



TOWN OF EXETER, NEW HAMPSHIRE
HUMAN SERVICES
FY 2024

Organization's Name: Rockingham Community Action/SNHS Year Founded: 1966
Address: 4 Cutts Street Portsmouth NH 03801
Executive Director/ Board Chair: Donnalee Lozeau/Lou D'Allesandro Tax ID Number: 02-0268285
Applicant Contact: Patte Ardizzoni, Communications/Community Svcs Email: pardizzoni@snhs.org
Address: Same as above Phone: 603.431.2911

Organization's Mission Statement and Statement of Grant Purpose (e.g. This grant will be used...):

RCA's mission is to support low-income individuals and families from falling into poverty and/or homelessness, and to assist at-risk families find long term solutions to their economic needs.

Brief Detailed description of how the money will be specifically utilized for Exeter residents:

Funds are requested for the general operating expenses of RCA's five (5) Resource Centers. RCA takes a generalist approach to addressing issues relating to poverty, but few large funding sources address the full range of problems experienced by many of our clients. We count on funding from all towns in Rockingham County to support us in taking the time to investigate and address the root issues which have caused the presenting crisis.

% of overall services that goes to Exeter residents: 5.83%
of Exeter residents served: 1,091

List all geographic area(s) served by organization: All 37 Rockingham Towns

Total Municipal Contributions in 2023: \$244,830

List each town that contributes and the amount received: Please see attached.

Organization's total projected budget for FY 2024: \$ Please see attached.

Amount Requested: \$ \$10,000

Additional Information Required:

Please supply the following items for a complete application to be considered:

1. Provide a narrative, not to exceed two pages in size 12 font
 - a) Organization's overview
 - b) Program changes and/ or highlights from the past year

2. FY23 funded organizations must submit a brief summary of how those funds were used to support Exeter residents
 - a) If your organization is requesting an increase in funding for FY24, submit justification of increased need

3. Complete financial statements
 - a) Operating budget
 - b) Balance sheet

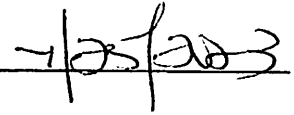
I certify to the best of my knowledge that the information in this proposal reflects accurate data concerning need and estimates of planned/delivered services. The proposal was considered and approved for submission by the agency Board of Directors on 7/25/2023 (date).

By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services that is quoted. This agreement is subject to final negotiation and acceptance by the Select Board and the Budget Review Committee and subsequent contract award.

Director's (or Designee) Signature: _____



Date: _____



Submit no later than July 30, 2023:

Town of Exeter
Town Manager
10 Front Street
Exeter, NH 03833



SOUTHERN NEW HAMPSHIRE SERVICES
The Community Action Partnership serving Hillsborough and Rockingham Counties

Portsmouth Community Action Resource Center
4 Cutts Street, Unit 1A, Portsmouth, NH 03801
Telephone: (603) 431-2911 Fax: (603) 431-2916
www.SNHS.org

Executive Director
Donnalee Lozeau, CCAP

Deputy Director
Ryan Clouthier

Chief Fiscal Officer
James Chaisson

**Community Action
Resource Centers in
Hillsborough County:**

Manchester (03103)
160 Silver Street
Tel: (603) 647-4470

Nashua (03060)
134 Allds Street
Tel: (603) 889-3440

Hillsborough (03244)
4 Church Street
Tel: (603) 464-5835

Milford (03055)
1 Columbus Avenue
Tel: (603) 924-2243

Peterborough (03458)
9 Vose Farm Road, Suite 115
Tel: (603) 924-2243

**Community Action
Resource Centers in
Rockingham County:**

Derry (03038)
9 Crystal Avenue, Suite 1
Tel: (603) 965-3029

Portsmouth (03801)
4 Cutts Street
Tel: (603) 431-2911

Raymond (03077)
55 Prescott Road
Tel: (603) 895-2303

Salem (03079)
85 Stiles Road, Suite 103
Tel: (603) 893-9172

Seabrook (03874)
146 Lafayette Road
Tel: (603) 474-3507

25 July 2023

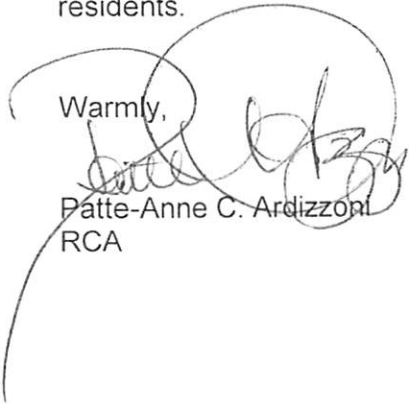
Pam McElroy, Human Services Administrator
Town of Exeter
10 Front Street
Exeter, NH 03833

Dear Pam:

Please accept this letter as part of our formal Town Funding application requesting from the Town of Exeter \$10,000 to Rockingham Community Action to be a part of the Town's FY2024 Budget. This appropriation, combined with support from other Rockingham County towns and cities, enables RCA to continue providing families throughout the County with a wide range of services to meet their most essential needs. Exeter's funds help us fulfill our mission of supporting low-income individuals and families with direct services, preventing families from falling into poverty and/or homelessness, and assisting at-risk families in finding long-term solutions to their economic needs.

