to Governor's Inn, benefitting about 30 people attending)	\$525
Class of 1982 reunion event (paid to Governor's Inn, benefitting about 70 people attending)	\$2,788.45

Part II. Revenue and Expenses

Complete the items below

E. Revenue

1. Donations and grants received (not fundraising events)

1,489.06

2. Program service revenue (received in exchange for services)

0.00

3. Membership fees

0.00

4. Interest and Dividends

0.00

5. Gross receipts from special fundraising events and activities

0.00

6. Other revenue

4,380.53

7. Total Revenue

5,869.59

F. Expenses

8. Cash and benefit amounts paid to unrelated persons or groups

1,930.00

9. Cash and benefit amounts paid to or for directors or members

0.00

10. Compensation of officers, directors & key employees

0.00

11. Other salaries & wages

0.00

12. Payroll taxes & employee benefits

0.00

13. Professional fees and other payments to independent contractors

0.00

14. Occupancy, rent, utilities, insurance

0.00

15. Printing, publications, postage, office supplies, IT

665.43

16. Other expenses

3,391.89

17. Total Expenses

5,987.32

G. Net income (or net loss)

-117.73

Part III. Balance Sheet

Complete the items below

H. Assets

1. Cash, savings, investments

18,393.08

2. Real estate less any depreciation

0.00

3. Other property and equipment less any depreciation

0.00

4. Pledges, grants, accounts receivable

0.00

5. Other assets

0.00

6. Total Assets (program will add lines 1-5)

18,393.08

I. Liabilities

7. Accounts payable

0.00

8. Loans, grants payable

0.00

9. Other liabilities

0.00

10. Total Liabilities (program will add lines 7-9)

0.00

J. Fund balance/Net worth (program will subtract line 10 from line 6)

18,393.08

K. Amount of fund balance that is donor restricted

0.00

L. Fund Balance/net worth at prior year end (prior year's Line J)

18,510.81

M. Change in Fund Balance (subtract line L from line J)

-117.73

N. Explain reason for change in fund balance (Line M)

Overhead expenses and grants slightly exceeded donation revenues

Part IV. Other Information

Complete items below

O. Did the entity experience any significant thefts, embezzlements, or other diversions of assets during the reporting year? If yes, explain.

No

NHCT-12: Schedule B - Governing Board

Instructions

For entities based in New Hampshire, provide all of the information set forth below either by entering requested information in the table below or uploading a pre-established list containing the same information.

For entities not based in New Hampshire, complete the names and titles of the governing board on this Schedule B or upload a board list containing the names and titles of the governing board.

Officers and Directors

Name	Title	Home address-street	City/Town	State	Zip Code	Daytime telephone number	Email address	Average hours per week devoted to position	Compensation and benefits paid (enter 0 if none)
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Board Members

ORAABoard2022.pdf - 11/13/2023 08:58 AM

Comment

NONE PROVIDED

NHCT-12: Schedule C - Conflict of Interest and Governance Report

1. Has there been a change to the entity's conflict of interest, and/or pecuniary benefit transaction policies this year? (if yes, attach the new policy below)

No

2. Did any officer, director, trustee, or member of his/her immediate family, or his/her employer/business (hereinafter an "interested person") obtain a pecuniary benefit (see RSA 7:19-a) from the entity in the last year?

No

3. Did the entity make a real estate transaction with or occupy real estate owned or rented by an interested person?

No

4. Was an advance or payment made on a loan to or from an interested person?

No

5. For each 'yes' answer to Questions 2, 3, or 4 above, provide the following:

Name/Relationship of Interested Person	Name of Director/Officer/Trustee	Description of Transaction (i.e., car sale, salary, etc.)	Amount
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6. Did any of the pecuniary benefit transactions listed in No. 5 above amount to \$5,000 or more in the aggregate during the fiscal year?

No

7. Has the organization amended its formation documents (articles of agreement, declaration of trust, constitution) or its bylaws within the reporting period?

No

8. How many times did the board of directors meet during the reporting period?

0 Times

9. Did the entity use a professional solicitor, fund raising counsel, or commercial co-venturer to solicit contributions on the entity's behalf during the reporting period?

No

10. Was the entity the subject of any fine, penalty, or adverse judgment?

No

11. Is the organization a "fiscal sponsor" for another organization?

No

Third-Party Filing

If you are a third-party filer filing on behalf of a charitable entity, please have an authorized representative complete Form NHCT-50: Authorization for Electronic Filing by Agent, and attach.

No

Certification

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

The certification must be signed by the president or treasurer of the governing board, or a trustee of an express trust.

Electronically signed by

Anita K. Mathur

Title

President

Date

11/13/2013

NHCT-12 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
11/13/2023 8:58 AM	ORAABoard2022.pdf	Attachment	No	Anita Mathur

Status History

	User	Processing Status
10/29/2023 2:20:27 PM	Anita Mathur	Draft
11/13/2023 9:06:31 AM	Anita Mathur	Submitting
11/13/2023 9:06:46 AM	Anita Mathur	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Anita Mathur	11/13/2023 9:06:46 AM

Part IV Officers and Directors (for 2022)

List all officers, directors and trustees. Boards of Directors of voluntary corporations must have at least five members who are not related by blood or marriage.

Name Anita Mathur
Home Address 15 Oyster River Road, Durham NH 03824
Position Held President, Board of Directors
Daytime Phone 510-708-0747

Name Benjamin Hardy
Home Address 174 Plains Rd, Jericho VT 05465
Position Held Board of Directors
Daytime Phone 802-238-0283

Name Christopher Jerard
Home Address 4465 Hastings Dr, Boulder CO 80305
Position Held Vice President, Board of Directors
Daytime Phone 303-517-6267

Name Robyn Gault
Home Address 67 Hayes Road, Madbury, NH 03823
Position Held Board of Directors
Daytime Phone 603-834-4439

Name Steve Wourgiotis
Home Address 15 Oyster River Road, Durham NH 03824
Position Held Treasurer, Board of Directors
Daytime Phone 510-701-2332

Name Bridgette Beagen
Home Address 790 Main St, Eliot, ME 03903
Position Held Board of Directors
Daytime Phone 603-380-2016

Name Deborah Savage Rearick Curran
Home Address 3 Carriage Way, Durham, NH 03824
Position Held Secretary, Board of Directors
Daytime Phone 401-862-4526

Name Pranav Nanda
Home Address 30 Sumac Lane, Durham NH 03824
Position Held Board of Directors
Daytime Phone 603-617-9270

Name Matt Smith
Home Address 7242 Dempster Drive, Lincoln, NE 68516
Position Held Board of Directors
Daytime Phone 603-285-5197