

# Return of Organization Exempt From Income Tax

**2022**

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

**A** For the 2022 calendar year, or tax year beginning 07-01, 2022, and ending 06-30, 2023

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Southern New Hampshire Rescue Mission  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1024 Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code Nashua, NH 03061-1024

**D** Employer identification number 61-1452138

**E** Telephone number (603) 889-3421

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$ 961,820

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number \_\_\_\_\_

**I** Tax exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4047(a)(1) or  527

**J** Website: www.Hope4Nashua.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2003 **M** State of local domicile: NH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>and Christian Ministry providing food and shelter to the homeless in Nashua.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	50
	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)	1,385,138	961,776
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106	44
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,385,244	961,820
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	184,893	329,039
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>204,883</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	711,326	616,300	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	896,219	945,339	
19 Revenue less expenses. Subtract line 18 from line 12	489,025	16,481	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,875,564	1,898,322
	21 Total liabilities (Part X, line 26)	6,401	12,678
	22 Net assets or fund balances. Subtract line 21 from line 20	1,869,163	1,885,644

**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: Lloyd Curtis Date: \_\_\_\_\_  
 Type or print name and title: Lloyd Curtis, Executive Director

**Paid Preparer Use Only**

Print/preparer's name: DAVID DENNISON Preparer's signature: DAVID DENNISON Date: 09-11-2023  
 Check  if PTIN self-employed XXXXXXXXXX  
 Firm's name: DENNISON CPA Firm's EIN: \_\_\_\_\_  
 Firm's address: 1030 4TH STREET SE # 106 Phone no.: 320-251-3388  
Saint Cloud MN 56304

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

For Paperwork Reduction Act Notice, see the separate instructions.