Thank you so much, Pam, and we're all looking forward to how we can best meet the needs of the Town of Exeter, and of Exeter's low-income residents.

Warmly,



Patte-Anne C. Ardizzoni
RCA

*Rockingham Community Action
Outline of Programs and Services*

In addition to serving as an important 'port of entry' for RCA and other social services, RCA's Resource Centers provide a number of direct services to low-income households:

- 1) Fuel/Electric Assistance Programs: RCA staff screen and enroll households in federal LIHEAP (Low Income Heating & Energy Assistance Program, aka 'fuel assistance' and state Electric Assistance programs.
- 2) Crisis Services: RCA staff provide emergency grants, often working in cooperation with municipal welfare, for households facing eviction, foreclosure and/or utility terminations.
- 3) Food Pantries: RCA staff assist households who are critically low on food with donated and purchased perishable, non-perishable, meat and dairy food items. We work cooperatively with other small community pantries to assure the widest availability of these resources. We also receive, from organizations and individuals, many cash donations which are used to fill in gaps as they arise in our food stocks or to purchase food 'gift cards' for area grocery stores. We stock personal care and cleaning items. And we attempt to keep a supply of diapers and related supplies for children and adults at our sites, as well.
- 4) Financial Capability: RCA employs dedicated staff who are responsible for holding free tax preparation geared at the Earned Income Tax Credit (EITC) eligible tax payer, providing one on one financial coaching, credit repair, financial crisis interventions, workshops and access to partner financial services. Staff also works at filling the void in financial stability programming when a need presents itself ie working with town assistance offices to help fill out Property Tax Relief forms.
- 5) Workforce Development programming offers skill building and case management to unemployed/under-employed as well as making connections to businesses for possible permanent employment.
- 6) Homeless Outreach/Intervention Program: RCA staff assist homeless individuals and families with identifying shelter needs, arranging emergency transportation to shelters, and arranging alternative shelter.
- 7) NH DP-8 Low & Income Homeowners Property Tax Relief applications: RCA staff contact eligible County resident homeowners and assist in the completion of this application to receive a State property tax refund check.

*Rockingham Community Action
Funding Request 2024*

In order to provide the wide range of services that we do, RCA depends upon a number of funding sources. Federal LIHEAP (Low Income Heating & Energy Assistance Program) and FEMA (Federal Emergency Management Agency) funds are used to provide annual fuel assistance grants and emergency assistance services. RCA also solicits and receives grants from a variety to sources (among these the United Way, small foundations and scores of unsolicited private donations) for programming not attached to Federal funding, such as financial capability and food pantry programs. While providing significant direct assistance grants, the administrative allowances included in the Federal and state funded programs are insufficient to support the staff and facility costs necessary to administer the programs. The strength of RCA's presence in the local communities is that we address the wider needs that clients present when coming in to apply for these narrowly-defined, highly-regulated and means-tested Federal and State programs. RCA takes a generalist approach to addressing poverty issues in Rockingham County because nobody who comes to us for help has only one problem; no one is poor because of just one reason. The reality of this approach is, however, that few large funding sources pay for the face to face interactions and relationship building it takes to fully and adequately address the multitude of problems being experienced by many of our clients. We count on funding from all municipalities in Rockingham County to support us in taking the time to investigate and address the root issues which have caused the presenting crisis.

Each year RCA generates a Program Statistical Report (PSR) which lists all the services we provide to County residents, also breaking out these numbers by municipality, and the total value of each service. Over time the PSR has been the most effective way to demonstrate to our funders and the public the range of service we provide. The PSR for the period of October 1 2021 through September 30 2022 is included with this Funding Request. And of course, we are always happy to provide more specific information about any program referenced on the PSR.

RCA is proud of our long-standing relationship with Rockingham County's municipal welfare administrators, and our positive impact on municipal general assistance budgets through the services and supports we provide. NH RSA 165 requires each municipality in the State is to 'relieve and maintain' any individual who is found to be 'poor and unable to support himself (sic)'. This is a very broad mandate, and often can lead to a long-term period of expense for NH municipalities as they provide for indigent residents' needs. One-way municipalities can control these costs is by adopting clearly defined Welfare Guidelines establishing limits on assistance through legally enforceable requirements place upon Welfare recipients.

