



86 - 8/19/26

Caitlin D. Davis
Commissioner

Richard K. Sala
Deputy Commissioner

STATE OF NEW HAMPSHIRE
Department of Education
25 Hall Street
Concord, NH 03301
TEL. (603) 271-3495

July 13, 2026

Her Excellency, Governor Kelly A. Ayotte
And the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize New Hampshire Department of Education, Division of Learner Support, Bureau of Instructional Support to enter into a Grant Agreement with Friends of Seabrook Community (FOSC), (vendor code #366942) Seabrook, NH, in the amount not to exceed \$925,174.14 to provide extended day programming for youth effective upon Governor & Council approval through June 30, 2029. **100% Federal Funds.**

Funds to support this request are available in the Fiscal Year 2027 and are anticipated to be available in Fiscal Years 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years through the budget office if needed and justified.

06-56-56-562010-25190000 Title IVB 21st Century Community

Fiscal Year	Class/Account	Class Title	Total
2027	072- 500577	Grants Federal	\$308,391.38
2028	072- 500577	Grants Federal	\$308,391.38
2029	072- 500577	Grants Federal	\$308,391.38
Total			\$925,174.14

EXPLANATION

The New Hampshire Department of Education (NHED) is required to award grants to eligible programs that provide academic enrichment services before school, after school and during school vacations through a three-year Nita M. Lowey 21st Century Community Learning Center (21st CCLC) grant program. Grants are awarded annually pending the Department's evaluation of successful progress towards meeting the Government Performance Results Act (GPRA) measures and the availability of Federal Funds.

TDD Access: Relay NH 711
EQUAL OPPORTUNITY EMPLOYER- EQUAL EDUCATIONAL OPPORTUNITIES

Her Excellency, Governor Kelly A. Ayotte
And the Honorable Council

The goal of the 21st CCLC grant is to raise student academic achievement through the creation and expansion of community learning centers that provide students with academic enrichment opportunities as well as additional activities designed to enrich their regular academic program during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects to support student learning and development, including tutoring and mentoring, homework help, academic enrichment (e.g., hands-on science or technology programs), and community service opportunities, as well as music, arts, sports, and other educational services to the families of participating children.

The services provided by the grant cited above will be coordinated by Friends of Seabrook Community (FOSC) in Seabrook, NH in collaboration with the Seabrook School District. This will serve Seabrook Elementary and Seabrook Middle School students and their families.

A Request for Applications (RFA) was released on January 26, 2026, on the Department of Education website with a deadline for applications of March 27, 2026. There were eight (8) complete proposals submitted to the RFA titled “Nita M. Lowey 21st Community Learning Centers Program Title IV, Part B Request for Application (RFA) 2026-2029” and all eight (8) applications were reviewed based on the criteria for rigorous peer review by four independent reviewers, NHED contracted with six (6) independent contractors, which is required by the federal program. All eight (8) applications were awarded per the Governor Consultation provided as Attachment A.

Funding for this grant is provided by the 21st CCLC program funded under Title IV, Part B of the Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA).

Respectfully Submitted,



Caitlin D. Davis
Commissioner of Education



Caitlin D. Davis
Commissioner

Richard K. Sala
Deputy Commissioner

STATE OF NEW HAMPSHIRE
Department of Education
25 Hall Street
Concord, NH 03301
TEL. (603) 271-3495

May 18, 2026

Her Excellency, Governor Kelly A. Ayotte
State House
Concord, New Hampshire 03301

RE: Nita M. Lowey 21st Century Community Learning Centers Title IV, Part B 2026-2029 Grant
Competition Governor Consultation

Dear Governor Ayotte:

The New Hampshire Department of Education (NHED) requests consultation with the Office of the Governor regarding the 2026-2029 Nita M. Lowey 21st Century Community Learning Centers (21st CCLC) grant competition, as required per [ESEA Section 4202\(c\)\(2\)\(c\)](#).

NHED published a request for applications on January 26, 2026, and had an application deadline of March 27, 2026. The request for applications (available at [Nita M. Lowey 21st Century Community Learning Centers | Department of Education \(nh.gov\)](#)) prioritized new potential grantees, grantees targeting middle and/or high school students, and grantees providing access to work- based learning opportunities to 21st CCLC students.

The 21st CCLC program provides opportunities for communities to establish or expand activities in before and after school programs that provide for academic enrichment, including providing tutorial services to help students, particularly students who attend schools in need of additional support, to meet the challenging State academic standards. It also offers students a broad array of additional services, programs, and activities, such as youth development activities, service learning, nutrition and health education, drug and violence prevention programs, counseling programs, arts, music, physical fitness and wellness programs, technology education programs, financial literacy programs, environmental literacy programs, mathematics, science, career and technical programs, internship or apprenticeship programs, and other partnerships with an in-demand industry sector or occupation for high school students that are designed to reinforce and complement the regular academic program of participating students. Finally, the program offers families of students served by community learning centers opportunities for active and meaningful engagement in their children's education, including opportunities for literacy and related educational development ([Section 4201\(a\)](#)).

Eight applications were received and selected for rigorous peer review. After such review, NHED recommends funding all eight of the applications at a total request of **\$1,163,090.99**. Below you will find each applicant, their average peer review score and recommended award amounts.

Lead Applicant	District Partner	Evaluation Scores	Recommended Annual Award Amount	Recommended 3 year Award Amount
Beech Street Elementary School	Manchester School District	86.67	\$207,516.94	\$622,550.82
Highland-Goffe's Falls Elementary School	Manchester School District	92.00	\$180,800.45	\$542,401.35
Jewett Street School	Manchester School District	86.67	\$182,655.31	\$547,965.93
Northwest Elementary School	Manchester School District	86.33	\$190,429.38	\$571,288.14
Webster Elementary School	Manchester School District	86.67	\$194,642.80	\$583,928.40
Weston Elementary School	Manchester School District	87.33	\$194,704.21	\$584,112.63
Russell Elementary School	Rumney School District	110.67	\$160,028.53	\$480,085.59
Friends of Seabrook Community (CBO)	Seabrook School District	107.67	\$308,391.38	\$925,174.14
Total Award Amount			\$1,619,169.00	\$4,857,507.00

NHED requests the Office of the Governor's affirmation of consultation to meet our obligation to administer the awarding of funds to eligible entities in consultation with the Governor and other State agencies responsible for administering youth development programs and adult learning activities.

Thank you for your review and consideration.

