Office of the New Hampshire Attorney General - Charitable Trusts Unit 33 Capitol Street, Concord, NH 03301-639

ANNUAL REPORT CERTIFICATE

Fiscal Year End: July - 2020

Friends of Conval Athletics

184 Hancock Road

Peterborough, NH 03458 State Registration # 15479 Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete. Date PRESIDENT, TREASURER OR TRUSTEE Maureen Burgess
(Print or Type) Name of Officer/Trustee Treasurer THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority) STATE OF New Hampshire COUNTY OF Hillsberough Signed and sworn to (or affirmed) before me on the 13 day of December, 20 20 by the above named officer or trustee. My Commission Expires: 6/1/2021 [Seal] Notary Public **DON'T FORGET TO ATTACH:** □NH APPENDIX (conflicts of interest) □ FILING FEE (\$75) □ DIRECTOR LIST (name, street address, telephone) One of the following: ☐ NHCT-2A ☐ IRS Form 990 ☑ 990-EZ or ☐ 990-PF ☐ Probate account (for testamentary trusts)

Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs) Are your revenues over \$1,000,000? If yes, include audited financial statement plus 990 (not for 990-PFs)

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

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: Friends of Con-	val Athletics		
1. Is there currently a conflict of interest policy A Conflict of Interest Policy is required	cy in effect? by law. (see RSA 7:	Yes_X	No
If No, please provide explanation for necessary):			Policy (attach extra pages if
2. Did any officer, Director, Trustee or memborganization in the last year other than reason connection with their official duties? (see RSA)	able compensation fo	r services rer	ndered and expenses incurred in
If Yes, complete the following:			
A. Was any real estate transaction involved?		Yes	No
B. Was a loan made to any director, officer of	r trustee?	Yes	No
C. Was a pecuniary benefit paid in excess of If Yes, attach copy of Meeting Minutes.	\$500?	Yes	No
 D. Was a pecuniary benefit paid in excess of If Yes, attach a copy of each of the follow Public Notice made pursuant to Meeting Minutes Employment Contract 	ring:	Yes	No
E. Provide a list of each pecuniary benefit tra immediate family. Include name(s) of recipie (c) and RSA 7:28 (attach extra pages if necess	nt(s) and amount(s)	director, offic of benefit(s) a	cer, trustee or member of their as required under RSA 7:19-a, II
Name of Trustee:	Nature & Amount o	f Benefit:	
Name of Trustee:	Nature & Amount o	f 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.

Organization Name:_	Friends	of Conval	Athletics	
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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	Cynthia	Hixson
	Home Address	290 Forest Rd.
		Hancock, NH 03449
	Position Held_	President
	Daytime Phone	603-491-9053
Name		Heck
	Home Address_	251 Slip Ra
	7	Greenfield, NH 03047
	Position Held_	Vice-President
	Daytime Phone	917-692-5148
Name	(0	
	Home Address_	11 Birch Rd.
		Peterborough, NH 03458
	Position Held_	Treasurer
	Daytime Phone	603-924-2053
Name		Bonsu-Anane
	Home Address_	
	D 444 TT 11	Peterborough, NH 03458
	Position Held_	Secretary
	Daytime Phone	603-924-2296
NT	C* \	
Name		
	Home Address_	The state of the s
	Dosition Hold	Temple, NH 03084
	Position Held	Fundraising Chair
	Dayume Phone_	603-801-6327

Attach sheet if additional space is required.

Organization Name: Mends of Conval Athletics
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 Kristina Kriebel
Home Address 53 Lookout Hill Rd.
Peterborough, NH 03458
Position Held Communications Chair
Daytime Phone 603-924 -6131
Name Amy Earle
Home Address 133 Prescott Hill
Peterborough, NH 03458
Position Held Volunteer Chair
Daytime Phone 603 - 260 - 1460
Name
Home Address
Position Held
Daytime Phone
Daytime I none
Name
Home Address
Position Held_
Daytime Phone
Name
Home Address

Attach sheet if additional space is required.