The availability of the supports and services offered by RCA helps municipalities maintain the integrity of their Guidelines and reduce general assistance costs as they partner with us in meeting the immediate financial needs of their indigent residents. Classic examples of these situations would be a household facing termination of electric service and owing several months of electric bills, or a household which has run dry of fuel oil but cannot get a delivery until past bills are paid.

Rockingham Community Action Program Statistics 10/1/21 - 9/30/22	Exeter Households Served	Direct Grant or Value of Exeter Households' Benefit	All Rockingham County Households Served	Direct Grant or Value of Rockingham County Households' Benefit
Adult Basic Education	0	\$0	40	\$185,362
Child & Adult Care Food Program	0	\$0	41	\$315,545
Childcare Aware of NH	2	\$5,455	99	\$270,000
Commodity Surplus Food Program	12	\$2,933	293	\$71,597
Electrical Assistance Program	373	\$73,388	4,237	\$1,496,677
Emergency Energy Programs	17	\$5,056	291	\$113,933
Emergency Rental Program	131	\$868,808	2,047	\$21,765,034
Food Pantry	28	\$3,413	969	\$119,588
Fuel Assistance	353	\$535,848	4,158	\$6,422,327
Head Start	2	\$42,394	45	\$953,862
Homelessness Prevention Programs	0	\$0	33	\$54,641
Gift of Warmth/General Crisis	6	\$1,973	112	\$52,648
Neighbor Helping Neighbor	4	\$1,630	123	\$46,959
SEAS/Senior Crisis	7	\$1,452	56	\$14,326
Summer Food Service (<i>total meals served*</i>)	0	\$0	3,017	\$11,287
Weatherization/ Conservation Programs	22	\$161,541	188	\$1,749,752
WIC Nutrition Program	127	\$60,368	1,851	\$879,415
Workforce Development	7	\$28,832	1,109	\$3,338,336
TOTALS	1,091	\$1,793,091	18,709	\$37,861,289

Note: Food Pantry numbers reflect # of people in HH

SOUTHERN NEW HAMPSHIRE SERVICES
OPERATIONS FORECAST

12-Jul-23

1:01 PM

8/1/20 - 7/31/23

	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023 Est</u>
Grants & Local Funding	58,150,178	131,735,079	113,444,438
Gifts	301,421	375,231	250,000
Rental Income	1,227,156	1,248,788	1,286,252
In-Kind	1,203,823	992,197	1,500,000
Other Programs & MiscMiscellaneous	2,565,482	1,303,166	1,800,000
TOTAL REVENUE	<u>63,448,060</u>	<u>135,654,461</u>	<u>118,280,690</u>
Administrative Salaries	1,290,991	1,258,823	1,283,998
Consultant & part-time Prof. Salaries	4,433,699	5,258,191	3,439,403
Misc. Salaries - Non-Admin Salaries:	12,867,961	12,693,150	13,525,930
Employee Health & Retirement Benefits	4,854,887	4,574,514	5,345,308
Payroll Taxes	1,061,873	1,046,948	1,204,611
Supplies	566,598	841,859	582,098
Building Maintenance Supplies	43,250	270,977	582,098
Postage	55,771	75,687	77,662
Telephone	283,720	319,632	276,371
Occupancy	2,169,976	2,317,279	2,755,040
Advertising	10,439	18,974	21,194
Transportation Expense	119,023	236,106	239,680
Conference Expenses	28,350	58,701	74,735
Professional Assoc. Membership fees, etc.	10,000	10,000	10,000
Subscriptions & Publications	2,100	3,298	2,500
Capital Exp. - Direct Client Assistance:	31,032,441	103,590,203	84,996,181
Misc. Expense – In-Kind:	1,203,823	992,197	1,350,000
Categories unique - Program Support:	379,275	345,245	1,333,283
Amortization; Interest/Depreciation:	727,436	727,004	727,004
Total:	<u>61,141,613</u>	<u>134,638,788</u>	<u>117,827,096</u>
	2,306,447	1,015,673	453,594