Respectfully submitted,

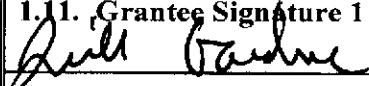
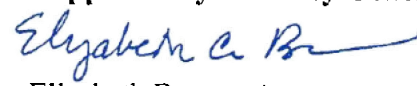


Caitlin D. Davis
Commissioner of Education

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

I. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Education		1.2. State Agency Address 25 Hall Street Concord, NH 03301	
1.3. Grantee Name Friends of Seabrook Community (FOSC)		1.4 Grantee Address PO Box 2901 Seabrook, NH 03874	
1.5 Grantee Phone # 603-997-1989	1.6. Account Number See Exhibit C	1.7. Completion Date June 30, 2029	1.8. Grant Limitation \$925,174.14
1.9. Grant Officer for State Agency Emily Shoemaker		1.10. State Agency Telephone Number 603-931-9471	
If Grantee is a municipality or village district: "By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Grantee Signature 1 		1.12. Name & Title of Grantee Signor 1 Jill Gordon, Executive Director	
Grantee Signature 2		Name & Title of Grantee Signor 2	
Grantee Signature 3		Name & Title of Grantee Signor 3	
1.13 State Agency Signature(s)  7/24/26		1.14. Name & Title of State Agency Signor(s) Caitlin D. Davis, Commissioner of Education	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required)  By: Elizabeth Brown, Attorney Assistant Attorney General, On: 7 / 24 / 26			
1.16. Approval by Governor and Council (if applicable) By: On: / /			

2. **SCOPE OF WORK:** In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire
4. EFFECTIVE DATE, COMPLETION OF PROJECT.
- 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").
- 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").
5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.
- 5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.
- 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.
- 5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
- 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
- 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.
7. RECORDS and ACCOUNTS.
- 7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions
8. PERSONNEL.
- 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
- 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
- 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
9. DATA; RETENTION OF DATA; ACCESS.
- 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- 9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- 9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- 9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
- 9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
11. EVENT OF DEFAULT; REMEDIES.
- 11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
 - 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
 - 11.1.2 Failure to submit any report required hereunder; or
 - 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
 - 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
- 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
 - 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
 - 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
 - 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and
 - 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
12. TERMINATION.
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
- 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
- 12.3. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.
- 12.4. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.
16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. INSURANCE.
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury or death any one incident, and \$500,000 for property damage in any one incident; and
- 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.
18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.
21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

EXHIBIT A

Special Provisions

As a condition of receipt of grant funds under this Agreement, the Grantee agrees to be bound by all terms, conditions, and requirements set forth in Exhibit D (Grant Subaward Notification), which is incorporated herein by reference and made a part of this Agreement. The Grantee acknowledges that execution of this Agreement constitutes the Grantee's express acceptance of, and agreement to comply with, all provisions contained in Exhibit D, including but not limited to the applicable federal laws and regulations, monitoring and access to records requirements and all additional conditions imposed by the New Hampshire Department of Education (NHED) and the U.S. Department of Education.

The Grantee further acknowledges that execution of this Agreement and compliance with the terms of Exhibit D are conditions precedent to the disbursement of any funds hereunder, and that failure to execute this Agreement or to comply with the terms of Exhibit D shall constitute grounds for withholding or recapture of grant funds by the State.

Federal Certification 2 CFR 200.415

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

EXHIBIT B

Scope of Services

Friends of Seabrook Community (FOSC) shall serve as the fiscal agent and lead nonprofit subrecipient for the implementation and administration of the Seabrook Adventure Zone (SAZ) 21st Century Community Learning Centers (21st CCLC) program. FOSC will work in collaboration with the Seabrook School District to provide high-quality after-school and summer learning programming designed to improve academic achievement, youth development, family engagement, and student access to enrichment activities.

The Program shall provide a minimum of 300 hours of expanded learning opportunities annually and shall supplement, not supplant, regular school-day educational services.

Services to be Provided

1. Program Administration and Fiscal Management

FOSC shall:

- Serve as fiscal agent for all grant funds and maintain fiscal oversight of the grant award.
- Develop, monitor, and manage approved annual grant budgets, activity approvals, and amendments. All of which must be approved by New Hampshire Department of Education (NHED).
- Maintain financial records, internal controls, procurement procedures, and documentation in accordance with federal grant requirements.
- Submit in a timely manner all required activity templates, invoices, financial reports, certifications, and close-out documentation to the NHED. Activities must be pre-approved by NHED to be eligible for reimbursement under this grant award.
- Maintain documentation demonstrating that grant funds supplement and do not supplant existing resources.
- Track and document all grant expenditures, partner contributions, in-kind resources, and other funding sources supporting the program.
- Maintain equipment inventories and grant asset records as required by federal regulations.
- Coordinate audit, monitoring, and compliance activities required by NHED or federal agencies.

2. Program Design and Implementation

FOSC shall design, coordinate, and implement a comprehensive expanded learning program that:

1. Provides academic enrichment and youth development opportunities aligned with state academic standards and local curriculum.

Grant Agreement between Friends of Seabrook Community (FOSC) and the New Hampshire Department of Education

2. Reinforces and compliments regular school-day instruction.
3. Includes a balanced combination of academic support and enrichment programming.
4. Operates during non-school hours, including afterschool and summer programming.
5. Provides opportunities in areas including:
 - Academic enrichment and tutoring;
 - STEM and computer science;
 - Literacy and financial literacy;
 - Environmental education;
 - Arts enrichment;
 - Physical activity and wellness;
 - Career exploration and workforce readiness;
 - Service learning and leadership development; and
 - Family engagement and family literacy activities.

3. School-Day Collaboration

FOSC shall actively collaborate with the Seabrook School District to ensure alignment between out-of-school programming and regular school-day instruction.

Responsibilities include:

- Regular communication and planning meetings with school and district personnel.
- Joint review of student academic, attendance, behavioral, and engagement data.
- Coordination of interventions and enrichment opportunities to address identified student needs.
- Alignment of program activities with school improvement goals and classroom instruction.
- Compliance with all Family Educational Rights and Privacy Act (FERPA) requirements and approved data-sharing procedures.

4. Data Collection, Evaluation, and Reporting

FOSC shall:

- Maintain accurate records of enrollment, attendance, participation hours, staffing, and program activities.
- Collect and report all data required by NHED, the United States Department of Education (USED), all applicable data systems, Annual Performance reporting (APR), Government Performance and Results Act (GPRA) performance measures, and other federal reporting systems.
- Conduct biannual data certifications and maintain supporting documentation.
- Participate in statewide evaluation activities and monitoring reviews.
- Use program and student outcome data to support continuous improvement efforts.
- Make evaluation results available to stakeholders as required by NHED.

5. Family Engagement

FOSC shall implement a comprehensive family engagement strategy that:

- Provides ongoing opportunities for meaningful family participation.
- Includes family literacy, educational development, technology training, college and career readiness, financial literacy, and family leadership activities.
- Utilizes multiple communication methods and languages appropriate to participating families.
- Maintains documentation of family engagement activities, participation levels, and outcomes.
- Supports positive family-school-community partnerships.

6. Community Outreach, Partnerships, and Advisory Board

FOSC shall:

- Conduct ongoing community outreach and student recruitment.
- Maintain partnerships with schools, businesses, higher education institutions, nonprofit organizations, and community agencies.
- Execute and maintain agreements with all partner organizations contributing services or resources to the program.
- Establish and facilitate an Advisory Board representing families, school staff, community members, business partners, students, and collaborating organizations.
- Convene Advisory Board meetings no less than quarterly and maintain agendas, attendance records, and minutes.
- Utilize Advisory Board input to guide program planning, evaluation, sustainability, and continuous improvement.

