



Mail completed form to:
 NH Attorney General's Office
 Attn: Charitable Trusts Unit
 One Granite Place South
 Concord, NH 03301

FORM NHCT-12

ANNUAL REPORT

*Instructions for the form are at the following web link:

<https://www.doj.nh.gov/charitable-trusts/documents/nhct12-instructions.pdf>

This form must be accompanied by a payment in the amount of \$75.00, unless previously paid with Form NHCT-14 for the reporting period. Checks must be made payable to "State of New Hampshire".

Report is for fiscal year-end date (MM/DD/YYYY): 8/31/23

Is this a consolidated report for multiple years because the entity was granted a suspension of its annual requirement?

- Yes (if yes, state the beginning date of the consolidated report) _____
- No

CHARITABLE TRUST INFORMATION

Entity Name <i>ROCKINGHAM CHORAL SOCIETY</i>	<input type="checkbox"/> Check here if new name	NH Charitable Trusts Unit Registration No. <i>14333</i>		
Mailing Address <i>P.O. BOX 103</i>	<input type="checkbox"/> Check here if new address	City <i>EXETER</i>	State <i>NH</i>	Zip <i>03833</i>
Entity Website Address <i>WWW.ROCKINGHAMCHORAL.ORG</i>				

CONTACT INFORMATION

Contact Name <i>ELIZABETH W. SMARDZ</i>			
Contact Address <i>65 AMESBURY RD</i>	City <i>NEWTON</i>	State <i>NH</i>	Zip <i>03858</i>
Contact Telephone Number <i>603-988-9697</i>			
Contact Email Address <i>CRUMB128@HOTMAIL.COM</i>			

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 filing fee required by RSA 7:28-a, II?
- Yes
 No

2. Did the entity file with the IRS a Form 990, Form 990-EZ, or Form 990-PF for the reporting period?
- Yes
 No (If no, complete Form NHCT-12, Schedule A.)

If yes, submit the form in lieu of Schedule A. If the entity also files an annual account with the New Hampshire Circuit Court, Probate Division, submit that as well. NOTE: we do not accept the Internal Revenue Service Form 990-N. Entities that file Form 990-N will need to complete the following Financial Report questions, Part I – Part III.

NH Entities Only: *If the entity has revenue of more than \$500,000, but less than \$2 million, it must submit a GAAP financial statement, pursuant to RSA 7:28, III-a. This financial statement may be prepared by the entity in-house or may be prepared by an accountant and reviewed and approved by the entity. If the entity has revenue of more than \$2 million, it must file an audited financial statement examined by a certified public accountant, pursuant to RSA 7:28, III-b. NOTE: this requirement does not apply to entities that file Form 990-PF with the IRS.*

3. Is the entity a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire?
- Yes (if yes, and the entity is not a private foundation, complete Form NHCT-12, Schedule C.)
 No
4. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens?
- Yes (if yes, complete Form NHCT-12, Schedule D)
 No
5. Is this the entity's final report (*i.e., is your entity dissolving, withdrawing from registration*)?
- Yes (if yes, complete Form NHCT-12, Schedule E)
 No

6. All charitable trusts are required to submit a governing board list (complete Form NHCT-12, Schedule B)

FORM NHCT-12 : SCHEDULE A

Year-end: 8/31/23

FINANCIAL REPORT

A. Employer Identification Number 02-6012671

B. IRS Federal Tax Exemption Status **select one*

501 (c)(3) 501 (c) (_____) Not tax exempt

Check Here if: 1023 or 1023-EZ application is pending review with the IRS

Check Here If: Part of IRS group tax exemption

If part of an IRS group tax exemption, state the name of the central organization:

Part I: Statement of Program Service Accomplishments

C. Describe the entity's primary charitable purpose: To Promote Church Aros in N.H.

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

Description of Program	Program Expenses
<u>WINTER & SPRING CONCERTS</u>	<u>45,330.59</u>