(based on FY2019 & FY2020 & FY2021 year-end audit. 20

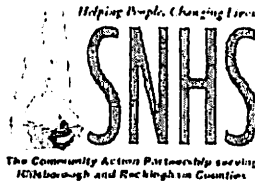
SOUTHERN NEW HAMPSHIRE SERVICES
OPERATIONS FORECAST

12-Jul-23
12:55 PM

8/1/20 - 7/31/23

	<u>FY 2021</u>	<u>FY 2022</u>	<u>FY 2023 Est</u>
Grants & Local Funding	58,150,178	131,735,079	113,444,438
Gifts	301,421	375,231	250,000
Rental Income	1,227,156	1,248,788	1,286,252
In-Kind	1,203,823	992,197	1,500,000
Other Programs & MiscMiscellaneous	2,565,482	1,303,166	1,800,000
TOTAL REVENUE	63,448,060	135,654,461	118,280,690
Child Development	10,810,566	9,709,703	12,004,437
Community Services	1,363,706	1,365,889	1,849,887
Econ Workforce Development	5,786,299	4,855,488	7,240,813
Energy	10,666,407	15,581,785	14,301,048
Hisp/Latino Community Dev	302,502	355,546	252,439
Homeless / Housing	23,360,337	94,232,589	74,995,490
Nutrition / Health	2,111,260	2,192,705	2,289,887
Special Projects	2,316,753	1,798,981	73,208
Volunteer Services	112,210	109,401	176,192
SNHS Management Group	2,367,679	2,458,985	2,631,745
Management & General	1,943,894	1,977,716	2,011,950
Total:	61,141,613	134,638,788	117,827,096
	2,306,447	1,015,673	453,594

(based on FY2019 & FY2020 & FY2021 year-end audit.



Southern New Hampshire Services, Inc.
Board of Directors
February 2023

Senator Lou D'Allesandro, Chairman
Dr. Kevin Moriarty, Vice Chairman
Thomas Mullins, Esq., Treasurer
Orville Kerr, Secretary
Representative Sherm Packard
Commissioner Toni Pappas
James Brown
Molly Driver
Carrie Marshall Gross
Anna Hamel
Bonnie Henault
Wanda Kennerson
Kathleen Mackin
German Ortiz
Peter Ramsey

Extended to June 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **AUG 1, 2020** and ending **JUL 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN NEW HAMPSHIRE SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O BOX 5040 City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03108 F Name and address of principal officer: DONNALEE LOZEAU same as C above	D Employer identification number 02-0268285 E Telephone number 603-668-8010 G Gross receipts \$ 58,176,855. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.snhs.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1965
		M State of legal domicile: NH

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROVIDE ANTI POVERTY AND SELF HELP PROGRAMS FOR LOW INCOME AND ELDERLY PEOPLE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	571
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		131,706.	185,272.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38,339,562.	57,637,535.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		177.	1,204.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		262,707.	331,693.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		38,734,152.	58,155,704.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	10,210,208.	30,938,890.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	18,964,618.	18,972,115.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,872,484.	7,660,155.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,047,310.	57,571,160.
	19 Revenue less expenses. Subtract line 18 from line 12	686,842.	584,544.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,429,977.	10,105,643.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,096,520.	4,187,642.
		5,333,457.	5,918,001.

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 	Date 3-22-22
	JAMES CHAISSON, CHIEF FISCAL OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. DUNN, CPA	Preparer's signature MICHAEL R. DUNN, CPA	Date 03/16/22	Check if self-employed <input type="checkbox"/>	PTIN P00340711
	Firm's name ▶ OUELLETTE & ASSOCIATES, P.A.	Firm's EIN ▶ 01-0448675			
	Firm's address ▶ 1111 LISBON STREET LEWISTON, ME 04240			Phone no. (207) 786-0328	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROVIDE ANTI POVERTY AND SELF HELP PROGRAMS FOR LOW INCOME AND ELDERLY PEOPLE

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 [X] No

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

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 \$ 23,360,337. including grants of \$ 22,107,876.) (Revenue \$ 23,451,642.) HOUSING & HOMELESS: PROVIDE ASSISTANCE TO LOW INCOME FAMILIES FOR HOUSING COSTS.

4b (Code:) (Expenses \$ 10,666,407. including grants of \$ 7,518,979.) (Revenue \$ 10,846,251.) ENERGY: PROVIDE ASSISTANCE TO ELDERLY RESIDENTS FOR THE HEATING OF THEIR HOMES AND ENERGY EFFICIENCY IMPROVEMENTS OF THEIR HOMES.

4c (Code:) (Expenses \$ 9,606,743. including grants of \$ 234,976.) (Revenue \$ 10,458,502.) CHILD DEVELOPMENT: PROVIDE CHILD CARE AND SCHOOLING FOR LOW INCOME CHILDREN AND THEIR FAMILIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,993,779. including grants of \$ 1,077,059.) (Revenue \$ 13,213,882.)