7. Needs Assessment and Continuous Improvement

FOSC shall:

- Conduct and maintain an annual needs assessment using student, family, school, and community data.
- Ensure program activities align with identified needs.
- Establish measurable performance indicators and outcome targets.
- Review data regularly and adjust programming to improve outcomes.
- Implement evidence-based practices that support academic achievement and student success.

8. Staffing, Professional Development, and Volunteer Management

FOSC shall:

- Recruit, hire, train, supervise, and evaluate qualified program staff.
- Maintain staffing plans and organizational structures necessary to support program quality and compliance.
- Ensure required background checks, certifications, and staff qualifications are documented.

Grant Agreement between Friends of Seabrook Community (FOSC) and the New Hampshire Department of Education

- Provide ongoing professional development.
- Maintain volunteer recruitment, screening, training, and supervision procedures.
- Participate in required NHED trainings and professional development opportunities.

9. Transportation and Student Safety

FOSC shall:

- Develop and maintain a written transportation plan.
- Provide or coordinate transportation services that ensure equitable access to programming.
- Maintain transportation safety procedures, emergency protocols, and student accountability systems.
- Ensure facilities are safe, accessible, and compliant with applicable laws and regulations.
- Maintain emergency preparedness, student supervision, attendance verification, and authorized release procedures.

10. Sustainability and Resource Development

FOSC shall:

- Maintain and annually update a written sustainability plan.
- Pursue grants, donations, sponsorships, and in-kind contributions to strengthen and sustain programming.
- Coordinate sustainability planning efforts with the Advisory Board and community partners.
- Track and document leveraged resources and partner contributions.
- Develop strategies to continue services beyond the grant period.

EXHIBIT C

Method of Payment

Budget

Annually the subrecipient will submit to NHED a preliminary budget for review and approval prior to being awarded their annual allocation. The Subrecipient will be held to their approved budget template when submitting their grant activities for review and approval to NHED for implementation and reimbursement.

Funds to support this request are available in the Fiscal Year 2027 and are anticipated to be available in Fiscal Years 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years through the budget office if needed and justified.

06-56-56-562010-25190000 Title IVB 21st Century Community

Fiscal Year	Class/Account	Class Title	Total
2027	072- 500577	Grants Federal	\$308,391.38
2028	072- 500577	Grants Federal	\$308,391.38
2029	072- 500577	Grants Federal	\$308,391.38
Total			\$925,174.14

Limitation on Price: In no case shall the total budget exceed the price limitation of \$925,174.14.

Method of Payment: Payment is to be made monthly based on monthly basis within the Grants Management System (GMS) with supporting invoices which only include costs from activities that have prior approval by NHED and that have taken place in accordance with the terms of the approved grant proposal. A detailed listing of expenses incurred and supporting documentation must be provided. If otherwise correct and acceptable, payments will be made for 100% of the expenditures listed. Invoices and supporting documents shall be submitted electronically to Cassie.G.Broughton@doe.nh.gov.

EXHIBIT D

Caitlin D. Davis
Commissioner



Richard K. Sala
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
25 Hall Street
Concord, N.H. 03301
TEL. (603) 271-3495
FAX (603) 271-1953

GRANT SUBAWARD NOTIFICATION

1	Primary Award to/by Grant Program Name: CFDA Number: Amount of Federal Award: FAIN and Initial Date:	NH Department of Education by US Department of Education 21st Century Community Learning Centers Program 84.287C \$6,515,398 S287C260029 on 7/1/2026
	SUBAWARD	
2	Recipient Name, LEA ID, SAU, District and UEL:	Friends of Seabrook Community (FOSC), HJ11X4MV6JK3
3	Initial Award Date: Action Number & Type: Date of this Action:	7/1/2026 1 Preliminary Award 7/1/2026
4	Subaward Type: Project Description:	Competition Afterschool academic enrichment programs particularly in high poverty areas.
5	Award Period:	Budget Period: 7/1/2026 - 6/30/2027 Performance Period: 7/1/2026 - 6/30/2027 Period to request reimbursement of expended funds: 7/1/2026 - 8/14/2027 Future Budget Periods: 7/1/2027 - 6/30/28 \$308,391.38 7/1/2028 - 6/30/29 \$308,391.38 Carryover per ESSA Section 421 applies to this program.
6	Contacts:	Subrecipient: LEA Superintendent and Project Director NHED Program Administrator: Cassandra Broughton 603-805-9406 Cassandra.G.Broughton@doe.nh.gov Grants Management System Contact: RYANNE DENNIS 603-731-6314 RYANNE.M.DENNIS@doe.nh.gov
7	Subaward Amount:	Previous Award Amount: 0 Net Change of Award Amount: \$308,391.38 Updated Award Amount: \$308,391.38
8	Laws, Regulations and Requirements:	EDGAR AS APPLICABLE 2 CFR AS APPLICABLE
9	Maximum Allowed Indirect Cost Rate:	Indirect Cost Rate: \$0.00 Max Rate: N/A https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/id-rates-for-web-fy27.pdf

Grant Agreement between Friends of Seabrook Community (FOSC) and the New Hampshire Department of Education

Grantee Initials *Sub*
Date *07/09/2026*

GRANT SUBAWARD NOTIFICATION (Continued)

Grantees must not use federal funds under this project in any manner that violates the United States Constitution, Title VI or Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq. or 42 U.S.C. § 2000e et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), section 504 of the Rehabilitation Act (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131 et seq.), the Boy Scouts of America Equal Access Act of 2001 (20 U.S.C. § 7905), section 117 of the Higher Education Act of 1965, as amended (20 U.S.C. § 1011f), or other applicable federal law. To the extent that a grantee uses grant funds for such unallowable activities, the Department intends to take appropriate enforcement action including under section 451 of the General Education Provisions Act (GEPA), which may include the recovery of funds under section 452 of GEPA.

This grant is not intended for research and development.

GRANT SUBAWARD NOTIFICATION (Continued)

11	Additional NHED Conditions:	Subrecipients shall be reimbursed for allowable and documented costs when they are incurred. No advance payments will be made. NHED may impose additional conditions (2 CFR 200.332(i), 2 CFR 200.208(b)(2) and (c)(3)) or take enforcement actions (2 CFR 200.339) which may delay and/or reduce reimbursement amounts. Reimbursement is not guaranteed unless NHED has approved the activity. The subrecipient shall submit a complete and accurate Certificate of Federal Expenditure worksheet no later than December 31st of each year to the NHED which will include any expenditures under this grant incurred in the prior fiscal year. A copy of the worksheet will be provided to each subrecipient by the NHED in September of each fiscal year. This award is subject to the contents of both the current version of NHED's <u>General Assurances, Requirements and Definitions for Participation in Federal Programs</u> document and the <u>FY27 Federal Program Assurances</u> as executed by the party that may legally bind the grantee listed in Block 2 above. Acceptance of this award and its related terms and conditions, is acknowledged by the grantee when reimbursement of funds is requested through the NHED Grants Management System by the grantee. Acceptance of grant funds constitutes acceptance of all GAN conditions, including this one.
12	Access to Records and Monitoring Requirements:	The federal awarding agency, Inspectors General, the Comptroller General of the United States, and the NHED shall have the right of access to any documents, papers, or other records of the subrecipient which are pertinent to this subaward, in order to make audits, examinations, excerpts, and transcripts. The right also includes timely and reasonable access to the subrecipient's personnel for the purpose of interview and discussion related to such documents. In addition to reviews of audits conducted in accordance with 2 CFR 200, Subpart F, monitoring procedures may include, but not be limited to, on-site visits by NHED staff, limited scope audits, and/or other procedures. Subrecipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the NHED. In the event the NHED determines that a limited scope audit of the subrecipient is appropriate, the subrecipient agrees to comply with any additional instructions provided by NHED staff to the subrecipient regarding such audit.
13	Project Closeout Requirements:	The subrecipient shall permit the NHED access to records and financial statements as necessary for audits and monitoring during the records retention period for three years after the completion of the subaward in accordance with 2 CFR 200.334.
14	Attachments	



