

Return of Organization Exempt From Income Tax

2024

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public
Inspection

A For the **2024** calendar year, or tax year beginning **07-01**, 2024, and ending **06-30**, 2025

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 Rescue Mission		D Employer identification number 61-1452138
	Doing business as		E Telephone number (603) 889-3421
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 962,099
	PO BOX 1024		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
City or town, state or province, country, and ZIP or foreign postal code Nashua, NH 03061-1024		F Name and address of principal officer:	
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		L Year of formation: 2003 M State of legal domicile: NH	
J Website: www.Hope4Nashua.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We exist to share the hope of the Gospel of Jesus Christ as well as provide shelter, food, and clothing to the poor and needy in obedience to Him.		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	7
	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)	Prior Year 898,251	Current Year 955,376
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,221	6,723
	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)	899,472	962,099
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		506
	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)	349,582	373,134
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	183,820	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	655,602	637,991	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,184	1,011,631	
19 Revenue less expenses. Subtract line 18 from line 12	(105,712)	(49,532)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,800,338	End of Year 1,751,131
	21 Total liabilities (Part X, line 26)		20,731
	22 Net assets or fund balances. Subtract line 21 from line 20	1,779,932	1,730,400

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	Lloyd Curtis	
	Signature of officer	Date
	Lloyd Curtis, President	
	Type or print name and title	

Paid Preparer Use Only	Preparer's name DAVID DENNISON	Preparer's signature DAVID DENNISON	Date 10-28-2025	Check <input type="checkbox"/> if self-employed	PTIN XXXXXXXXXX
	Firm's name Dennison CPA, PC	Firm's EIN		Phone no.	
	Firm's address 1030 4th Street SE Ste. 106 Saint Cloud MN 56304			320-251-3388	

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