4e Total program service expenses 55,627,266.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>		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>	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>		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>		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>	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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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</i>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see 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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 15, 1b: 15. 2: X, 3: X, 4: X, 5: X, 6: X, 7a: X, 7b: X, 8a: X, 8b: X, 9: X.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X, 11a: X, 12a: X, 12b: X, 12c: X, 13: X, 14: X, 15a: X, 15b: X, 16a: X, 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
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.
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

JAMES CHAISSON - 603-668-8010
40 PINE STREET, MANCHESTER, NH 03108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(1) DONNALEE LOZEAU EXECUTIVE DIRECTOR	40.00			X				177,513.	0.	48,957.
(2) JAMES CHAISSON CHIEF FINANCIAL OFFICER	40.00			X				127,325.	0.	45,695.
(3) RYAN CLOUTHIER CHIEF OPERATING OFFICER	40.00			X				109,551.	0.	35,349.
(4) SENATOR LOU D'ALLESANDRO CHAIRMAN	2.00	X	X					0.	0.	0.
(5) DR. KEVIN MORIARTY VICE CHAIRMAN	2.00	X	X					0.	0.	0.
(6) THOMAS MULLINS, ESQUIRE TREASURER	2.00	X	X					0.	0.	0.
(7) ORVILLE KERR SECRETARY	2.00	X	X					0.	0.	0.
(8) JAMES BROWN DIRECTOR	2.00	X						0.	0.	0.
(9) CARRIE MARSHALL-GROSS DIRECTOR	2.00	X						0.	0.	0.
(10) BONNIE HENAULT DIRECTOR	2.00	X						0.	0.	0.
(11) CRISTINA BONILLA DIRECTOR	2.00	X						0.	0.	0.
(12) GERMAN ORTIZ DIRECTOR	2.00	X						0.	0.	0.
(13) SHIRLEY BELLETIER DIRECTOR	2.00	X						0.	0.	0.
(14) PETER RAMSEY DIRECTOR	2.00	X						0.	0.	0.
(15) ANNA HAMEL DIRECTOR	2.00	X						0.	0.	0.
(16) REPRESENTATIVE SHERM PACKARD DIRECTOR	2.00	X						0.	0.	0.
(17) COMMISSIONER TONI PAPPAS DIRECTOR	2.00	X						0.	0.	0.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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							414,389.	0.	130,001.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							414,389.	0.	130,001.	

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 **▶** **3**

	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
RYMES ENERGY HOLDINGS P.O. BOX 2948, CONCORD, NH 03302	FAP	564,750.
QUALITY INSULATION 110 PERIMETER ROAD, NASHUA, NH 03063	WEATHERIZATION	447,422.
LACHANCE PLUMBING & HEATING, 195 SOUTH BEECH STREET, MANCHESTER, NH 03103	WEATHERIZATION	421,593.
HEG, INC. 2 INTERNATIONAL WAY, LAWRENCE, MA 01843	FAP	416,051.
THE WEATHERIZE GUYS 1298 SMYTH ROAD, UNIT 16, HOOKSET, NH 03106	WEATHERIZATION	362,180.

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 **▶** **5**

Part VIII Statement of Revenue

Check 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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	185,272.				
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f		185,272.				
Program Service Revenue	2 a	FEDERAL & STATE GRANTS & CONTRACT	Business Code	624200	57,635,206.	57,635,206.		
	b	PROGRAM SERVICE FEES	Business Code	624200	2,329.	2,329.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			57,637,535.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			155.		155.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		22,200.			
			7b		21,151.			
	c	Gain or (loss)	7c		1,049.			
	d	Net gain or (loss)			1,049.	1,049.		
	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						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
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	11 a	MISCELLANEOUS REVENUES	Business Code	900099	331,693.	331,693.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			331,693.			
12	Total revenue. See instructions			58,155,704.	57,970,277.	0.	155.	

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	30,938,890.	30,938,890.		
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				
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	13,579,338.	12,288,347.	1,290,991.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	968,969.	847,449.	121,520.	
9 Other employee benefits	3,407,350.	3,224,251.	183,099.	
10 Payroll taxes	1,016,458.	922,222.	94,236.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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.)	4,304,071.	4,197,994.	106,077.	
12 Advertising and promotion	7,207.	7,182.	25.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,528,235.	1,483,371.	44,864.	
17 Travel	85,436.	81,153.	4,283.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,938.	12,913.	1,025.	
20 Interest	9,335.	9,335.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	261,414.	258,744.	2,670.	
23 Insurance	308,247.	290,407.	17,840.	
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 OTHER DIRECT EXPENSES	407,379.	406,582.	797.	
b SUPPLIES	326,976.	273,770.	53,206.	
c TELEPHONE	256,723.	249,944.	6,779.	
d MISCELLANEOUS	54,707.	51,996.	2,711.	
e All other expenses	96,487.	82,716.	13,771.	
25 Total functional expenses. Add lines 1 through 24e	57,571,160.	55,627,266.	1,943,894.	0.
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 Sheet