Part II: Revenue and Expenses

E. Revenue	
1. Donations and grants received (not fundraising events)	\$ <u>7,835.20</u>
2. Program service revenue (received in exchange for services)	\$ <u>12,367.97</u>
3. Membership fees	\$ <u>13,137.12</u>
4. Interest and dividends	\$ <u>310.91</u>
5. Gross receipts from special fundraising events and activities	\$ <u>48,070.43</u>
6. Other revenue	\$ <u>8,660.09</u>
7. Total revenue (add lines 1 through 6)	\$ <u>92,181.67</u>

F. Expenses

8. Cash and benefit amounts paid to unrelated persons or groups	\$ <u>0</u>
9. Cash and benefit amounts paid to or for directors or members	\$ <u>0</u>
10. Compensation of officers, directors, and key employees	\$ <u>0</u>
11. Other salaries and wages	\$ <u>0</u>
12. Payroll taxes and employee benefits	\$ <u>0</u>
13. Professional fees and other payments to independent contractors	\$ <u>31,114.00</u>
14. Occupancy, rent, utilities, and insurance	\$ <u>3,397.50</u>
15. Printing, publications, postage, office supplies, and IT	\$ <u>3,427.67</u>
16. Other expenses	\$ <u>12,034.74</u>
17. Total expenses (add lines 8 through 16)	\$ <u>49,973.91</u>

G. Net income (or loss) (subtract line 17 from line 7) \$ 42,207.76

Part III: Balance Sheet

H. Assets

1. Cash, savings, investments	\$ <u>63,221.05</u>
2. Real estate less any depreciation	\$ <u>0</u>
3. Other property and equipment less any depreciation	\$ <u>0</u>
4. Pledges, grants, accounts receivable	\$ <u>0</u>
5. Other assets	\$ <u>0</u>
6. Total assets (add lines 1 through 5)	\$ _____

I. Liabilities

7. Accounts payable	\$ <u>0</u>
8. Loans, grants payable	\$ <u>0</u>
9. Other Liabilities	\$ <u>0</u>
10. Total liabilities (add lines 7 through 9)	\$ <u>0</u>

J. Fund Balance/Net worth (subtract line 10 from line 6) \$ 63,221.05

K. Amount of fund balance that is donor-restricted \$ 0

L. Fund balance/net worth at prior year end (prior year's Line J) \$ 22,910.11

M. Change in fund balance (subtract line L from line J)

\$ 40,310.94

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

CHARITABLE GAMING INCOME FROM
THE BROOK CASINO IN SEABROOK N.H.

Part IV: Other Information

O. Did the entity experience any significant thefts, embezzlements, or other diversions of assets during the reporting period?

Yes No

If yes, please explain:

FORM NHCT-12 : SCHEDULE B

GOVERNING BOARD LIST¹

Entity Name: ROCKINGHAM Choral Society Year-end: 8/31/23

For entities based in New Hampshire, provide all the information set forth in the chart below.

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

Name	Title	Home Address	Daytime Telephone Number	Email Address	Av. Hours per week devoted to position	Compensation and benefits paid (enter 0 if none)
<i>SEE SEPARATE LIST</i>						

¹The entity is permitted to submit its own spreadsheet in lieu of Form NHCT-12: Schedule B, as long as the spreadsheet contains the information requested herein.

