

# ORAA Annual Report 2021

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*(The following content is a mirrored/ghosted image of the form fields, appearing upside down and faintly on the page.)*

**Organization Information**

Report is for fiscal year ending: 12/31/2021

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

Registration number: 12345

Name of charity: Open New Britain Association

Organization's Address: 123 Main St, New Britain, CT 06053

Organization's Website Address: www.newbritain.org

Has the organization changed its name or address this year?

Is this report for a charity that is a charitable entity?

Name and Title of Annual Report Contact: John Doe

Telephone Number of Annual Report Contact: 860-123-4567

Email Address of Annual Report Contact: john.doe@newbritain.org

# Form NHCT12, Annual Report

version 1.27

(Submission #: HPH-VYVV-BG0SP, version 1)

## Details

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**Submitted** 5/22/2022 (525 days ago) by Anita Mathur

**Alternate Identifier** Oyster River Alumni Association

**Submission ID** HPH-VYVV-BG0SP

**Status** Issued

## Form Input

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### Organization Information

#### Instructions

This is the first page of your annual report. If you don't remember your registration number click on the link [Registration number](#)

**Registration number**  
18203

**Report is for fiscal year ending**  
12/31/2021

**Is this report a consolidated report for multiple years because you received a suspension of your annual requirement?**  
No

**Name of Charity**  
Oyster River Alumni Association

**Organization's Address**  
PO Box 320  
Durham, NH 03824

**Organization's Website Address**  
[www.oralumni.org](http://www.oralumni.org)

**Has the organization changed its name or address this year?**  
No

**Is a third party filer submitting this form on behalf of a charitable entity?**  
No

**Name and Title of Annual Report Contact**  
Anita Mathur

**Telephone Number of Annual Report Contact**  
5107080747

**Email Address of Annual Report Contact**  
[orhs92@yahoo.com](mailto:orhs92@yahoo.com)

Did the organization earlier submit a request to extend the deadline to file the annual report and did it pay at that time the \$75.00 fee required by RSA 7:28-a, II?

Yes

Is the organization a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire?

Yes

Does the organization file an IRS Form 990-PF (for private foundations)?

No

Does your organization issue/offer Charitable Gifts Annuities to New Hampshire citizens?

No

Is this your final report (i.e., is your organization dissolving, withdrawing from registration, etc.)?

No

### Schedule A - Financial Report

**A. Employer identification number (EIN)**

26-0117747

**B. IRS Status**

501(c)(3)

### Financial Report

Did the organization file a 990, 990-EZ or 990-PF with the IRS for the fiscal year being reported?

No

### Part I. Statement of Program Service Accomplishments

Complete the items below

**C. Describe the organization'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 organization's largest programs (measured by expenses), the services provided, the number of persons benefited, and other information. Be sure these amounts are also included within the expense categories in Part II, lines F8 through F16 below.**

Description	Program Expenses
Annual Oyster River Alumni Association Scholarship to one selected high school graduating senior for excellence in community organizing.	\$300
Provided funds to the Oyster River High School ultimate frisbee club.	\$150

### Part II. Revenue and Expenses

Complete the items below

#### E. Revenue

**1. Donations and grants received (not fundraising events)**

1,422.35

**2. Program service revenue (received from those getting 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  
77.43

7. Total Revenue  
1,499.78

**F. Expenses**

8. Cash and benefit amounts paid to unrelated persons or groups  
450.00

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  
648.43

16. Other expenses  
300.00

17. Total Expenses  
1,398.43

G. Net income (or net loss)  
101.35

**Part III. Balance Sheet**

Complete the items below

**H. Assets**

1. Cash, savings, investments  
18,510.81

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)**  
18,510.81

**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)**  
18,510.81

**K. Amount of fund balance that are donor restricted funds**  
0.00

**L. Fund Balance/net worth at prior year end (prior year's Line J)**  
18,409.46

**M. Change in Fund Balance (subtract line L from line J)**  
101.35

**N. Explain reason for change in fund balance (Line M)**  
Inflows slightly exceeded minimal operation expenses during COVID-19 pandemic.

**Part IV. Other Information**

Complete items below

**O. Did the organization experience any significant thefts, embezzlements, or other diversions of assets during the reporting year? If yes, explain.**  
No

**Schedule B - Governing Board**

**Instructions**

For organizations 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. Note: boards of directors of nonprofit corporations formed in New Hampshire (RSA Ch. 292) must consist of at least five persons unrelated by blood or marriage. RSA 292:6-a. This requirement does not apply to IRS Form 990-PF filers.

**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)

**Board Members**

ORAA Board 2021.pdf - 05/22/2022 09:42 AM  
 Comment  
 NONE PROVIDED

## Schedule C - Conflict of Interest and Governance Report

1. Has there been a change to the organization's conflict of interest policy this year?

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 organization in the last year?

No

3. Did the organization 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 #5 above amount to \$5,000 or more per transaction?

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?

1

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

No

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

No

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

No

### Acknowledgement

Name of Signatory

Anita Mathur

Title of Signatory

Treasurer

Refunds for duplicate payments may be requested by emailing the CTU at [charitabletrusts2@doj.nh.gov](mailto:charitabletrusts2@doj.nh.gov). The CTU will issue a refund once the duplicate payment is confirmed.

Accept

NHCT-12 (March 2021)

### Attachments

Date	Attachment Name	Context	Confidential?	User
5/22/2022 9:42 AM	ORAA_Board_2021.pdf	Attachment	No	Anita Mathur

### Status History

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	User	Processing Status
5/22/2022 9:28:31 AM	Anita Mathur	Draft
5/22/2022 9:43:17 AM	Anita Mathur	Submitting
5/22/2022 9:43:31 AM	Anita Mathur	Submitted
5/3/2023 12:44:33 PM	lyndi.m.girard m girard	Issued

### Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Anita Mathur	5/22/2022 9:43:31 AM

**Part IV Officers and Directors (for 2021)**

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 Treasurer, Board of Directors  
Daytime Phone 510-708-0747

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

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

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

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

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

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

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

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