Check 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	70,760.	1	175,062.
	2	Savings and temporary cash investments	32,321.	2	29,235.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,100,475.	4	3,419,743.
	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	96,285.	9	76,089.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,161,810.		
	b	Less: accumulated depreciation	10b 1,683,134.	10c	2,478,676.
	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	2,755,709.	15	3,926,838.
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,429,977.	16	10,105,643.	
Liabilities	17	Accounts payable and accrued expenses	988,838.	17	929,220.
	18	Grants payable		18	
	19	Deferred revenue	216,801.	19	1,494,182.
	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	229,777.	23	212,051.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1,661,104.	25	1,552,189.
	26	Total liabilities. Add lines 17 through 25	3,096,520.	26	4,187,642.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,333,457.	27	5,918,001.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,333,457.	32	5,918,001.	
33	Total liabilities and net assets/fund balances	8,429,977.	33	10,105,643.	

Part XI Reconciliation of Net Assets

Check 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	58,155,704.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,571,160.
3	Revenue less expenses. Subtract line 2 from line 1	3	584,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,333,457.
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	
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	5,918,001.

Part XII Financial Statements and Reporting

Check 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	X	

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
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						
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						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2019. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. 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 <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,015.	228,874.	191,941.	131,706.	185,272.	937,808.
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	33997998.	37012061.	37540854.	38442844.	57878898.	204872655
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	34198013.	37240935.	37732795.	38574550.	58064170.	205810463
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						205810463

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	34198013.	37240935.	37732795.	38574550.	58064170.	205810463
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123.	152.	169.	177.	1,204.	1,825.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	123.	152.	169.	177.	1,204.	1,825.
11 Net income from unrelated business activities not included in 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.)	461,017.	501,480.	561,114.	393,809.	550,075.	2467495.
13 Total support. (Add lines 9, 10c, 11, and 12.)	34659153.	37742567.	38294078.	38968536.	58615449.	208279783

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 2020 (line 8, column (f), divided by line 13, column (f))	15	98.81 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	98.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 - 2019.** 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 in line 12 on 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI.		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in 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 in 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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 the supported organization(s) to which the organization was responsive? 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in 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 and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over 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		

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

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, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

02-0268285

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

02-0268285

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
1	COMBINED COMMUNITY FUNDS OF OTTAWAY, INC. P.O. BOX 250 EXETER, NH 03833	\$ 46,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LEND A HELPING CAN, INC. 815 LAFAYETTE ROAD PORTSMOUTH, NH 03801	\$ 22,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NH CHARITABLE FOUNDATION (THOMAS HAAS) 37 PLEASANT STREET CONCORD, NH 03301	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NH CHARITABLE FOUNDATION (ROCKINGHAM) 37 PLEASANT STREET CONCORD, NH 03301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITARIAN UNIVERSALIST CHURCH OF NASHUA 58 LOWELL STREET NASHUA, NH 03064	\$ 8,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARQUIS MANAGEMENT LLC ONE DELAWARE SALEM, NH 03079	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN NEW HAMPSHIRE SERVICES, INC.	Employer identification number 02-0268285
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

02-0268285

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.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes three rows of blank lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with two columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes three rows of blank lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes three rows of blank lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with two columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes three rows of blank lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes three rows of blank lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with two columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes three rows of blank lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes three rows of blank lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with two columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes three rows of blank lines for data entry.

SCHEDULE D (Form 990)

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

2020 Open to Public Inspection

Name of the organization

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

Employer identification number 02-0268285

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Revenue and Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 on 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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		619,910.		619,910.
b Buildings		2,221,578.	890,071.	1,331,507.
c Leasehold improvements				
d Equipment		1,018,920.	619,188.	399,732.
e Other		301,402.	173,875.	127,527.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,478,676.

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, col. (B) line 12.) ▶		

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, col. (B) line 13.) ▶		

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) DUE FROM OTHER ORGANIZATIONS	3,926,838.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,926,838.

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) OVERAPPLIED OVERHEAD	179,676.
(3) SECURITY DEPOSITS	30,528.
(4) DUE TO OTHER ORGANIZATIONS	1,341,985.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,552,189.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	62,174,193.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,019,538.	
e	Add lines 2a through 2d	2e		4,019,538.
3	Subtract line 2e from line 1	3		58,154,655.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,049.	
c	Add lines 4a and 4b	4c		1,049.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		58,155,704.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	59,937,790.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,367,679.	
e	Add lines 2a through 2d	2e		2,367,679.
3	Subtract line 2e from line 1	3		57,570,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,049.	
c	Add lines 4a and 4b	4c		1,049.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		57,571,160.

