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

ANNUAL REPORT CERTIFICATE

NILI ADDENITATE (condi-	ATTACH:			
MI APPENDIX (CONING	cts of interest) X FILING FE	E (\$75) X DIRECTOR	LIST (name, street address, telephone	
One of the following:	NHCT-2A IRS Form	n 990 🙀 990-EZ or [☐ 990-PF	
Are your revenues over !	\$500,000? If yes, include 0 \$1,000,000? If yes, include \$75.00 Make check payable	audited financial stat	nent plus 990 (not for 990-PFs) rement plus 990 (not for 990-PFs)	
Guild of New Hamp	shire Woodworkers	Dec	cember 31,2016	
Organization Name		Fiscal Year End		
James F Forbes In Care of		12513		
31 Mill Pond Road	Kittery	NH Regis Maine	03904-1113	
Address	City	State	Zip	
Signatu PRESIDENT, TREASU		Date	111/2017	
James F Forbes (Print or Type) Nam		Treasurer Title		
does not have the office o STATE OF COUNTY OF	f "President" or "Treasurer"	, attach an explanation	EPTABLE. (If the organization of the signer's authority)	

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: Guild of NewH	ampshire Woodwo	rkers	
Is there currently a conflict of interest po A Conflict of Interest Policy is require			No
If No, please provide explanation for if necessary):			est Policy (attach extra pages
Did any officer, Director, Trustee, or me from the organization in the last year other director, or expenses incurred in connection Yes No_X_	than reasonable co	empensation for	services of an executive
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? If Yes, attach copy of Meeting Minutes. 		Yes	No
 D. Was a pecuniary benefit paid in excess of the following of each of the following of the followin	owing:	Yes	No
E. Provide a list of each pecuniary benefit their immediate family. Include name(s) of RSA 7:19-a, II (c) and RSA 7:28 (attach extension of the control of	recipient(s) and a	mount(s) of ben	fficer, trustee or member of efit(s) as required under
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.

Amended 3/15/2013