 Signature of Authorizing Official
 Frank Edelblut
 New Hampshire Commissioner of Education

 Date 7/1/2026

Grant Agreement between Friends of Seabrook Community (FOSC) and the New Hampshire Department of Education

Grantee Initials 
 Date 07/01/2026

Certificate of Authority

I, Forrest Carter Jr., hereby certify that I am a duly appointed representative of
(Name of person filling out this form)

Friends of Seabrook Community (FOSC) I hereby certify that Jill Gordon, is
(Name & Title of person who signed contract)
authorized to execute contracts on behalf of Friends of Seabrook Community (FOSC) and may bind the

organization thereby.

I hereby certify that said authority has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30) days**. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 07/09/2026

Attest: Forrest J. Carter, Executive Director
(Name & Title of person filling out this form)

State of New Hampshire

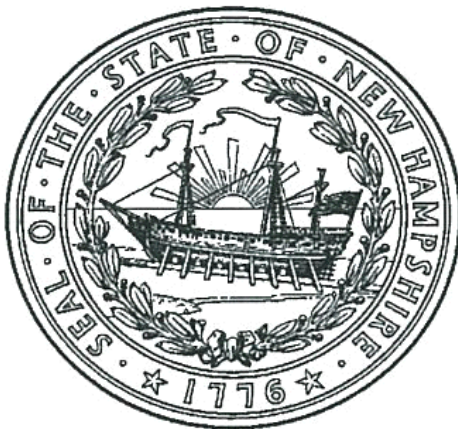
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FRIENDS OF SEABROOK COMMUNITY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 11, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **747600**

Certificate Number: **0007943190**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of June A.D. 2026.

A handwritten signature in black ink, appearing to read "David M. Scanlan", written over a horizontal line.

David M. Scanlan
Secretary of State



FRIEOFS-16

BBREEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER World Insurance Associates, LLC 64 Portsmouth Ave Exeter, NH 03833	CONTACT NAME: Joshua Jerome		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: joshuajerome@worldinsurance.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Technology Insurance Company		42376
	INSURER B : Wesco Insurance Company		25011
INSURED Friends of Seabrook Community PO BOX 2901 Seabrook, NH 03874	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			WPP2045297 02	7/15/2026	7/15/2027	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	☒ GL990252 07/17		MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
B	☐ AUTOMOBILE LIABILITY			WPP2045301 02	7/15/2026	7/15/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							\$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	☐ DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N ☐ N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Profession Liability			WPP2045297 02	7/15/2026	7/15/2027	Professional \$ 1,000,000
A	Miscellaneous Commer			WPP2045297 02	7/15/2026	7/15/2027	Sexual Abuse \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured with respects to General Liability as required by written contract subject to the terms and conditions of the policy.

CERTIFICATE HOLDER

CANCELLATION

New Hampshire Department of Education 25 Hall Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AP INTEGRO INSURANCE GROUP LLC/PAC 76251093 PO BOX 31241 SALT LAKE CITY UT 84131	CONTACT NAME:	
	PHONE (888) 289-2939	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hartford Accident and Indemnity Company	
	NAIC# 22357	
INSURED FRIENDS OF SEABROOK COMMUNITY PO BOX 2901 SEABROOK NH 03874	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. * LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A	76 WEG BT3H8N	07/13/2026	07/13/2027	E.L. EACH ACCIDENT \$ \$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE \$ \$100,000
							E.L. DISEASE - POLICY LIMIT \$ \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

New Hampshire Department of Education
25 HALL ST
CONCORD NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

NONPROFIT COVER SHEET

A. Entity Name: Friends of Seabrook Community (FOSC)

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Forrest E Carter Jr, PO Box 2901, Seabrook, NH 03874. (603) 997-1909

forrest@friendsofseabrookcommunity.org

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u>	<u>Affiliations</u>
E.g., John Doe (President)	
Jill Gordon (Chairman)	Geometry Global
Forrest E Carter Jr (Executive Director)	Seabrook Adventure Zone
Owen Carter-Duffy	Seabrook Adventure Zone
Barbara Shae	Winnacunnet High School
Marcella Dow	Anna Jacques Hospital
Melanie Eaton	Seabrook Station Nuclear Power Plant
Michele Heon	Lindt's Chocolates

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Forrest Carter Jr	Program Director	\$74,880.00	\$60,480.00
Owen Carter-Duffy	Assistant Director	\$56,160.00	\$45,360.00

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- ☒ [X] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- ☐ [] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).
-
-
-

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- ☒ [X] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- ☐ [] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- ☐ [] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>

FINANCIAL DISCLOSURES

G. Check one the following:

- [] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- [X] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- [] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

	<u>Revenue</u>		<u>Expenses</u>
<i>Grants</i>	\$	<i>Compensation of officers, directors, and key personnel</i>	\$
<i>Donations</i>	\$		
<i>Program Services Revenue</i>	\$	<i>Other salaries & wages</i>	\$
<i>Interest & Dividends</i>	\$	<i>Payroll taxes & employee benefits</i>	\$
<i>All other Revenue</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<u>Total Revenue</u>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
		<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

2. BALANCE SHEET

<u>Assets</u>		<u>Liabilities</u>	
<i>Cash & Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property & Equipment (less any depreciation)</i>	\$	<u>Total Liabilities</u>	\$
<i>Pledges, grants, accounts receivable</i>	\$		
<i>All other assets</i>	\$		
<u>Total Assets</u>	\$		

Friends of Seabrook Community (FOSC)

Mission Statement

“The Friends of Seabrook Community creates and supports safe and healthy educational and recreational spaces and opportunities in Seabrook, NH.”

