

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

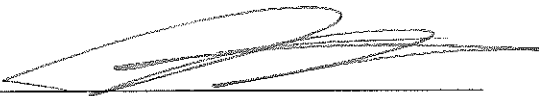
Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs)

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	12/31/17		
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 \_\_\_\_\_ Date 10/31/18  
PRESIDENT, TREASURER OR TRUSTEE

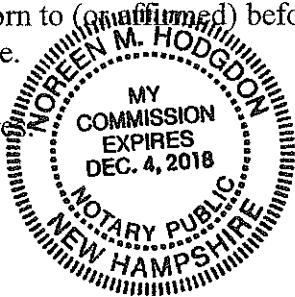
STEVEN H. WRIT  
(Print or Type) Name of Officer/Trustee Title TREASURER

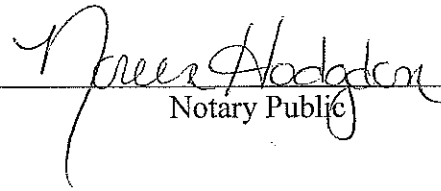
**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Signed and sworn to (or affirmed) before me on the 31<sup>st</sup> day of October, 20 18 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.