

Form NHCT-12: Annual Report

version 2.1

(Submission #: HPP-79PK-DN24Q, version 1)

Details

Submitted 11/15/2022 (0 days ago) by Kristine J Reynolds**Alternate Identifier** GREAT BAY SERVICES, INC.**Submission ID** HPP-79PK-DN24Q**Status** Submitted

Fees

Fee \$75.00**Payments/Adjustments** (\$75.00)**Balance Due** \$0.00 (Paid)

Form Input

Charitable Trust Information

Charitable Entity Information

Entity Name

GREAT BAY SERVICES, INC.

Registration Number Lookup

If you don't remember your registration number click on the link

[Registration number](#)**NH Charitable Trusts Unit Registration number**

1516

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

06/30/2022

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

No

Entity's Address

23 CATARACT AVE

STE 1

DOVER, NH 03820

Has the entity changed its address this year?

No

Entity's Website<https://www.greatbayservices.org>**Has the entity changed its name this year?**

No

Contact Information

Contact Name

Margaret Callan

Contact Address

23 CATARACT AVE
Suite 1
DOVER, NH 03820

Contact Telephone Number

6033217690

Contact Email Address

ACCOUNTING@greatbayservices.org

Charitable Trust Questionnaire

1. Did the entity submit a request to extend the deadline to file the annual report with payment of the \$75.00 fee required by RSA 7:28-a, II?

No

2. Is the entity a private foundation? (private foundations file Internal Revenue Service Form 990-PF)

No

3. Did the entity file with the Internal Revenue Service a Form 990, Form 990-EZ, or Form 990-PF for the reporting period?

Yes

If yes to the question above, attach the Internal Revenue Service Form 990, 990-EZ or 990-PF. If the entity also files an annual account with the New Hampshire Circuit Court, Probate Division, attach that as well. NOTE: we do not accept the Internal Revenue Service Form 990-N. Entities that file the Form 990-N will need to complete NHCT-12: Schedule A. Please note that the following lines are automatically populated and it is not necessary to complete them: Lines E.7, F.17, G, H.6, I.10, J, and M.

[FYE 2021 Final 990.pdf - 11/15/2022 04:12 PM](#)

[Great Bay Services, Inc. FY2022 and 2021 SEARCHABLE FS.pdf - 11/15/2022 04:45 PM](#)

Comment

NONE PROVIDED

4. For New Hampshire-based charitable trusts only, did revenue equal or exceed \$500,000 during the reporting period?

Yes

If yes, revenue equaled or exceeded \$500,000 but was less than \$2 million, it must submit a GAAP financial statement, pursuant to RSA 7:28, III-a. This financial statement may be prepared by the entity in-house or may be prepared by an accountant and reviewed and approved by the entity. If revenue equaled or exceeded \$2 million, it must file an audited financial statement examined by a certified public accountant, pursuant to RSA 7:28, III-b. Note: this requirement does not apply to entities that file Form 990-PF with the Internal Revenue Service.

5. Is the entity a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire? (If yes, and the entity is not a private foundation, complete Form NHCT-12, Schedule C.)

Yes

6. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens? (If yes, complete Form NHCT-12, Schedule D.)

No

7. Is this the entity's final report (i.e. is your entity dissolving, withdrawing from registration)? (If yes, complete Form NHCT-12, Schedule E.)

No

8. Note that all charitable trusts are required to submit a governing board list (see Form NHCT-12, Schedule B.)

NHCT-12: Schedule B - Governing Board**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.

For entities not based in New Hampshire, complete the names and titles of the governing board on this Schedule B or upload a board list containing the names and titles of the governing board.

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
Pamela Lowy	ExecutiveDirec	1312 Lilac Lane	Dover	NH	03820	6174354365	plowy@greatbayservices.org	40
Pamela Buck	Trustee	137 Grammar St	Sanford	ME	03073	2076315090	pamb@ycspi.org	1
Irving Burday	Trustee	14 Vera Rd	Middleton	MA	01940	6175495604	irving@burdayconsulting.com	1
Tony Theille	Trustee	301 DoverPoint Rd	Dover	NH	03820	6037424986	atheille@yahoo.com	1
Paul Kleinman	Trustee	799 Mammoth Rd	Manchester	NH	03104	6035026325	pkleinman@bkwlawyers.com	1
Stephen Holland	Trustee	2 James Ave	Somersworth	NH	03878	6032350650	vanman18@msn.com	1
Megan Callan	Treasurer	7 Lockwood Dr.	York	ME	03909	6033217690	megcallan@hotmail.com	1
Tony Anni	Chair	7 Lockwood Dr.	York	ME	03909	6036895648	tonyanni@hotmail.com	1
Jud Knox	Co-Chair	39 Candlewood Ln	York	ME	03909	2072513210	jknox0055@gmail.com	1
Tim Althof	Trustee	226Woodland Rd	Hampton	NH	03842	6037703060	timalthof@comcast.net	1

Board Members

NONE PROVIDED

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

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 No. 5 above amount to \$5,000 or more in the aggregate during the fiscal year?

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, fund raising 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

Third-Party Filing

If you are a third-party filer filing on behalf of a charitable entity, please have an authorized representative complete Form NHCT-50: Authorization for Electronic Filing by Agent, and attach.

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 president or treasurer of the governing board, or a trustee of an express trust.

Electronically signed by

Margaret Callan

Title

Treasurer-Board

Date

11/15/2022

NHCT-12 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
11/15/2022 4:45 PM	Great Bay Services, Inc. FY2022 and 2021 SEARCHABLE FS.pdf	Attachment	No	Kristine Reynolds
11/15/2022 4:12 PM	FYE 2021 Final 990.pdf	Attachment	No	Kristine Reynolds

Status History

	User	Processing Status
11/15/2022 4:09:15 PM	Kristine J Reynolds	Draft
11/15/2022 4:53:27 PM	Kristine J Reynolds	Submitting
11/15/2022 4:53:40 PM	Kristine J Reynolds	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Kristine J Reynolds	11/15/2022 4:53:40 PM