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2025

Open to Public
Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FRIENDS OF SEABROOK COMMUNITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2901 City or town, state or province, country, and ZIP or foreign postal code SEABROOK, NH 03874 F Name and address of principal officer: FORREST E. CARTER, JR. SAME AS C ABOVE	D Employer identification number 81-2784942 E Telephone number 603-997-1909 G Gross receipts \$ 430,551. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.FRIENDSOFSEABROOKCOMMUNITY.COM		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		
L Year of formation: 2016 M State of legal domicile: NH		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO BUILD AND CREATE SAFE AND FUN ENVIRONMENTS THAT ALL AGES CAN ENJOY IN THE TOWN OF THE SEABROOK.		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	405,023.
9	Program service revenue (Part VIII, line 2g)	9	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	159,217.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	564,240.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	331,448.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	b	1,940.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	181,479.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	512,927.
19	Revenue less expenses. Subtract line 18 from line 12	19	51,313.
20	Total assets (Part X, line 16)	20	130,659.
21	Total liabilities (Part X, line 26)	21	3,022.
22	Net assets or fund balances. Subtract line 21 from line 20	22	127,637.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer FORREST E. CARTER, JR., EXECUTIVE DIRECTOR OF PROGRAMS	Date	
Paid Preparer Use Only	Preparer's name DAVID TRIMNER	Preparer's signature 	Date 04/27/2026
	Firm's name TRIMNERBECKHAM, PLLC	Firm's EIN 84-2953567	Check ☐ if self-employed PTIN P00444822
	Firm's address 1750 TYSONS BLVD, SUITE 1500 MCLEAN, VA 22102	Phone no. (703) 663-1756	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

FRIENDS OF SEABROOK COMMUNITY (F.O.S.C.)'S MISSION IS TO ENCOURAGE, SUPPORT, ENHANCE, ASSIST, AND DEVELOP ACCESSIBLE, SAFE, AND ENJOYABLE RECREATIONAL FACILITIES AND OPPORTUNITIES FOR THE CITIZENS AND VISITORS OF THE TOWN OF SEABROOK, NEW HAMPSHIRE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 474,640. including grants of \$) (Revenue \$)

FRIENDS OF SEABROOK COMMUNITY HAS WORKED ON MANY PROJECTS THAT HAVE HELPED REDEFINE RECREATIONAL SPACES TO CREATE A FUN AND SAFE PLACE TO ENGAGE AND CREATE THOSE HEARTWARMING MEMORIES. SOME BIG PROJECTS THAT F.O.S.C. HAS CREATED ARE PLAYGROUNDS, BALL PITS, BASKETBALL COURTS, A COMMUNITY ICE SKATING RINK, AND A VETERANS MEMORIAL PARK SIGN AND PLAYGROUND. THE ORGANIZATION IS DESIGNING AND DEVELOPING A NEW 18-ACRE PARK INCLUDING TRAILS AND EXERCISE EQUIPMENT. IN ADDITION, THE ORGANIZATION HAS OFFERED INCREASED AFTER-SCHOOL PROGRAMMING FOR SCHOOL-AGE YOUTH IN SEABROOK, NH. IN 2021, F.O.S.C. RECEIVED A 21ST CENTURY COMMUNITY LEARNING CENTER (21ST CCLC) GRANT TO PROVIDE EXTENDED DAY PROGRAMMING FOR YOUTH AND THEIR FAMILIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 474,640.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 37		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	7													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		6												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6										X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a										X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b										X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a						X				
b Each committee with authority to act on behalf of the governing body?				8b						X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9										X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a											X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				11b											
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				12a										X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b										X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done				12c										X	
13 Did the organization have a written whistleblower policy?				13										X	
14 Did the organization have a written document retention and destruction policy?				14										X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official				15a											X
b Other officers or key employees of the organization				15b											X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				16a											X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?				16b											

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								66,944.	0.	11,479.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								66,944.	0.	11,479.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	267,763.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	68,991.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			336,754.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a	93,797.			
	b	Less: direct expenses	9b	0.			
	c Net income or (loss) from gaming activities			93,797.			93,797.
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				430,551.	0.	0.	93,797.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,423.	66,660.	11,763.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	227,318.	193,220.	34,098.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,692.	6,538.	1,154.	
10 Payroll taxes	26,493.	22,519.	3,974.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,532.	2,152.	380.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	35,497.	30,173.	5,324.	
12 Advertising and promotion	1,940.			1,940.
13 Office expenses	30,797.	26,177.	4,620.	
14 Information technology	7,342.	6,241.	1,101.	
15 Royalties				
16 Occupancy				
17 Travel	9,718.	8,260.	1,458.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,811.	6,639.	1,172.	
20 Interest	13,756.		13,756.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,741.	9,980.	1,761.	
23 Insurance	18,976.		18,976.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	88,168.	88,168.		
b ADMISSION & EDUCATION	7,913.	7,913.		
c TAXES & LICENSES	311.		311.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	576,428.	474,640.	99,848.	1,940.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	103,993.	1	16,876.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	167.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,453.		
	b Less: accumulated depreciation	10b 32,043.	26,666.	10c 45,410.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	130,659.	16	62,453.	
Liabilities	17 Accounts payable and accrued expenses	3,022.	17	43,490.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	36,463.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,022.	26	79,953.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	127,637.	31	-17,500.
	32 Total net assets or fund balances	127,637.	32	-17,500.
	33 Total liabilities and net assets/fund balances	130,659.	33	62,453.

Form 990 (2025)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	430,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	576,428.
3	Revenue less expenses. Subtract line 2 from line 1	3	-145,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,637.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	740.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-17,500.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

FRIENDS OF SEABROOK COMMUNITY

Employer identification number

81-2784942

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	238,229.	449,460.	428,256.	405,023.	336,754.	1857722.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	238,229.	449,460.	428,256.	405,023.	336,754.	1857722.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1857722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	238,229.	449,460.	428,256.	405,023.	336,754.	1857722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		65,700.	100,837.	159,217.	93,797.	419,551.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2277273.

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	81.58	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	82.38	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☒
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			☐
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			☐

Schedule A (Form 990) 2025

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

FRIENDS OF SEABROOK COMMUNITY

81-2784942

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

FRIENDS OF SEABROOK COMMUNITY**81-2784942****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>9,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>267,763.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

81-2784942

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization	Employer identification number
FRIENDS OF SEABROOK COMMUNITY	81-2784942

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

FRIENDS OF SEABROOK COMMUNITY

Employer identification number

81-2784942

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form section for Conservation Easements, including questions 1-9 and a table for line 2d (Held at the End of the Tax Year).

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		77,453.	32,043.	45,410.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				45,410.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the page is completely blank except for the lines themselves.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization: FRIENDS OF SEABROOK COMMUNITY
Employer identification number: 81-2784942

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			93,797.	93,797.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				93,797.