Full Name	RCS Board Role	Address	Town	State	Zip	Hphone	email
Charlie Smith	President	65 Amesbury Rd.	Newton	NH	3858	603-382-7538	charlieinnh@comcast.net
Clark Bourne	Tenor Section Lead	98 Colby Rd.	Danville	NH	3819	603-365-6727	cbourne63@comcast.net
Claudia McQueen	Member at Large	3 Wingate Ct.	Stratham	NH	3885	603-583-5225	mcqueenc@comcast.net
Elizabeth Smardz	Treasurer	65 Amesbury Rd.	Newton	NH	3858	603-382-7538	crumb0128@hotmail.com
Joe Striegilitz	Bass Section Leader	PO Box 685	Sanbornville	NH	3872	(603) 730-2299	bertramstieglitz@twc.com
John Maull	Vice President	21 Colonial Way	Exeter	NH	3833	603-303-0676	maullfountain@myfairpoint.net
Kris Johnson	Music Director	11 Browns Ct	Exeter	NH	3833	(603) 724-3660	kristofer.thomas.johnson@gmail.com
Lynn Rockwell	Alto Section Leader	444 Chester St.	Chester	NH	3036	603-370-0291	lynn.v.rockwell@gmail.com
Pamela Schwotzer	Secretary	49 Cottage Rd.	Kensington	NH	3833	603-490-8359	pschwotzer@myfairpoint.net
Stephanie Cosgrove	Soprano Section	Le 56 Spruce Ridge Dr	Brentwood	NH	3833	(914) 714-3582	scosgrove9669@gmail.com

CONFLICT OF INTEREST AND GOVERNANCE REPORT

Required for all New Hampshire-based charitable entities, except those that file an IRS Form 990-PF.

1. Has there been a change made to the entity’s conflict of interest and/or pecuniary benefit transaction policies this year?

Yes No *(If yes, attach the new policy)*

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?

Yes No

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

Yes No

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

Yes No

5. For every “yes” answer to questions 2, 3, and 4, provide the following:

Name/Relationship of Interested Person	Name or Director/Officer/Trustee	Description of Transaction (i.e., car sale, salary, etc.)	Amount

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?

Yes No

If yes, submit each of the following to the Charitable Trusts Unit:

- Notice/letter sent to the Charitable Trusts Unit
- Newspaper notice
- Board meeting minutes approving the transaction

NOTE: The Director of Charitable Trusts may request copies of additional documentation relating to any pecuniary benefit transaction, pursuant to RSA 7:24.

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

Yes No *(If yes, submit a copy of the updated documents)*

8. How many times did the Board of Directors meet during the reporting period?

0 Times 1 Time 2 Times
 3 Times 4 Times More than 4 times

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?

Yes No *(If yes, list their name(s) and address(es))*

Name of Professional Fund Raiser or Commercial Co-Venture	Address
RICHMOND DDA The Brook Casino	219 NEW ZEALAND RD SEABROOK NH 03879

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

Yes No *(If yes, attach a copy of the document(s) related to the fine, penalty or adverse judgment)*

