

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

ANNUAL REPORT CERTIFICATE

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

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

Foundation for Seacoast Health	12/31/16		
Organization Name	Fiscal Year End		
Debra S. Grabowski	2377		
In Care of	NH Registration #		
100 Campus Drive, Suite 1, Portsmouth, NH 03801			
Address	City	State	Zip

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.

X 
Signature of
PRESIDENT, TREASURER OR TRUSTEE

5/3/17
Date

STEPHEN H WITT
(Print or Type) Name of Officer/Trustee

TREASURER
Title

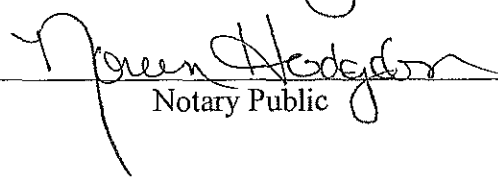
THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF
COUNTY OF

Signed and sworn to (or affirmed) before me on the 3rd day of May, 2017 by the above-named officer or trustee

My Commission Expires
[Seal]




Notary Public

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: Foundation for Seacoast Health

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)

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

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.