9 Enter the state(s) in which the organization conducts gaming activities: NHa Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name FORREST E. CARTER, JR.Address PO BOX 2901 - SEABROOK, NH 03874

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ 93,797. and the amount of gaming revenue retained by the third party \$ 174,194.

c If "Yes," enter the name and address of the third party:

Name RMH NH, LLCAddress 319 NEW ZEALAND ROAD - SEABROOK, NH 03874

- 16** Gaming manager information:

Name RMH NH, LLCGaming manager compensation \$ 174,194.Description of services provided RMH NH, LLC SERVED AS THE GAME OPERATOR TO CONDUCT GAMES OF CHANCE ON BEHALF OF THE ORGANIZATION.☐ Director/officer☐ Employee☒ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

[illegible]

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FRIENDS OF SEABROOK COMMUNITY

Employer identification number

81-2784942

FORM 990, PART VI, SECTION A, LINE 2:

FORREST E. CARTER, JR. AND OWEN CARTER-DUFFY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM, AND REVIEWED BY THE
EXECUTIVE DIRECTOR. THE RETURN IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO
FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY CONFLICT OF INTEREST ON THE PART OF ANY OFFICER, DIRECTOR, OR EMPLOYEE
OF THE ORGANIZATION, SHALL BE DISCLOSED IN WRITING TO THE ORGANIZATION AND
MADE A MATTER OF RECORD THROUGH AN ANNUAL PROCEDURE AND WHEN THE INTEREST
INVOLVES A SPECIFIC ISSUE BEFORE THE ORGANIZATION.

EVERY NEW OFFICER OR DIRECTOR WILL BE ADVISED OF THIS POLICY UPON ENTERING
THE DUTIES OF THEIR OFFICE AND SHALL SIGN A STATEMENT ACKNOWLEDGING
UNDERSTANDING AND AGREEMENT TO THE CONFLICT OF INTEREST POLICY. IN
ADDITION, THE OFFICERS AND DIRECTORS MUST COMPLY WITH ALL REQUIREMENTS OF
NEW HAMPSHIRE LAW IN THIS AREA, AND THE NEW HAMPSHIRE REQUIREMENTS ARE
INCORPORATED INTO AND MADE PART OF THIS POLICY STATEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 1:

THE ORGANIZATION USES MODIFIED CASH BASIS ACCOUNTING TO ALLOW THE
ORGANIZATION RECORDS LONG-TERM ASSETS AND LIABILITIES ACCORDING TO THE
MATCHING PRINCIPLE.

FORM 990, PART XII, LINE 3B:

THE ORGANIZATION WILL UNDERGO THE REQUIRED AUDIT FOR THE YEAR ENDED
DECEMBER 31, 2022, BUT THE AUDIT WILL NOT BE COMPLETE BEFORE THE FILING
OF THIS RETURN.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
2	OFFICE FURNITURE	07/17/23	SL	7.00		16	3,370.				3,370.	682.		481.	1,163.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						3,370.				3,370.	682.		481.	1,163.
	TRANSPORTATION EQUIPMENT														
1	FORD VAN	10/05/22	SL	5.00		16	43,598.				43,598.	19,620.		8,720.	28,340.
3	FORD VEHICLE	08/01/25	SL	5.00		16	30,485.				30,485.			2,540.	2,540.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						74,083.				74,083.	19,620.		11,260.	30,880.
	* GRAND TOTAL 990 PAGE 10 DEPR						77,453.				77,453.	20,302.		11,741.	32,043.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						46,968.			0.	46,968.	20,302.			29,503.
	ACQUISITIONS						30,485.			0.	30,485.	0.			2,540.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						77,453.			0.	77,453.	20,302.			32,043.
	ENDING ACCUM DEPR											32,043.			
	ENDING BOOK VALUE											45,410.			

Owen Hunor Carter-Duffy

PO Box 873
Seabrook, NH 03874

(603) 997-9484
Owen@friendsofseabrookcommunity.org

CAREER OBJECTIVE Obtain a position within the fields of Youth Development, Non-Profits, Afterschool/Summer programming, and/or Education.

EDUCATION

Campbell Highschool Graduation Date: June 7 th , 2012	Litchfield, NH
Empire Beauty School Licensure in Hair Design & Esthetics December 2014	Hooksett, NH

CERTIFICATIONS/MEMBERSHIPS

American Red Cross 1st Aid/CPR/AED Instructor Certified
2021 – Current

Friends of Seabrook Community (FOSC) Treasurer
2017 – Current

CPI Certified
2018-Current

Youth Mental Health First Aid Certification
2018-Current

Serve Safe Food Handling Certified
2017 – Current

Safety Certified Gymnastics Instructor Certification
2012 – Current

EXPERIENCE

July 2021 – Current

Site-Coordinator/Assistant Director, Seabrook Adventure Zone (21st Century CCLC)

Collaboration between Seabrook School District, Friends of Seabrook Community (FOSC), and other Community Partners in Seabrook, NH 03874

Responsible for the program design, management, implementation, and evaluation of an academic, recreational, and positive social development after school program with foundations based on Experiential Learning and Project Adventure.

- **Curriculum Development and Academic Integration** for afterschool programming that reflects and supports the curriculum during the school day, along with integrating into curriculum innovative and project/inquiry-based activities and training staff to do this as well.
- **Technology Leadership** with the CAYEN 21st CCLC database, the I4SEE education system, and providing programming to youth and staff that integrate technology tools, including Map Your World, Mind (Mine) Craft, and a variety of other innovative programs.
- **Staff Oversight & Supervision** every day of the SAZ program, offering insights, support, and professional development necessary to support staff needs and development.
- **School Day Alignment** by communicating with school day educators & administration, ensuring that seamless transitions between the school day and afterschool are followed and that students obtain the necessary supports for success.
- **Community Advisory Board Leadership** during monthly/bi-monthly meetings and maintaining effective collaboration with partners, community organizations, and board members.
- **Internship Supervisor** for High School Extended Learning Opportunities students (ELO's) and College interns from the University of New Hampshire, Northern Essex Community College, and Southern New Hampshire University.
- **Project Adventure Certified** incorporating team building, leadership skill cultivation, self-esteem boosting, and conflict resolution.

- **Evaluation** of staff, interns, and program goals by using the on-line and data base programs of Cayen, I4See, and QuickBooks, as well as satisfaction surveys for youth, parents, and community leaders and a three-tiered evaluation process for staff.
- **Human Resource Management** responsible (shared with the Director) for hiring, evaluating, and managing all SAZ personnel, volunteers, and community partners.

August 2018 – June 2020

Seabrook School District Educational Associate

256 Walton Rd., Seabrook NH 03874

- **Student In-Classroom Support** five days a week that include individual and group student support in academics and behavior. Assisting the educator with student needs and service implementation.
- **Special Education Support:** IEP and 504 plan review and service implementation for students.
- **Substitute Educator:** Substitute educator when educators are absent from the classroom or for the day/week.

September 2014 – June 2021

Assistant Site-Coordinator/Healthy Living Specialist/Gymnastics Instructor/Program Leader, Seabrook Adventure Zone (21st Century CCLC)

Collaboration between Seabrook Middle School, Seacoast Youth Services, and other Community Partners in Seabrook, NH 03874

Responsible for curriculum development, program leadership, SAZ gardening and beautification, sports programming, activity implementation, and evaluation support of all youth positive social development programs with foundations based on both the 4-H values and Project Adventure.