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

Yes No *(If yes, list the name and address of each organization)*

Name	Address		
	City	State	Zip
	City	State	Zip
	City	State	Zip
	City	State	Zip

CERTIFICATION

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

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

Elizabeth W. Smardz
Signature

12/23/2023
Date

ELIZABETH W. SMARDZ
Print Name of Signatory

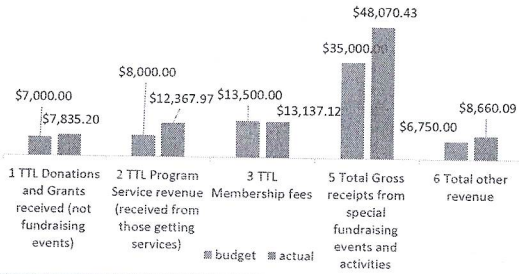
TREASURER
Title

note;		Using schedule A because IRS filing is on form 990N		This report will change depending on the selected FY in the details tab		
NHCT-12		Fiscal Year	Start	End		
Schedule A		2022	9/1/2022	8/31/2023		
A	Employer EIN		report as of	1/14/2024		
B	Federal tax Exempt Status, 501 C 3					
	Part I	Statement of Program Service Accomplishments				
C	Describe the organizations Primary Charitable Purpose			We seek to foster a vital arts community in southern NH, collaborate with for artistic fulfillment for our singers, other organizations, provide opportunities ,and share our love of music with our audiences.		
D	A	Describe briefly , for each of the organizations 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, LinesF8 through F16				
		program name	service provided	Number benefited	other info	Program Expenses
		1 Concerts	Concerts	987	winter and spring concerts	1 \$ 45,330.59
					Percentage of expenses spent on programs	91%
	Part II	Revenue and Expenses				
E	Revenue					
		1 Donations and Grants received (not fundraising events)				1 \$ 7,835.20
		2 Program Service revenue (received from those getting services)				2 \$ 12,367.97
		3 Membership fees				3 \$ 13,137.12
		4 Interest and dividends				4 \$ 310.91
		5 Gross receipts from special fundraising events and activities				5 \$ 48,070.43
		6 other revenue				6 \$ 8,660.09
		7 Total Revenue lines 1-6)				7 \$ 90,381.72
F	Expenses					
		8 Cash and benefits amounts paid to unrelated persons or groups				8 \$ -
		9 cash and benefits amounts paid to or for directors or members				9 \$ -
		10 Compensation of officers, directors, & key employees				10 \$ -
		11 Other salaries and wages				11 \$ -
		12 Payroll taxes and employee benefits				12 \$ -
		13 professional fees and other payments to independent contractors				13 \$ 31,114.00
		14 Occupancy, rent, utilities, insurance				14 \$ 3,397.50
		15 printing, publications, postage, office supplies, IT				15 \$ 3,427.67
		16 other expenses				16 \$ 12,034.74
		17 Total expenses (lines 8-16)				17 \$ 49,973.91
G	Net Income (loss) (subtract line 17 from line 7)					G \$ 40,407.81
	Part III	BOY	Cash assets breakdown			
	Balance Sheet	19881.38	Checking	\$	9,881.41	
		3028.73	Henry Wing Fund	\$	3,029.03	
H	Assets	0.00	Money Market	\$	50,310.61	
		1 Cash, Savings, Investments				1 \$ 63,221.05
		2 Real Estate less depreciation				2 \$ -
		3 Other property and equipment less depreciation				3 \$ -
		4 Pledges, grants, accounts receivable				4 \$ -
		5 Other assets (please list all assets and current value on separate sheet)				5 \$ -
		6 Total Assets (add lines 1 through 5)				6 \$ 63,221.05
I	Liabilities					
		7 Accounts payable				7 \$ -
		8 Loans, Grants payable				8 \$ -
		9 Other Liabilities				9 \$ -
		10 Total Liabilities				10 \$ -
J	Fund Balance/Net worth (subtract line 10 from line 6)					J \$ 63,221.05
K	Amount of fund balance that are donor restricted funds					K \$ -
L	Fund balance/net worth at prior year end (prior year's line J)					L \$ 22,910.11
M	Subtract Line L from Line J					M \$ 40,310.94
N	Explain reason for change in fund balance (Line M) (excellent year for grants and donations)					
		first time charitable gaming income				
O	Part IV	Other Information				
		Did the organization experience any significant thefts, embezzlements, or other diversions of assets during the reporting period? Yes/No If yes, explain				NO

