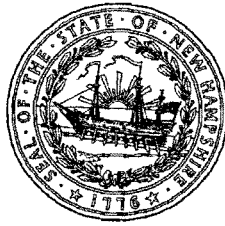


Department of Justice  
33 Capitol Street  
Concord, NH 03301-6397



576  
ANNUAL FILING FEE: \$75.00

Make check payable to:

STATE OF NEW HAMPSHIRE

RECEIVED

OCT 24 2012

**ANNUAL REPORT CERTIFICATE**

Oyster River Alumni Association  
8754 Terrace Dr 15 OYSTER RIVER ROAD  
El Gerrito, CA 94530 DURHAM, NH 03824

CHARITABLE TRUSTS UNIT  
Fiscal Year End: December 2011  
State Registration # 18203

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.

*Anita K. Mathur*  
Signature of President, Treasurer or Trustee

10/23/12  
Date

ANITA K. MATHUR  
(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 NEW HAMPSHIRE

COUNTY OF STRAFFORD

On this the 23<sup>RD</sup> day of OCTOBER 20 12 before me personally appeared the above named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, or 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:

*[Signature]*  
Notary Public

My Commission Expires January 25, 2017

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 2011  
 and ending December 31, 2011

or fiscal year beginning January 1, 2011  
 Registration number 18203

NAME OF ORGANIZATION: Oyster River Alumni Association  
 ADDRESS: ~~C/O Anita Mathur 15 Oyster River Road, Durham, NH 03824~~  
 Please make name/address corrections here:

C/O ANITA MATHUR 15 OYSTER RIVER ROAD, DURHAM, NH 03824

- A) Employer or Federal ID Number: 26-0117747  
 D) Tax exempt under section 501 (c) (3): check here if application for exemption is pending ( )  
 G) Group return filed for affiliates? Yes \_\_\_\_\_ No X  
 Separate return filed by group affiliate? Yes \_\_\_\_\_ No X

**PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN FUND BALANCES:**

Support and Revenue

- 1) Contributions, gifts, grants ..... \$ 2,664.55  
 2) Program service revenue (see part V) ..... \_\_\_\_\_  
 3) Membership dues and assessments ..... \_\_\_\_\_  
 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 ..... \$ 16,448.89  
 b) Minus: direct expenses ..... \$ 12,554.04  
 c) Net income (line 9a minus line 9b) ..... \$ 3,894.85  
 11) Other revenue (see part V) ..... \_\_\_\_\_  
 12) Total revenue (add lines 1,2,3,4,5,9(c) and 11) ..... \$ 6,559.40

Expenses

- 13) Program services (program service charities only) (see Part III) ..... \_\_\_\_\_  
 14) Management and general (see line 44) ..... \$ 4,971.88  
 17) Total expenses (add lines 13 and 14) ..... \$ 4,971.88

Fund Balances Lines 18 Through 21 Must Be Completed

- 18) Excess (deficit) for the year (line 12 minus line 17) ..... \$ 1,587.52  
 19) Fund balances or net worth at the beginning of the year..(see line 75) ..... \$ 5,839.34  
 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) ..... \$ 7,426.86

Organization Name: OYSTER RIVER ALUMNI ASSOCIATION

**PART II STATEMENT OF FUNCTIONAL EXPENSES**

22) Grants and allocations (ATTACH SCHEDULE).....	\$ 3,475.80
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.....	_____
34) Telephone.....	_____
35) Postage and shipping.....	\$ 40.88
36) Occupancy.....	_____
37) Equipment rental and maintenance.....	_____
38) Printing and publications.....	\$ 162.00
39) Travel.....	_____
40) Conferences, conventions, meetings.....	_____
41) Interest.....	_____
42) Depreciation (attach schedule).....	_____
43) Other expenses (itemized):	
a) <u>Website</u> .....	\$ 1,218.20
b) <u>NH SOS Filing Fee</u> .....	\$ 75.00
c).....	_____
d).....	_____
e).....	_____
44) Total functional expenses (enter on line 14).....	\$4,971.88

Organization Name: OYSTER RIVER ALUMNI ASSOCIATION

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

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

**Organization Name: Oyster River Alumni Association**

**Annual Report Supplement**

**Schedule: Special Fundraising Event - Oyster River Festival and Bobcat Bolt - June 25, 2011**

<b>Revenues</b>	<b>Value</b>
Registrations & Donations	\$ 16,448.89
<b>Total Revenues</b>	<b>\$ 16,448.89</b>
<b>Expenses</b>	<b>Value</b>
Marketing	\$ 770.40
Misc	\$ 55.00
Race Production (prizes, t-shirts, announcer, timing, USATF)	\$ 4,307.00
Festival T-Shirts	\$ 678.84
Facilities & Police	\$ 5,216.80
Photographer	\$ 500.00
Music	\$ 1,000.00
Food	\$ 26.00
<b>Total Expenses</b>	<b>\$ 12,554.04</b>
<b>Net Income</b>	<b>\$ 3,894.85</b>

**Organization Name: Oyster River Alumni Association**  
**Annual Report Supplement**  
**Schedule: 2011 Grants Given**

**Recipient**

	<b>Amount</b>	<b>Notes</b>
ORHS Anatomy and Physiology Class, Posters for Science Showcase 2011	\$ 400.00	ORAA Mini-Grant Initiative
ORHS Non-Fiction Writing Class, SOLO Wilderness Survival Training Session	\$ 200.00	ORAA Mini-Grant Initiative
FASTT Math Software Program for Moharimet Elementary School	\$ 335.00	ORAA Mini-Grant Initiative
Oyster River Middle School Jazz Band	\$ 500.00	ORAA Mini-Grant Initiative
"Hands-On" Math Materials for Mast Way and Moharimet Elementary Schools	\$ 1,170.00	ORAA Mini-Grant Initiative
Emily Dube, Oyster River High School Senior	\$ 250.00	ORAA Scholarship
Oyster River Teen Initiative	\$ 620.80	ORAA Grant for Youth Program
<b>Total Grants given in 2011</b>	<b>\$ 3,475.80</b>	