- **Site Coordinator Support** before and during the SAZ program that includes program leadership, CAYEN input, fundraiser/event leadership and facilitation, as well as other Site-Coordinator needs.
- **Healthy Living Coordinator** responsible for nutrition, gardening, and physical fitness related program supervision, as well as engage staff and volunteers in professional development workshops to educate on these topics.
- **Curriculum Development** for one program each day, throughout 6 6-week sessions during the academic school year. Programs focus on a variety of topics, including Science, Technology, Engineering, the Arts, Sports, and other interests of the youth.
- **Program Development and Implementation** throughout the academic calendar, including the popular title of Gymnastics, Neon Me Up, Cosmo: Skin & Nails, and many others.
- **Event Leadership** with all families and community members during monthly family events, sporting events, and student led presentations.
- **Leadership Trainings** held monthly focusing on sculpting adolescents into strong, independent future leaders by offering lecture and service learning opportunities of selected topics. Training topics have included organization skills, games, sports, and modifications workshop, 1, 2, 3 Magic, and several diversity awareness trainings.
- **Website Administrator** with lead responsibilities of updating and managing the Seabrook Adventure Zone website at www.seabrookadventurezone.com

September 2017 –
October 2018

Shift Supervisor, Moe's

779 Lafayette Rd, Seabrook, NH 03874

Responsible for the supervision of staff, maintenance of equipment, opening of the facility, and all shift supervisor requirements.

- **Opening of Store/Restaurant** five days a week that include preparing essential foods and ingredients, daily communication and ordering with vendors, daily communication with staff members and administrative peers, daily reporting and inventory.
- **Equipment Maintenance** including supervising and guiding staff to clean according to health safety guidelines, fixing broken equipment and communicating with contractors to maintain equipment functionality, and daily maintenance of the store/restaurant.

TECHNOLOGY

Power point, Print Shop, IPhoto, Microsoft Word, Apple Works, Microsoft Excel, Microsoft Office Publisher, Adobe Workshop, Google Docs, Google Sheets, ZOOM, Survey Monkey, WIX Website, etc.

Forrest E. Carter Jr.

P.O. Box 873
Seabrook, NH 03874

(603) 997-1909
forrest@friendsofseabrookcommunity.org

CAREER OBJECTIVE Obtain an administrative, leadership, or teaching position in the field of education and community development while working with youth and adolescents and integrating technology, relationship building, community, and academic supports with the purpose of creating a more positive and rewarding life and academic experience for students and educators.

EDUCATION

Plymouth State College
Masters in Education: Physical Education, Adventure Education Concentration
May 16, 2014

University Of Massachusetts Lowell
Bachelors in Liberal Arts: Psychology
(Spanish Concentration Requirement)
February 15, 2009

CERTIFICATIONS/AWARDS

NH Praxis Completed
November 28th, 2012

Teaching Credential Certifiable Alternative 5: Elementary Education (K-6)
Teaching Credential Certifiable Alternative 5: Physical Education
Teaching Credential Certifiable Alternative 4: Middle Level Science (5-8)
Teaching Credential Certifiable Alternative 4: Earth/Space Science (7-12)

Certified Park & Recreation Professional
January 2015 - Current



Certified Project Alert Educator
January 2011 - Current

American Red Cross 1st Aid/CPR/AED Certified Instructor
2010 - Current

NH Champion for Children
2018

NH Afterschool Ambassador, *Afterschool Alliance*
2014-Current

Afterschool Master Professional Workshop Trainer, Faculty, Individual Mentor, and Program Consultant, *ACROSS NH DHHS*
2013 - Current

EXPERIENCE

2021 – Current

Program Director, Seabrook Adventure Zone (21st Century CCLC) (FOSC Fiscal Agent)

Collaborative partnership between Seabrook School District (Elementary & Middle School Sites) & Friends of Seabrook Community in Seabrook, NH 03874

- **Budget** management of a \$400,000 + budget for all program needs, including staff salary, professional development, and all program expenses associated with the Seabrook Adventure Zone.
- **Review below** as the program continues with the added Elementary Site.

2011 – 2021

Program Director, Seabrook Adventure Zone (21st Century CCLC) (SYS Fiscal Agent)

Collaborative partnership between Seabrook Middle School & Seacoast Youth Services in Seabrook, NH 03874
Responsible for the program design, management, implementation, and evaluation of an academic, recreational, and positive social development after school program with foundations based on both the 4-H values and Project Adventure paradigm of leadership.

- **Curriculum Development and Academic Integration** for afterschool programming that reflects and supports the curriculum during the school day, along with integrating into curriculum innovative and project/inquiry based activities and training staff to do this as well.
- **Technology Leadership** with the CAYEN 21st CCLC database, the I4SEE education system, as well as Performance Pathways and being individually contracted through the Department of Education to lead trainings with colleagues and professionals about the CAYEN database system and the many functions it provides. Also by providing programming to youth and staff that integrate technology tools, including Map Your World, Mind (Mine) Craft, and a variety of other innovative programs.
- **Positive Relationship Building** by educating staff and youth on the 7 elements that makes up a strong, positive, healthy relationship. Positive Relationship Building is essential and a large emphasis in staff professional development, as well is integrated into programming throughout each session.
- **Sustainability & Revenue Development** with the successful writing of the 21st CCLC, Best Buy, Hannaford, CLIF, and Exeter Rental Grants and creating strong community partnerships that have sustained and expanded the consistently growing program.
- **Community Advisory Board Leadership** during monthly/bi-monthly meetings and maintaining effective collaboration with partners, community organizations, and board members.
- **Summer Planning Team** responsible for organizing and creating the Summer Conference for all 21st Century programs in New Hampshire.
- **Internship Supervisor** for High School Extended Learning Opportunities students (ELO's) and College interns from the University of New Hampshire, Northern Essex Community College, and Southern New Hampshire University.
- **Project Adventure Certified (136 Hours)** incorporating team building, leadership skill cultivation, self-esteem boosting, and conflict resolution.
- **Evaluation** of staff, interns, and program goals by using the on-line and data base programs of Youth Services, Cayen, I4See, and Performance Pathways, as well as satisfaction surveys for youth, parents, and community leaders and a three tiered evaluation process for staff.
- **Budget** management of a \$200,000 + budget for all program needs, including staff salary, professional development, and all program expenses associated with the Seabrook Adventure Zone.
- **Human Resource Management** responsible for hiring, evaluating, and managing all SAZ personnel, volunteers, and community partners.

2009 – 2011

Youth Program Director, Seacoast Youth Services (non profit)

867 Lafayette Rd., Seabrook, NH 03874

Responsible for implementation of after school, weekend, evening, and summer programming for at-risk middle and high school aged youth and adolescents in the New Hampshire seacoast area.

- **Outreach** in seacoast area middle schools and high schools including classroom presentations of programs, faculty integration and involvement, and parent and family involvement and awareness.
- **Project Alert Certified** to educate youth and adolescents in alcohol and substance abuse with interactive and integrative lessons.
- **Overnight Adventure Trips** consisting of four two day overnights with 24 adolescents and 3 staff, project adventure team building and leadership activities, high adventure, and structured itinerary.
- **Grant Writing** skills successful in obtaining several major grants, including the \$500,000 21st CCLC grant that supports the Seabrook Adventure Zone in both the 2011 and 2016 competitions.

