

# Form NHCT-12: Annual Report

version 1.4

(Submission #: HQ8-J6DJ-1C3C2, version 1)

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Location: New Hampshire



## Details

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**Charity** Oyster River Alumni Association (18203)

**Submission ID** HQ8-J6DJ-1C3C2

## Form Input

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### Charitable Trust Information

#### Charitable Entity Information

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**NH Charitable Trusts Unit Registration Number**

18203

**Entity Name**

Oyster River Alumni Association

**Has the entity changed its name this year?**

No

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

12/31/2023

**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 or needs to be corrected?**

No

**Entity Website Address**

www.oralumni.org

**Entity Telephone Number**

510 708-0747

**Entity Email Address**

orhs92@yahoo.com

#### Contact Information

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Please complete the contact information for the charity. If you are a third party filing on behalf of the charity, please answer Yes below and complete your contact information. Otherwise, select No and enter the Charity Contact Information.

**Are you a third-party filer filing on behalf of a charitable entity?**

No

## Contact Information

**First Name      Last Name**

Anita                  Mathur

**Organization Name**

Oyster River Alumni Association

**Phone Type      Number                  Extension**

Business              510-708-0747

**Email**

orhs92@yahoo.com

**Address**

15 OYSTER RIVER RD

DURHAM, NH 03824

## Charitable Trust Questionnaire

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**1. Fee**

It looks like you have already paid during your NHCT-14 Application for Extension of Time to File Annual Report. No fee will be required at this time.

**2. Which of the following IRS forms did the entity file for the reporting period?**

IRS Form 990-N

**3. Is the entity a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire?**

Yes

**4. What was the entity's revenue for the reporting period?**

Less than \$500,000

**5. Does the entity file an accounting with the New Hampshire Circuit Court's Probate Division?**

No

**6. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens?**

No

**7. Is this the entity's final report (i.e. is your entity dissolving, withdrawing from registration)?**

No

## NHCT-12: Schedule A - Financial Report

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### Financial Report

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**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. (If the entity is a New Hampshire corporation, it must have one or more specific charitable purposes, which must be reflected in the organization's Articles of Agreement.)**

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

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

Description of Program	Program Expenses
Oyster River Project Graduation (collecting funds to be paid out in 2024)	0
Annual Oyster River Association Scholarship to one selected high school graduating senior for excellence in community organizing	500
Grant to support the Oyster River High School Science Olympiad club	1500
Grant to support the Oyster River Middle School 5th grade science club	250
Grant to support the Oyster River Middle School Seaperch Club	250
Grant to support the Oyster River Project Graduation 2023	1510
Class of 2013 reunion event reimbursement to Olivia Moore	967.27

## Part II. Revenue and Expenses

Complete the items below

### E. Revenue

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

19,949.06

#### 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

8,817.89

#### 6. Other revenue

1,066.79

#### 7. Total Revenue

29,833.74

### F. Expenses

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

4,010.00

#### 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

705.66

**16. Other expenses**

967.27

**17. Total Expenses**

5,682.93

**G. Net income (or net loss)**

24,150.81

**Part III. Balance Sheet**

Complete the items below

**H. Assets****1. Cash, savings and checking accounts, investments**

42,543.89

**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)**

42,543.89

**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)**

42,543.89

**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)**

18,393.08

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

24,150.81

**N. Variance (subtract line M from line G)**

0

**NHCT-12: Schedule B - Governing Board (New Hampshire-based entity)****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. **Include any compensation paid by the entity to the individual, whether as a board member, employee, or independent contractor. Do not include amounts the entity pays for reimbursement of reasonable expenses as a director, officer, or trustee.**

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

<a href="#">ORAABoard2023.pdf - 12/01/2024 01:49 PM</a>
<b>Comment</b>
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
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 Time
9. Did the entity use a professional solicitor, fundraising 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
12. Did the entity experience any significant thefts, embezzlements, or other diversions of assets during the reporting period?

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 presiding officer or treasurer of the governing board, or a trustee of an express trust. This form may be signed by the executive director or other paid employee only if the entity is not New Hampshire-based.

Electronically signed by  
Anita K. Mathur

**Title**

Presiding officer of governing board

**Date**

12/01/2024

**NHCT-12 (March 2024)**