Organization Name: OYSTER RIVER ALUMNI ASSOCIATION

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 Anita Mathur  
Home Address 15 Oyster River Road  
Durham, NH 03824  
Position Held Treasurer  
Daytime Phone 510-708-0747 (cell)

\* Anita Mathur  
and  
Steven Wourgiotis  
are Married

Name Steven Wourgiotis  
Home Address 15 Oyster River Road  
Durham, NH 03824  
Position Held Secretary  
Daytime Phone 510-701-2332 (cell)

Name Christopher Jerard  
Home Address 134 Solano Street  
Brisbane, CA 94005  
Position Held President  
Daytime Phone 303-517-6267

Name Matthew Smith  
Home Address 22 Wheelwright Drive  
Lee, NH 03861  
Position Held Vice President  
Daytime Phone 603-285-5197

Name Benjamin Hardy  
Home Address 1403 E Lakeshore Dr.  
Colchester, VT 05446  
Position Held Festival Music Director  
Daytime Phone 802-238-0283

Attach sheet if additional space is required.

Robyn Gault  
8 Mill Hill Road  
Madbury, NH 03823  
Bobcat Bolt Fundraising Coordinator  
603-834-4439

Bridgette Beagen  
22 Moharimet Drive  
Madbury, NH 03823  
UNH Liaison  
603-386-2016

Jamie Alford  
860 Portsmouth Ave  
Greenland, NH 03840  
Advisor  
917-497-1714

Organization Name: OYSTER RIVER ALUMNI ASSOCIATION

**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>\$5,839.34</u>	<u>\$7,426.86</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>\$5,839.34</u>	<u>\$7,426.86</u>
<b>Liabilities</b>		
60) Accounts payable	_____	_____
61) Grants payable	_____	_____
63) Loans from officers, directors, etc.	_____	_____
64) Mortgages/notes payable	_____	_____
65) Other liabilities	_____	_____
66) Total liabilities (add lines 60 through 65)	_____	_____
<b>Fund Balances or Net Worth</b> <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	<u>\$5,839.34</u>	<u>\$7,426.86</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))**



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: OYSTER RIVER ALUMNI ASSOCIATION

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)**

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties?

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?  
**If yes**, attach copy of meeting minutes. Yes  No

D. Was a pecuniary benefit paid in excess of \$5,000?  
**If yes**, attach a copy of:

- Public Notice
- Meeting Minutes
- Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of the immediate family. Include names of recipient(s) and amount(s) of benefit as required under RSA 7:28.

**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 required under RSA 7:24.

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
33 Capitol Street, Concord, NH 03301-6397

NHCT-4

APPLICATION FOR EXTENSION OF TIME TO FILE ANNUAL REPORT WITH CHARITABLE TRUSTS UNIT

This application for extension of time must be received on or before due date of annual filing in order to be accepted. IRS form 2758 is not acceptable for this purpose.

OFFICIAL NAME OF ORGANIZATION: OYSTER RIVER ALUMNI ASSOCIATION  
CURRENT ADDRESS: C/O ANITA MATHUR 15 OYSTER RIVER RD DURHAM, NH 0382

Is this a change of address? YES  NO

COMPLETE THE FOLLOWING

I REQUEST AN EXTENSION OF TIME UNTIL: NOVEMBER 1, 2012

(only 1 request per report)

DATE OF FISCAL YEAR END: DECEMBER 31, 2011

REGISTRATION # OF CHARITY: 18203

(obtain from mailing label)

REASON FOR EXTENSION: Anita Mathur  
Had a baby and moving  
back to New Hampshire

ONLY ONE REQUEST GRANTED PER REPORT. REQUEST MAXIMUM AMOUNT OF TIME REQUIRED.  
\$75 ANNUAL FILING FEE MUST ACCOMPANY REQUEST.

If you do not hear from this Unit WITHIN 21 DAYS you may assume that this request has been granted. YOU WILL HEAR FROM THIS OFFICE ONLY IF THE REQUEST IS DENIED.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

FAILURE TO FILE ANNUAL REPORTS WITH THE ATTORNEY GENERAL IN A TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES UP TO \$10,000 PER VIOLATION (RSA 7:28-f II(d)).

**CERTIFICATION REQUIRED BY CHARITABLE ORGANIZATIONS  
THAT ISSUE CHARITABLE GIFT ANNUITIES**

(Must be signed by an officer or director)

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have not previously filed a notification** with the Director of Charitable Trusts, please complete the following:

1. I am the \_\_\_\_\_ (title) of the \_\_\_\_\_  
\_\_\_\_\_ (name of organization).

2. I certify that this organization is a charitable organization, and that the annuities issued by the organization are limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: \_\_\_\_\_

(Print name): \_\_\_\_\_

-----

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have filed an initial notification** with the Director of Charitable Trusts, you must recertify pursuant to RSA 403-E:3, II(b) by completing the following:

1. I am the \_\_\_\_\_ (title) of the \_\_\_\_\_  
\_\_\_\_\_ (name of organization).

2. I certify that the annuities issued by this organization shall be limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: \_\_\_\_\_

(Print name): \_\_\_\_\_