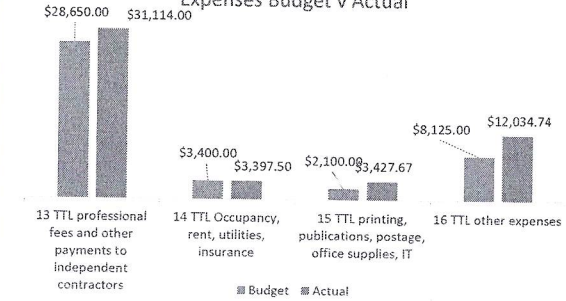
RCS Treasurers Summary Report

All numbers subject to year end audit and are as of last Statement date

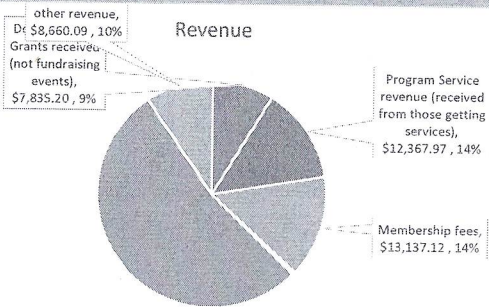
Revenues Budget v Actual



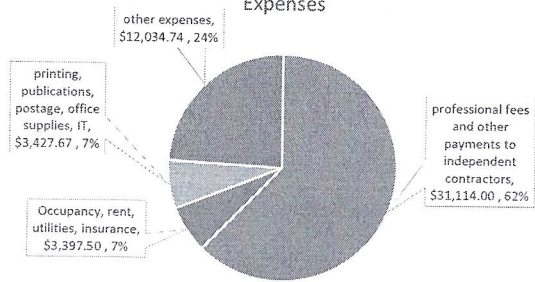
Expenses Budget v Actual



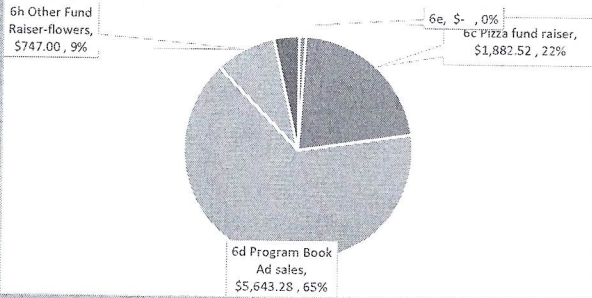
Revenue



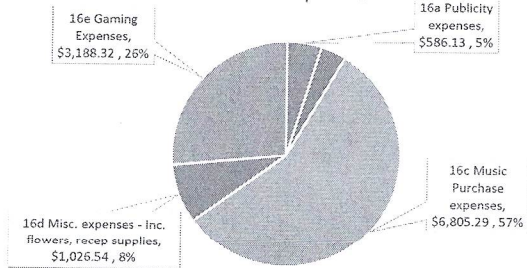
Expenses



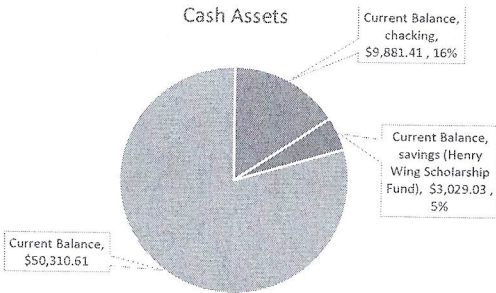
"Other" Revenue



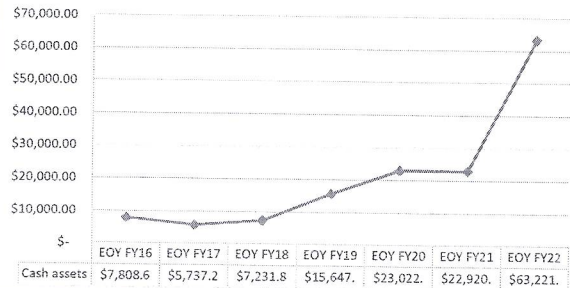
"Other" Expenses



Cash Assets



CASH ASSETS - HISTORY



Notes
 membership fees includes dues and music assesments and off sets music purchase expenses
 NET gaming revenue is gaming rev minus gaming expenses 44882