Part XIII Supplemental Information.

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.

Part X, Line 2:

Management has determined that the Organization does not have any uncertain tax provisions and associated unrecognized benefits that materially impact the financial statements or related disclosures. Since tax matters are subject to some degree of uncertainty, there can be no assurance that the Organization's tax returns will not be challenged by the taxing authorities and that the Organization will not be subject to additional tax, penalties and interest as a result of such challenge. Generally, the Organization's tax returns remain subject to examination for three years after they were filed.

Part XI, Line 2d - Other Adjustments:

Part XIII Supplemental Information (continued)

RELATED ENTITY REVENUE INCLUDED ON F/S 4,019,538.

LOSS ON DISPOSAL OF FIXED ASSETS CLASSIFIED IN EXPENSES ON F/S

Part XI, Line 4b - Other Adjustments:

GAIN ON SALE OF FIXED ASSETS CLASSIFIED IN REVENUE ON F/S 1,049.

Part XII, Line 2d - Other Adjustments:

RELATED ENTITY EXPENSES INCLUDED ON F/S 2,367,679.

Part XII, Line 4b - Other Adjustments:

GAIN ON SALE OF FIXED ASSETS CLASSIFIED IN REVENUE ON F/S 1,049.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **SOUTHERN NEW HAMPSHIRE SERVICES, INC.** Employer identification number **02-0268285**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHILD DEVELOPMENT-PROVIDE EDUCATIONAL SERVICES TO CHILDREN IN LOW INCOME	566	0.	234,976.	FMV	FOOD
HOUSING & HOMELESS-PROVIDE TEMPORARY SHELTER FOR HOMELESS	8031	0.	22,107,876.	FMV	PAYMENTS FOR RENT ASSISTANCE TO PREVENT EVICTIONS
ECONOMIC WORKFORCE DEVELOPMENT-PROVIDE TRAINING FOR THE WORKFORCE	1303	0.	676,974.	FMV	TRAINING CLASSES
ENERGY-PROVIDE FUEL ASSISTANCE & WEATHERIZATION	25355	0.	7,518,979.	FMV	PAYMENTS FOR HEATING & WEATHERIZATION COSTS
NUTRITION & HEALTH	9315	0.	393,992.	FMV	FOOD & COUNSELING SERVICES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SPECIAL PROJECTS-PROVIDE ASSISTANCE FOR OTHER SOCIAL ECONOMIC EVENTS	8,620.	0.	6,093.	FMV	ASSISTANCE TO SENIORS, MULTI-CULTURAL GROUPS, RECREATIONAL ACTIVITIES TO STUDENTS GRADE 4-12

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

Employer identification number

02-0268285

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONNALEE LOZEAU EXECUTIVE DIRECTOR	(i)	177,513.	0.	0.	34,748.	14,209.	226,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES CHAISSON CHIEF FINANCIAL OFFICER	(i)	127,325.	0.	0.	28,265.	17,430.	173,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

THE BOARD OF DIRECTORS REVIEWS PROPOSED COMPENSATION AND VERIFIES THAT IT
IS COMPARABLE TO OTHER ORGANIZATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 990-EZ.

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

Name of the organization

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

Employer identification number

02-0268285

Form 990, Part III, Line 4d, Other Program Services:

HELP LOW INCOME FAMILIES WITH FOOD AND SUPPORT THE COMMUNITY WITH
VARIOUS PROGRAMS.

Expenses \$ 11,993,779. incl grants of \$ 1,077,059. Revenue \$ 13,213,882.

Form 990, Part VI, Section B, line 11b:

THE BOARD TREASURER REVIEWS THE 990 AND PROVIDES A COPY TO ALL BOARD
MEMBERS BEFORE IT IS SUBMITTED TO THE IRS.

Form 990, Part VI, Section B, Line 12c:

EACH DIRECTOR MUST READ THE CONFLICT OF INTEREST POLICY AND SIGN OFF
INDICATING THAT THEY UNDERSTAND THE POLICY.

Form 990, Part VI, Section B, Line 15:

THE BOARD OF DIRECTORS REVIEWS PROPOSED COMPENSATION AND VERIFIES THAT IT
IS COMPARABLE TO OTHER ORGANIZATIONS.

