

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>GUILD OF NH WOODWORKERS</u>		<u>12/31/13</u>	
Organization Name		Fiscal Year End	
<u>DAVID FRECHETTE, TREASURER</u>		<u>12513</u>	
In Care of		State Registration #	
<u>364 W. SHORE RD. MANDARINVILLE</u>		<u>NH</u>	<u>03457</u>
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.

_____ Signature of PRESIDENT, TREASURER OR TRUSTEE	_____ Date
_____ (Print or Type) Name of Officer/Trustee	_____ 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

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 _____
and ending 12/31/2012

or fiscal year beginning 9/1/2012
Registration number 12513

NAME OF ORGANIZATION: GUILD OF NEW HAMPSHIRE WOODWORKERS
ADDRESS: 364 NORTH SHORE ROAD, MANSFORDVILLE NH 03457
Please make name/address corrections here:
C/O DAVID FRECHETTE, TREASURER @ ABOVE ADDRESS

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 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 \$ 0
2) Program service revenue (see part V) 560
3) Membership dues and assessments 11,328
4) Interest on savings and cash investments 6
5) Dividends and interest from securities 0
9) Special fundraising events and activities
(Attach schedule, see instructions #6)
a) Gross revenue \$ _____
b) Minus: direct expenses _____
c) Net income (line 9a minus line 9b) _____

11) Other revenue (see part V) 1619
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11) 13193

Expenses

13) Program services (program service charities only) (see Part III) 0
14) Management and general (see line 44) 14317
17) Total expenses (add lines 13 and 14) 14317

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17) (1124)
19) Fund balances or net worth at the beginning of the year..(see line 75) 41769
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) 40545

Organization Name: GUILD OF N+H WOODWORKERS

PART II STATEMENT OF FUNCTIONAL EXPENSES

22) Grants and allocations (ATTACH SCHEDULE).....	<u>2600</u>
23) Specific assistance to individuals.....	<u>0</u>
24) Benefits paid to or for members.....	<u>0</u>
25) Compensation of officers, directors, etc.....	<u>0</u>
26) Other salaries and wages.....	<u>0</u>
27) Pension plan contributions.....	<u>0</u>
28) Other employee benefits.....	<u>0</u>
29) Payroll taxes.....	<u>0</u>
30) Professional fundraising fees.....	<u>0</u>
31) Accounting fees.....	<u>0</u>
32) Legal fees.....	<u>0</u>
33) Supplies.....	<u>60</u>
34) Telephone.....	<u>0</u>
35) Postage and shipping.....	<u>576</u>
36) Occupancy.....	<u>0</u>
37) Equipment rental and maintenance.....	<u>0</u>
38) Printing and publications.....	<u>10924</u>
39) Travel.....	<u>0</u>
40) Conferences, conventions, meetings.....	<u>77</u>
41) Interest.....	<u>0</u>
42) Depreciation (attach schedule).....	<u>0</u>
43) Other expenses (itemized):	
a)	
b)	
c)	
d)	
e)	
44) Total functional expenses (enter on line 14).....	<u>14317</u>

Organization Name: 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>
Assets		
45) Cash - non interest bearing	<u>0</u>	<u>0</u>
46) Savings and cash investments	<u>41769</u>	<u>40545</u>
47) Accounts receivable	<u>0</u>	<u>0</u>
48) Pledges receivable	<u>0</u>	<u>0</u>
49) Grants receivable	<u>0</u>	<u>0</u>
50) Receivables due from Officers, Directors, etc.	<u>0</u>	<u>0</u>
51) Other notes and loans receivable	<u>0</u>	<u>0</u>
52) Inventories for sale or use	<u>0</u>	<u>0</u>
53) Prepaid	<u>0</u>	<u>0</u>
54) Investments - securities	<u>0</u>	<u>0</u>
55) Investments - real estate	<u>0</u>	<u>0</u>
56) Investments - other	<u>0</u>	<u>0</u>
58) Other assets	<u>0</u>	<u>0</u>
59) Total assets (add lines 45 through 58)	<u>41769</u>	<u>40545</u>
Liabilities		
60) Accounts payable	<u>0</u>	<u>0</u>
61) Grants payable	<u>0</u>	<u>0</u>
63) Loans from officers, directors, etc.	<u>0</u>	<u>0</u>
64) Mortgages/notes payable	<u>0</u>	<u>0</u>
65) Other liabilities	<u>0</u>	<u>0</u>
66) Total liabilities (add lines 60 through 65)	<u>0</u>	<u>0</u>
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	<u>41769</u>	<u>40545</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: GUILD OF NEW HAMPSHIRE WOODWORKERS

1. Is there currently a conflict of interest policy in effect? Yes X No _____
A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): _____

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes _____
No X

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 each of the following:
* Public Notice made pursuant to RSA 7:19-a, II (d)
* Meeting Minutes
* Employment Contract

- E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: _____ Nature & Amount of Benefit: _____

Name of Recipient: _____ Nature & Amount of Benefit: _____

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 authorized under RSA 7:24.

Part IV Steering Committee, Guild of NH Woodworkers

First name	Last name	Address	City	State	Zip	Phone	Steering Committee
A Robert	Couch	52 Logging Hill Rd	Bow	NH	03304	603-340-5991	President
Alan	Saffron	2 Ichabod Drive	Merrimack	NH	03054	603-424-2023	Secretary
C Peter	James	PO Box 627	Grantham	NH	03753	603-863-7330	At Large
Claude	Dupuis	235 Baptist Rd	Canterbury	NH	03224	603-783-9015	Vice President
David	Frechette	364 North Shore Road	Munsonville	NH	03457	603 847 9105	Treasurer
David	Michaels	8 Nathan Hale Ln	Merrimack	NH	03054	603-429-9802	At Large
Harvey	Best	41 Pleasant Road	Andover	NH	03216	603-735-5346	At Large
Jim	Seroskie	11 High Meadow Lane	Amherst	NH	03031-2554	603-673-2123	At Large
Jon	Siegel	258 Breezy Hill Rd	Willmot	NH	03287-4111	603-768-5882	At Large
Ned	Gelinas	645 Oak St	Manchester	NH	03104	603-627-2335	At Large
Roger	Myers	74 Stratham Heights Rd	Stratham	NH	03885-2530	603-773-9634	At Large
Stephen	Colello	119 Flynn Road	Sanbornville	NH	03872-3786	603-522-3130	At Large
Victor	Betts	458 Mammoth Road	Londonderry	NH	03053	603-434-4746	At Large

22) Grants and Allocations

10/29/08 Alan Lacer	Two Shool Presentations	(\$500.00)
11/2/08 Al Hansen	Scholarship	(\$400.00)
12/5/08 Merrimack High Scho Wood Turning Equipment		(\$1,280.07)
12/18/08 Beth Ireland	Grant for Mascoma High	(\$250.00)
10/29/08 Alan Lacer	GSWT Presentation	(\$250.00)