RCS Budget VS Actuals

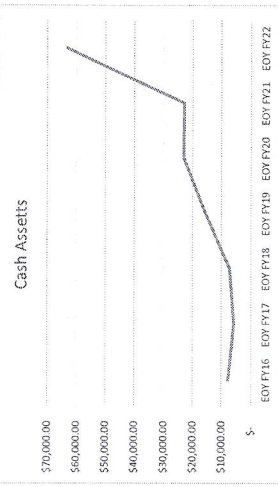
<i>Revenues Budget v Actual</i>	FY22 Budget	FY 22 Actuals
1a Individual Contributions General	\$ 6,000.00	\$ 7,070.74
1b Business Contributions General	\$ 1,000.00	\$ 246.26
1c individual "Program and In Memory of Donations"		\$ -
1d Business Program Donations		\$ -
1e individual member contributions		\$ -
1f Appeal letter donations		\$ 18.20
1g Henry wing scholarship donations		\$ 18.20
1h Grants	\$ -	\$ 500.00
1 TTL Donations and Grants received (not fundraising events)	\$ 7,000.00	\$ 7,835.20
2a Winter Saturday Advance Ticket Sales	\$ 1,500.00	\$ 1,821.75
2b Winter Saturday Concert (door)		\$ -
2c Winter Sunday Advance Ticket sales	\$ 2,500.00	\$ 4,142.53
2d Winter Sunday Concert (door)		\$ -
2e Winter Other Advance ticket sales		\$ -
2f Winter Other Concert (door)		\$ -
2g Spring Saturday Advance Ticket Sales	\$ 1,500.00	\$ -
2h Spring Saturday Concert door		\$ -
2j Spring Sunday Advance ticket sales	\$ 2,500.00	\$ 6,403.69
2k Spring Sunday Concert door		\$ -
2m Spring Other concert Advance ticket sales		\$ -
2n Spring Other Concert door		\$ -
2p Other performance fees earned		\$ -
2 TTL Program Service revenue (received from those getting services)	\$ 8,000.00	\$ 12,367.97
3a Membership dues	\$ 9,000.00	\$ 8,389.50
3b Membership assessments	\$ 4,500.00	\$ 4,747.62
3 TTL Membership fees	\$ 13,500.00	\$ 13,137.12
4a int on savings	\$ 5.00	\$ 0.30
4b Int on Checking	\$ -	\$ -
4c int on cash investments (Money Market)	\$ -	\$ 310.61
4d Dividend on Securities	\$ -	\$ -
4 TTL Interest and dividends	\$ 5.00	\$ 310.91
5 Total Gross receipts from special fundraising events and activities	\$ 35,000.00	\$ 48,070.43
6a Amazon Earned associate referral fees	\$ -	\$ -
6b Amazon Smile fees	\$ 50.00	\$ 79.52
6c Pizza fund raiser	\$ 1,000.00	\$ 1,882.52
6d Program Book Ad sales	\$ 5,000.00	\$ 5,643.28
6e		\$ -
6f Other Fund Raiser		\$ -
6g Other Fund Raiser		\$ -
6h Other Fund Raiser-flowers	\$ 600.00	\$ 747.00
6i other revenue- notes	\$ 100.00	\$ 307.77
6 Total other revenue	\$ 6,750.00	\$ 8,660.09
7 Total Revenue lines 1-6)	\$ 70,255.00	\$ 90,381.72