Form 990, Part VI, Section C, Line 18:

THE BOARD TREASURER REVIEWS THE FORM 990 AND PROVIDES A COPY TO ALL BOARD
MEMBERS BEFORE IT IS SUBMITTED TO THE IRS.

Form 990, Part VI, Section C, Line 19:

THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XIII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

SOUTHERN NEW HAMPSHIRE SERVICES, INC.

Employer identification number

02-0268285

Multiple horizontal lines for additional information.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Name of the organization SOUTHERN NEW HAMPSHIRE SERVICES, INC.	Employer identification number 02-0268285
--	---

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SNHS MANAGEMENT CORPORATION - 02-0353226 40 PINE STREET MANCHESTER, NH 03108	PROVIDE ANTI POVERTY & SELF HELP PROGRAMS FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9			X
RURAL HOUSING FOR THE ELDERLY, INC. - 02-0341052, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
RURAL HOUSING FOR THE ELDERLY II, INC. - 04-3342131, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ASHLAND ELDERLY HOUSING, INC. - 20-3064137, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SNHS ELDERLY HOUSING, INC. - 22-2473897 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING II, INC. - 02-0405349 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING III, INC. - 04-3342285 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING IV, INC. - 02-0538415 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING V, INC. - 56-2435210 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING VI, INC. - 20-4462309 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING VII, INC. - 26-0530601 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS FARMINGTON ELDERLY HOUSING, INC. - 02-0405347, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS GREENFIELD ELDERLY HOUSING, INC. - 02-0505706, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS NORTH BERWICK ELDERLY HOUSING, INC. - 02-0505705, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS NORTHWOOD ELDERLY HOUSING, INC. - 02-0612552, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS PITTSBURG ELDERLY HOUSING, INC. - 02-0496845, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SNHS RAYMOND ELDERLY HOUSING, INC. - 02-0489463, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SUNDIAL ELDERLY HOUSING - 22-2619958 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING VIII, INC. - 26-1822103 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING IX, INC. - 26-4665300 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING X, INC. - 27-3463261 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING XI, INC. - 27-3562125 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	
SNHS ELDERLY HOUSING XII, INC. - 27-3562233 40 PINE STREET MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	New Hampshire	501(C)(3)	9		X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DEERFIELD COMMUNITY HOUSING DEVELOPMENT, INC. - 04-3684288, 40 PINE STREET, MANCHESTER, NH 03108	PROVIDE HOUSING FOR LOW INCOME AND ELDERLY PEOPLE	NH	SNHS MANAGEMENT CORP.	C CORP			100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SNHS MANAGEMENT CORPORATION	O	901,947.	COST
(2) RURAL HOUSING FOR THE ELDERLY II, INC.	Q	292,946.	COST
(3) RURAL HOUSING FOR THE ELDERLY, INC.	Q	850,166.	COST
(4) SNHS ELDERLY HOUSING, INC.	Q	225,421.	COST
(5) SUNDIAL ELDERLY HOUSING, INC.	Q	432,561.	COST
(6) SNHS NORTHWOOD ELDERLY HOUSING, INC.	Q	233,481.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SNHS ELDERLY HOUSING VII, INC.	Q	422,668.	COST
(8) SNHS FARMINGTON ELDERLY HOUSING, INC.	Q	305,423.	COST
(9) SNHS ELDERLY HOUSING V, INC.	Q	223,332.	COST
(10) SNHS ELDERLY HOUSING II, INC.	Q	611,201.	COST
(11) SNHS ELDERLY HOUSING III, INC.	Q	381,640.	COST
(12) RURAL HOUSING FOR THE EDLERLY II, INC.	Q	233,675.	COST
(13) SNHS ELDERLY HOUSING IV, INC.	Q	319,417.	COST
(14) SNHS RAYMOND ELDERLY HOUSING, INC.	Q	203,640.	COST
(15) SNHS NORTH BERWICK ELDERLY HOUSING, INC.	Q	209,622.	COST
(16) SNHS GREENFIELD ELDERLY HOUSING, INC.	Q	188,789.	COST
(17) SNHS PITTSBURG ELDERLY HOUSING, INC.	Q	259,561.	COST
(18) SNHS ASHLAND ELDERLY HOUSING, INC.	Q	222,896.	COST
(19) SNHS ELDERLY HOUSING VI, INC.	Q	152,816.	COST
(20) SNHS ELDERLY HOUSING VIII, INC.	Q	135,217.	COST
(21) SNHS ELDERLY HOUSING IX, INC.	Q	154,528.	COST
(22) SNHS ELDERLY HOUSING X, INC.	Q	143,740.	COST
(23) SNHS ELDERLY HOUSING XI, INC.	Q	200,205.	COST
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) or S?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.