

**Office of the New Hampshire Attorney General Charitable Trusts Unit**  
**33 Capitol Street, Concord, NH 03301-6397**

**ANNUAL FILING FEE: \$75.00**  
Make check payable to:  
State of New Hampshire

**ANNUAL REPORT CERTIFICATE**

<u>The Guild Of New Hampshire Woodworkers</u>		<u>August 31,2010</u>	
Organization Name <b>C. Peter James</b>		Fiscal Year End <b>12513</b>	
In Care of <b>PO Box 627</b>	<b>Grantham</b>	State Registration # <b>NH</b>	<b>03753</b>
Address	City	State	Zip

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.

<u>Signature of</u> PRESIDENT, TREASURER OR TRUSTEE  <b>C. Peter James</b>	<u>Date</u>  <b>Treasurer</b>
<u>(Print or Type) Name of Officer/Trustee</u>	<u>Title</u>

**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

COUNTY OF

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared the above-named officer or trustee who acknowledged himself/herself to be the officer/trustee, President, 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:

\_\_\_\_\_  
Notary Public

**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 \_\_\_\_\_ or fiscal year beginning September 1, 2009  
and ending August 31, 2010 Registration number 12513

**NAME OF ORGANIZATION:** The Guild of New Hampshire Woodworkers  
**ADDRESS:** PO Box 627, Grantham, NH 03753

*Please make name/address corrections here:*

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A) Employer or Federal ID Number: 02 0520184  
D) Tax exempt under section 501 (c) ( 3): check here if application for exemption is pending ( )  
G) Group return filed for affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_  
Separate return filed by group affiliate?

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

**Support and Revenue**

- 1) Contributions, gifts, grants ..... \$ 1,190
- 2) Program service revenue (see part V)..... \_\_\_\_\_
- 3) Membership dues and assessments. .... 19,939
- 4) Interest on savings and cash investments. .... 69
- 5) Dividends and interest from securities. .... \_\_\_\_\_
- 9) Special fundraising events and activities  
(Attach schedule, see instructions #6)
- a) Gross revenue. .... 11,022
- b) Minus: direct expenses. .... 1,000
- c) Net income (line 9a minus line 9b). .... 10,022
- 11) Other revenue (see part V). .... -178
- 12) Total revenue (add lines 1,2,3,4,5,9(c) and 11. .... 31,042

**Expenses**

- 13) Program services (program service charities only) (see Part III). .... \_\_\_\_\_
- 14) Management and general (see line 44). .... 34,275
- 17) Total expenses (add lines 13 and 14). .... \_\_\_\_\_

**Fund Balances Lines 18 Through 21 Must Be Completed**

- 18) Excess (deficit) for the year (line 12 minus line 17). .... -3,703
- 19) Fund balances or net worth at the beginning of the year..(see line 75). .... 40,175
- 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) 36,472

Organization Name: The Guild of New Hampshire Woodworkers

**PART II STATEMENT OF FUNCTIONAL EXPENSES**

22) Grants and allocations (ATTACH SCHEDULE) .....	<u>8,186</u>
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 .....	<u>2,275</u>
36) Occupancy .....	_____
37) Equipment rental and maintenance .....	_____
38) Printing and publications .....	<u>16,568</u>
39) Travel .....	_____
40) Conferences, conventions, meetings .....	_____
41) Interest .....	_____
42) Depreciation (attach schedule) .....	_____
43) Other expenses (itemized):	
a) <u>See Attachment</u> .....	<u>7,696</u>
b) _____ .....	_____
c) _____ .....	_____
d) <u>membership expense</u> .....	_____
e) _____ .....	_____
44) Total functional expenses (enter .....	<u>34,275</u>

Organization Name: The Guild of New Hampshire Woodworkers

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

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

Organization Name: The Guild of New Hampshire Woodworkers

***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 SEE ATTACHEMENT  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Position Held \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

↓  
Attach sheet if additional space is required.

Organization Name: The Guild of New Hampshire Woodworkers

**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>627</u>	<u>8,564</u>
46) Savings and cash investments	<u>39,548</u>	<u>27,908</u>
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>40,175</u>	<u>36,472</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>40,175</u>	<u>36,472</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  
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**MUST BE COMPLETED**  
**AND ATTACHED TO FILING**

**APPENDIX TO ANNUAL REPORT**

Name of Organization: The Guild Of New Hampshire Woodworkers

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

D. Was a pecuniary benefit paid in excess of \$5,000? Yes  No   
**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.