Expenses Budget v Actual

8a Cash paid to unrelated persons or groups	\$ -	\$ -
8 TTL Cash and benefits amounts paid to unrelated persons or groups	\$ -	\$ -
9 TTL cash and benefits amounts paid to or for directors or members	\$ -	\$ -
10 Compensation of officers, directors, & key employees	\$ -	\$ -
11 Other salaries and wages	\$ -	\$ -
12 TTL Payroll taxes and employee benefits	\$ -	\$ -
13a Rehearsal Pianist	\$ 4,650.00	\$ 4,185.00
13c Directors salary	\$ 14,000.00	\$ 14,584.00
13b Concert Musicians	\$ 10,000.00	\$ 12,345.00
13 TTL professional fees and other payments to independent contractors	\$ 28,650.00	\$ 31,114.00
14a Rehearsal Space rent	\$ 1,000.00	\$ 1,005.00
14b Performance Venue Fees	\$ 2,000.00	\$ 1,992.50
14c Insurance	\$ 400.00	\$ 400.00
14 TTL Occupancy, rent, utilities, insurance	\$ 3,400.00	\$ 3,397.50
15a Appeal Letter Printing		\$ -
15b Poster Printing	\$ 200.00	\$ 87.00
15c Postcard Printing		\$ -
15d program printing	\$ 1,000.00	\$ 1,272.00
15e music copy printing	\$ 400.00	\$ 104.97
15f appeal letter postage		\$ -
15g postcard postage		\$ -
15h admin postage	\$ 250.00	\$ 346.10
15i office supplies		\$ 215.22
15j IT expenses (email, web site, etc...)	\$ 250.00	\$ 1,402.38
15 TTL printing, publications, postage, office supplies, IT	\$ 2,100.00	\$ 3,427.67
16a Publicity expenses	\$ 500.00	\$ 586.13
16b Legal Fees (ASCAP, State reporting fees)	\$ 75.00	\$ 428.46
16c Music Purchase expenses	\$ 4,500.00	\$ 6,805.29
16d Misc. expenses - Inc. flowers, recep supplies	\$ 550.00	\$ 1,026.54
16e Gaming Expenses	\$ 2,500.00	\$ 3,188.32
16f asset purchases		\$ -
16g Scholarship program		
16 TTL other expenses	\$ 8,125.00	\$ 12,034.74
17 Total expenses (lines 8-16)	\$ 42,275.00	\$ 49,973.91
Total Revenue	\$ 70,255.00	\$ 90,381.72
Total Expenses	\$ 42,275.00	\$ 49,973.91
Net Operating Surplus / Deficit	\$ 27,980.00	\$ 40,407.81

Description	Account	as reported on nh annual filings						QTY on hand
		EOY FY16	EOY FY17	EOY FY18	EOY FY19	EOY FY20	EOY FY21	
1 Cash, Savings, Investments	Checking					\$ 19,994.03	\$ 19,881.38	\$ 9,881.41
	Saving					\$ 3,028.23	\$ 3,038.73	\$ 3,029.03
	MM							\$ 50,310.61
	TOTAL	\$ 7,808.68	\$ 5,737.21	\$ 7,231.89	\$ 15,647.51	\$ 23,022.26	\$ 22,920.11	\$ 63,221.05
2 Real Estate less depreciation								
TOTAL								
3 Other property and equipment less depreciation								
TOTAL								
4 Pledges, grants, accounts receivable (Please list all assets and current value on separate sheet)								
TOTAL								
5 Other assets								
TOTAL								
6 Total Assets (add lines 1 through 5)		\$ 7,808.68	\$ 5,737.21	\$ 7,231.89	\$ 15,647.51	\$ 23,022.26	\$ 22,920.11	\$ 63,221.05

Liabilities	Date incurred	original amount	current balance due	date due
7 Accounts payable		\$ -	\$ -	-
TOTAL		\$ -	\$ -	-
8 Loans, Grants payable		\$ -	\$ -	-
TOTAL		\$ -	\$ -	-
9 Other Liabilities		\$ -	\$ -	-
TOTAL		\$ -	\$ -	-
10 Total Liabilities		\$ -	\$ -	-



Statement balances

period ending	Checking ending balance	savings ending balance
9/30/21	\$ 18,756.66	\$ 3,028.45
10/31/21	\$ 20,430.28	
11/30/21	\$ 20,477.37	
12/31/21	\$ 24,280.20	\$ 3,028.53
1/31/22	\$ 19,092.06	
2/28/22	\$ 26,193.31	
3/31/22	\$ 24,303.07	\$ 3,028.60
4/30/22	\$ 25,463.49	
5/31/22	\$ 26,523.03	
6/30/22	\$ 24,108.39	\$ 3,028.68
7/31/22	\$ 24,108.39	
8/31/22	\$ 22,404.73	
9/30/22	\$ 19,401.52	\$ 3,028.76
10/31/22	\$ 22,306.47	
11/30/22	\$ 27,381.24	
12/31/22	\$ 59,625.53	\$ 3,028.83
1/31/23	\$ 75,408.31	