2013 – Current

Afterschool Master Professional Workshop Trainer, Faculty, Individual Mentor, and Program Consultant, ACROSS NH DHHS

Develops, coordinates, and facilitates workshops for all audiences with a focus on Project Adventure, Curriculum Development, Staff Communication, Diversity, and Positive Youth Development content and design throughout the state of New Hampshire.

2014 – Current

Adjunct Faculty, Manchester Community College

1066 Front St., Manchester, NH

Adjunct faculty professor responsible for teaching Introduction to School Age Programming and School Age Environment & Curriculum to undergraduate students.

2008-2010

Coordinator, Teen Leadership Adventures Program (non profit)

Seabrook Community Center, Seabrook, NH 03874

Designed, proposed, and implemented the program successfully.

Responsibilities include offering adventure based activities, free tutoring, and leadership trainings to adolescents in the town of Seabrook, NH at low, subsidized costs. Other duties include volunteer management, allocating program funding, leadership public training, and organizing adventure trips.

- **Volunteer Management** and scheduling for 35 volunteers that assist various program activities, including volunteer tutors, chaperones, and leadership training instructors.
- **Leadership Trainings** held monthly focusing on sculpting adolescents into strong, independent future leaders by offering lecture and service learning opportunities of selected topics. Training topics have included organization skills, games and modifications workshop, 1, 2, 3 Magic, and several diversity awareness trainings.

- ***Donations/Contributions of Funding*** were allocated through direct contacts and networking within and outside of the community. Official letters, interviews, and sponsorships were attained by numerous methods, including e-mail, letters, telephone, and Internet.

2003 – 2009

Site-Director, Seabrook YMCA School's Out Program (non profit)

Southern District YMCA – Camp Lincoln, Kingston, NH 03848

Responsibilities include offering a quality after school program for children grades K-6, organizing and implementing activities, tutoring children with homework, supervising and managing staff members and pay roll sheets, as well as parent correspondence.

VOLUNTEER/COMMUNITY SERVICE

2013-2020	6 Flags Read 2 Succeed Event w/SAZ & SMS
2016 - Current	SMS Nature/Fitness Trail
2016-Current	Veteran's Memorial Park Playground
2009-2016	Servapalooza Volunteer Day
2016-Current	Friends of Seabrook Community Board Member and Leadership

MEMBERSHIPS/AFFILIATIONS

Seabrook NH School District School Board Member/Chairman for 2 3-Year Terms
 Winnacunnet High School Budget Committee Board Member for 1 1-Year Term
 Friends of the Seabrook Community (FOSC) Board Chairman 2016-2021
 Friends of Seabrook Community Executive Director 2021-Current
 Association of Experiential Education Member
 National Afterschool Association Member
 National Recreation & Parks Association Member
 NH Notary

TECHNOLOGY

Microsoft Office Power point,, Word, Excel, Publisher, Adobe Workshop & Illustrator, Print Shop, IPhoto, IMovie, Movie Maker, SPSS, Black Board, I4SEE, Performance Pathways, CAYEN database system, Google Drive, ProSolutions

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
34068	Friends of Ngong Road	C/O 3678 Crestwood Parkway, Suite 350	Duluth	GA	30096	G	11/15/2026
32180	Friends of Notre Dame de Paris, Inc.	300 North Meridian Street, Suite 2700	Indianapolis	IN	46204	G	11/14/2026
35785	Friends of Nottingham Parks and Recreation	PO Box 114	Nottingham	NH	03290	G	5/15/2027
19009	Friends of Nute High School & Library	8 School Street	Milton	NH	03851	X	11/15/2020
33867	Friends of Oak Hill	23 South Main StreetHanover, NH 03755	Hanover	NH	03755	G	11/15/2026
1504	Friends of Olivia Rodham Memorial Library	117 Log Cabin Road	Nelson	NH	03457	S	11/15/2031
35847	Friends of Ossipee Rail Trail	PO Box 225	Center Ossipee	New Ha	03814	G	5/15/2027
14699	Friends of Otters	PO Box 105	Durham	NH	03824	X	11/15/2025
30885	Friends of PEB, Inc.	502 W 7th St # 100Erie, PA 16502	Erie	PA	16502	G	5/15/2027
30204	Friends of Pelham High Football	1314 Mammoth Road	Pelham	NH	03076	X	5/15/2021
30634	Friends of Perkins Academy	919 NH Route 10	Marlow	NH	03456	X	12/15/2023
34739	Friends of Peterborough Recreation Projects	64 Union Street	Peterborough	NH	03458	G	5/15/2027
14009	Friends of Pillsbury State Park, Inc.	PO Box 493	Marlow	NH	03456-0493	X	5/15/2020
35343	Friends of Piscataquog River Park	774 Union Street #2Manchester, NH 03104	Manchester	NH	03104	G	5/15/2027
3307	Friends of Pisgah, Inc.	PO Box 134	Chesterfield	NH	03443	G	5/15/2027
17780	Friends of Plaistow Recreation	20 Sunrise Terrace	Plaistow	NH	03865	X	5/15/2025
32269	Friends of Pop Whalen	PO Box 1140	Wolfeboro	NH	03894	G	5/15/2027
31419	Friends of Prescott Park, Inc.	PO Box 4015	Portsmouth	NH	03802	X	5/15/2023
30244	Friends of Project Kuchengetedza Zwiwanikwa Trust	PO Box 413	Sanbornville	NH	03872	G	5/15/2027
35184	Friends of Race Against Dementia, Inc.	1150 Walnut Street, 2nd Floor	Newton	MA	02461	G	5/15/2027
18033	Friends of Raymond Football, Inc.	9 Washington Drive	Raymond	NH	03077	X	5/15/2021
14010	Friends of Recovery NH	293 Wilson Street	Manchester	NH	03103	G	11/15/2026
35352	Friends of Releve Dance Academy	38 Falcone Circle	Hampton	NH	03842	G	11/15/2026
10792	Friends of Remich Park	170 Maple Street	Littleton	NH	03561	X	5/15/2024
36095	Friends of Reservoir Pond, Inc.	106 East Thetford Road	Lyme	NH	03768	G	5/15/2027
2362	Friends of Richards Free Library	58 North Main Street	Newport	NH	03773	G	5/15/2027
16791	Friends of Rockingham County Aging Adults, Inc.	PO Box 445	Windham	NH	03087	G	5/15/2027
34934	Friends of Rwandan Education, Inc.	PO Box 841	Hudson	OH	44236	X	5/15/2025
31511	Friends of Rye Town Hall	21 Wayside Lane	Rye	NH	03870	S	11/15/2027
35929	Friends of Salem Conservation	22 Arlington Pond Ct	Salem	NH	03079-1702	G	5/15/2027
19004	Friends of Salem NH Recreation, Inc.	1 Sally Sweets Way	Salem	NH	03079	G	5/15/2027
30675	Friends of Seabrook Community	PO Box 2901	Seabrook	NH	03874	G	5/15/2027
19671	Friends of Seabrook Rail Trail	PO Box 965	Seabrook	NH	03874	G	5/15/2027