

Form NHCT-12: Annual Report

version 1.5

(Submission #: HQD-R2EW-A688N, version 1)

Details

Originally Started By Erin McFarland Stafford

Charity United Way of Greater Nashua, Inc. (2900)

Submission ID HQD-R2EW-A688N

Status Submitting

Active Steps Form Submitted

Form Input

Charitable Trust Information

Charitable Entity Information

NH Charitable Trusts Unit Registration Number
2900

Entity Name
United Way of Greater Nashua, Inc.

Has the entity changed its name this year?
No

Report is for fiscal year end date (MM/DD/YYYY)
09/30/2024

Is this report a consolidated report for multiple years because you received a suspension of your annual requirement?
No

Entity's Address
20 Broad Street
Nashua, NH 03064

Has the entity changed its address this year or needs to be corrected?
No

Entity Website Address
unitedwaynashua.org

Entity Telephone Number
603 882-4011

Entity Email Address

mapfelberg@unitedwaynashua.org

Contact Information

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?

Yes

Please upload your NHCT50 Form and complete your contact information below.

Have an authorized person complete Form NHCT-50: Authorization for Electronic Filing by Agent and attach.E-File Authorization, NH, Signed.pdf - 06/30/2025 04:24 PM**Comment**

NONE PROVIDED

Note, you indicated that you are a third-party filer on behalf of the charity. Please enter your contact information, not the charity's contact information.

Contact Information

First Name	Last Name
Erin	McFarland Stafford

Organization Name
Rowley & Associates, PC

Phone Type	Number	Extension
Business	603 228-5400	

Email
erin@rowleyandassociates.com

Address
46 N STATE ST
CONCORD, NH 03301-4326

Charitable Trust Questionnaire

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.,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

Upload IRS Form submitted to the IRS for the reporting period.

Form 990 FY24.pdf - 06/30/2025 04:40 PM

Comment

NONE PROVIDED

2.1 Enter the entity's total revenue for the reporting period.

2,099,121.00

2.2 Enter the entity's total expenses for the reporting period.

2,146,786.00

2.3 Enter the entity's net assets at the end of the reporting period.

1,286,420.00

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?

\$2,000,000 or more

Attach the entity's latest audited financial statement prepared in accordance with generally accepted accounting principles (GAAP).

Financial Statements 9.30.24.pdf - 06/30/2025 04:41 PM

Comment

NONE PROVIDED

5. Does the entity file an accounting with the New Hampshire Circuit Court—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

Paid w/ Ext Test

wExt

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)

Board Members

Board Of Directors.pdf - 06/30/2025 04:41 PM

Comment

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?

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?

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

Peter Chalnoer

Title

Treasurer of governing board

Date

06/30/2025

NHCT-12 (March 2024)

Attachments

Date	Attachment Name	Context	Confidential?	User
6/30/2025 4:41 PM	Board Of Directors.pdf	Attachment	No	Erin McFarland Stafford
6/30/2025 4:41 PM	Financial Statements 9.30.24.pdf	Attachment	No	Erin McFarland Stafford
6/30/2025 4:40 PM	Form 990 FY24.pdf	Attachment	No	Erin McFarland Stafford
6/30/2025 4:24 PM	E-File Authorization, NH, Signed.pdf	Attachment	No	Erin McFarland Stafford

Status History

	User	Processing Status
6/30/2025 4:21:40 PM	Erin McFarland Stafford	Draft
6/30/2025 4:44:24 PM	Erin McFarland Stafford	Submitting

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted		



Erin McFarland Stafford <erin@rowleyandassociates.com>

Submission HQD-R2EW-A688N Provided to the State of New Hampshire1 message

NH Online Forms <BusinessOneStop@nh.gov>

Mon, Jun 30, 2025 at 4:44 PM

To: erin@rowleyandassociates.com

Erin,

State of New Hampshire is pleased to inform you that your Form NHCT-12: Annual Report **submission was received**. The reference number for this submission is [HQD-R2EW-A688N](#). At any time, you can review the details and status of this submission. For reference, a read-only version of this submission is archived and can be downloaded from the Submission Overview (submission reference number link above).

Thank you,
State of New Hampshire
Charitable Trusts
General Email: charitabletrustsunit@doj.nh.gov
Unit Telephone: 603-271-3591



Mail completed form to:
NH Attorney General's Office
Attn: Charitable Trusts Unit
33 Capitol Street
Concord, NH 03301-6397

FORM NHCT-50

AUTHORIZATION FOR ELECTRONIC FILING BY AGENT

For use with e-filed forms: NHCT-11; NHCT-12; NHCT-20; NHCT-21; NHCT-25; NHCT-26

Name of Charitable Trust, Fund Raising Counsel, or Paid Solicitor (on whose behalf the agent will file)

United Way of Greater Nashua, Inc.

NH Charitable Trusts Unit Registration Number 2900

Applicable Form to be filed by Agent

Form NHCT- 12

FORM VERIFYING INFORMATION

supply only one of the following items of verifying information from applicable form

NHCT-11: Name of last person on governing board list	
NHCT-12: Total revenue (from Form 990, line 12; or Form 990-EZ, line 9; or Form 990-PF, line 12(a); or NHCT-12, Schedule A, line E7 and the Fiscal Year End (ex: 12/31/YYYY))	\$ 2,099,121 FYE (NHCT-12): 9/30/2024
NHCT-20: Name of last person identified on officers, directors, key employees list (line 6)	
NHCT-21: Name of last person listed on list of officers, directors, key employees list (line 6)	
NHCT-25: Date of solicitation contract between parties (line 3)	
NHCT-26: Gross Revenue (Campaign Gross Revenue (Financial Information section))	\$


AGENT INFORMATION

Name	Erin McFarland Stafford			
Company	Rowley & Associates, PC			
Mailing Address	Address 46 North State Street	City Concord	State NH	Zip 03301
Email Address	erin@rowleyandassociates.com			
Telephone	603 228-5400			

CERTIFICATION

I hereby certify subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8:

1. That I am authorized to sign this form on behalf of the filing entity;
2. That the Agent identified in this form is authorized by the entity to file and sign my name electronically on the applicable form; and
3. That I have reviewed the form to be filed by the Agent on behalf of the entity, and the information contained on the form is true and correct to the best of my knowledge and belief.

Peter Chaloner 
Signature (in ink)

6-30-25
Date

Peter Chaloner
Name
Treasurer
Title

Form NHCT-50 shall be signed, in ink on behalf of a charitable trust by one of the following: (1) a trustee, if the charitable trust is an express trust; or (2) the president or treasurer of the governing board.

Form NHCT-50 shall be signed in ink on behalf of fund raising counsel or a paid solicitor by an officer of the fund raising counsel or paid solicitor.