

Form NHCT12, Annual Report

version 1.26

(Submission #: HPB-E35A-5SQWK, version 1)

Details

Submitted 11/16/2021 (0 days ago) by Kristine J Reynolds

Alternate Identifier Great Bay Services, Inc.

Submission ID HPB-E35A-5SQWK

Status Submitted

Fees

Fee \$75.00

Payments/Adjustments (\$75.00)

Balance Due \$0.00 (Paid)

Form Input

Organization Information

Instructions

This is the first page of your annual report. If you don't remember your registration number click on the link

[Registration number](#)

Registration number

1516

Report is for fiscal year ending

6/30/2021

Is this report a consolidated report for multiple years because you received a suspension of your annual requirement?

No

Name of Charity

Great Bay Services, Inc.

Organization's Address

23 CATARACT AVE

STE 1

DOVER, New Hampshire 03820

Organization's Website Address

<https://www.greatbayservices.org/>

Has the organization changed its name or address this year?

No

Is a third party filer submitting this form on behalf of a charitable entity?

No

Name and Title of Annual Report Contact

Kristine J Reynolds

Telephone Number of Annual Report Contact

6038425344

Email Address of Annual Report Contact

accounting@greatbayservices.org

Did the organization earlier submit a request to extend the deadline to file the annual report and did it pay at that time the \$75.00 fee required by RSA 7:28-a, II?

No

Is the organization a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire?

Yes

Does the organization file an IRS Form 990-PF (for private foundations)?

No

Does your organization issue/offer Charitable Gifts Annuities to New Hampshire citizens?

No

Is this your final report (i.e., is your organization dissolving, withdrawing from registration, etc.)?

No

Schedule A - Financial Report

A. Employer identification number (EIN)

020242389

B. IRS Status

501(c)(3)

Financial Report

Did the organization file a 990, 990-EZ or 990-PF with the IRS for the fiscal year being reported?

Yes

Attach the IRS Form 990, 990-EZ or 990-PF. If the organization also files an annual account with the New Hampshire Circuit Court, Probate Division, attach that as well. NOTE: we do not accept the 990-N - those that file the 990-N will need to complete the items below. PLEASE IGNORE LINES E.7, F.17, G, H.6, I.10, J AND M below. Awaiting software change to permit these lines to disappear

[0_Great Bay Services 2020 TR Final.pdf - 11/16/2021 11:31 AM](#)

Comment

NONE PROVIDED

NH organizations only - If the organization has revenue more than \$500,000 but less than \$1 million, it must submit a GAAP financial statement. RSA 7:28, III-a. This financial statement may be prepared by the organization in-house or may be prepared by an accountant and reviewed and approved by the organization. If the organization has revenue more than \$1 million, it must file an audited financial statement examined by a certified public accountant. RSA 7:28, III-b. NOTE: This requirement does not apply to organizations that file Form 990-PF with the IRS.

[0_Great Bay Services, Inc FY2021 and 2020 SEARCHABLE FS Final.pdf - 11/16/2021 11:32 AM](#)

Comment

NONE PROVIDED

7. Total Revenue

0.00

17. Total Expenses

0.00

G. Net income (or net loss)

0.00

6. Total Assets (program will add lines 1-5)

0.00

10. Total Liabilities (program will add lines 7-9)

0.00

J. Fund balance/Net worth (program will subtract line 10 from line 6)

0.00

M. Change in Fund Balance (subtract line L from line J)

0.00

Schedule B - Governing Board

Instructions

For organizations 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. Note: boards of directors of nonprofit corporations formed in New Hampshire (RSA Ch. 292) must consist of at least five persons unrelated by blood or marriage. RSA 292:6-a. This requirement does not apply to IRS Form 990-PF filers.

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)
Pamela Lowy	Executive Direc	1312 Lilac Lane	Dover	NH	03820	6174354365	plowy@greatbayservices.org	40	57001
Anthony Anni	Chair	7 LOCKWOOD DR.	York	ME	03909	6036895645	tonyanni@hotmail.com	1	0
Jud Knox	Co-Chair	39 Candlewood Ln	York	ME	03909	2072513210	jknox0055@gmail.com	1	0
Maryanna Arsenault	Secretary	33 Turtle Cove Ln	Wells	ME	04090	2072519661	arsenault.maryanna@gmail.com	1	0
Margean Callan	Treasurer	7 LOCKWOOD DR	York	ME	03909	6033217690	megcallan@hotmail.com	1	0
Pamela Buck	Board Member	137 Grammar St	Sanford	ME	03073	2076315090	pamb@ycspi.org	1	0
Irving Burday	Board Member	14 Vera Road	Middleton	MA	01940	6175495604	irving@burdayconsulting.com	1	0
Tim Althof	Board Member	226 WOODLAND RD	HAMPTON	NH	03842	6037703060	timalthof@comcast.net	1	0
Paul Kleinman	Board Member	799 MAMMOTH RD	MANCHESTER	NH	03104	6035026325	pkleinman@bkwlawyers.com	1	0
Tony Theille	Board Member	301 Dover Point Rd.	DOVER	NH	03820	6037424986	atheille@yahoo.com	1	0
Stephen Holland	Board Member	2 JAMES AVE.	SOMERSWORTH	NH	03878	6032350650	vanman18@msn.com	1	0

Board Members

[Board Member Contact.docx - 11/16/2021 11:47 AM](#)

Comment

NONE PROVIDED

Schedule C - Conflict of Interest and Governance Report

1. Has there been a change to the organization's conflict of interest policy this year?

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 organization in the last year?

No

3. Did the organization 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

5. For each 'yes' answer to Questions 2, 3, or 4 above, provide the following:

Name/Relationship of Interested Person	Name of Director/Officer/Trustee	Description of Transaction (i.e., car sale, salary, etc.)	Amount
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6. Did any of the pecuniary benefit transactions listed in #5 above amount to \$5,000 or more per transaction?

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?

4

9. Did the organization use a professional solicitor, fundraising counsel, or commercial co-venturer to solicit contributions on the organization's behalf during the reporting period?

No

10. Was the organization the subject of any fine, penalty, or adverse judgment?

No

11. Is the organization a "fiscal sponsor" for another organization?

No

Acknowledgement

Name of Signatory

Pamela A Lowy

Title of Signatory

Exec. Director

Refunds for duplicate payments may be requested by emailing the CTU at charitabletrusts2@doj.nh.gov. The CTU will issue a refund once the duplicate payment is confirmed.

Accept

Attachments

Date	Attachment Name	Context	Confidential?	User
11/16/2021 11:47 AM	Board Member Contact.docx	Attachment	No	Kristine Reynolds
11/16/2021 11:32 AM	0_Great Bay Services, Inc FY2021 and 2020 SEARCHABLE FS Final.pdf	Attachment	No	Kristine Reynolds
11/16/2021 11:31 AM	0_Great Bay Services 2020 TR Final.pdf	Attachment	No	Kristine Reynolds

Status History

	User	Processing Status
9/2/2021 9:55:32 AM	Kristine J Reynolds	Draft
11/16/2021 11:50:55 AM	Kristine J Reynolds	Submitting
11/16/2021 11:51:14 AM	Kristine J Reynolds	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Kristine J Reynolds	11/16/2021 11:51:14 AM