Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	For the 2023 calendar year, or tax year beginning 07-01 , 2023, and ending								iig		6-30 ,2	0 2 4			
	Check if a Address c	pplicable:	C Name of organization Southern New Hampshire Rescue Mission Doing business as									D Employer identification number 61–1452138			
=		-													
$\overline{}$	Name cha Initial retu	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 1024								ite	E Telephone number (603) 889-3421			
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code										G Gros	s receipts			
П	Amended return Nashua, NH 03061-1024									\$		899,472			
一		n pending	F Name and address of principal officer:									aroup return	for subordinates		
_	пррпсацо	in pending	H(b) Are all										Yes No		
		.									1				
	Tax-exem			501(c) ((insert no.)	4947(a)(1) or	52	27		1		st. See instruct	ions	
J	Website:		w. Hope 4Nashua.org									exemption	number		
												State of leg	gal domicile:	NH	
Pa	rt I	Summar	•												
rnance	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.													
Š	2	Check this bo	ox 🔲 if the c	organizatio	n disconti	inued its opera	ations or disp	osed of m	ore than 25%	6 of its n	et assets.				
Activities & Governance	3	Number of vo	oting member	s of the go	verning b	ody (Part VI,	line 1a)					3		8	
	4		ndependent vo	_				ine 1b)				4		7	
	5		r of individuals	J				,				5		7	
						-	•	,				6			
	6		r of volunteers	`		3,								50	
	7a		ed business re			,						7a		0	
	b	Net unrelated	d business tax	cable incon	ne from F	orm 990-T, Pa	art I, line 11		· · · · · ·			7b		0	
Revenue											Prior Year		Cui	rrent Year	
	8	Contributions and grants (Part VIII, line 1h)									961	L,776		898,251	
	9	Program serv	am service revenue (Part VIII, line 2g)											0	
	10	Investment in	ncome (Part V	/III, columr	n (A), lines	s 3, 4, and 7d)					44		1,221	
	11	Other revenu	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											0_	
	12									961	L,820		899,472		
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)													
	15	Salaries, other	er compensat	ion, emplo	yee bene	benefits (Part IX, column (A), lines 5-10)					329,039			349,582	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)											0		
	b	Total fundrais	sing expenses	ع (Part IX, د	column (E)), line 25)			186,393						
	17	Other expens	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								616	5,300		655,602	
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)									945,339		1,005,184	
	19	Revenue less expenses. Subtract line 18 from line 12								5,481		(105,712)			
Net Assets or	<u>s</u>		· ·							Begi	nning of Curr	•	Enc	d of Year	
	20	Total assets	(Part X, line 1	6)						203.	1,898			1,800,338	
	21		es (Part X, line	,								2,678		20,406	
	22		•	,	rt line 21 t	from line 20								1,779,932	
	rt II	Net assets or fund balances. Subtract line 21 from line 20										,044		1,119,932	
_	_		clare that I have ex	xamined this r	return, includ	ding accompanyin	a schedules and	statements.	and to the best o	of my know	ledge and beli	ef. it is			
			claration of prepar							,	Ü				
		Iloud Cumbia													
Sig	n	Lloyd Curtis Signature of officer										Da	ote .		
Hei												50			
пе			Lloyd Curtis, President												
		Type or print name and title Print/Type preparer's name Preparer's signature Date									1		DTIN		
		Print/Type pre	parer's name		Prepa	rer's signature			Date		Check	if	PTIN		
Paid Preparer Use Only			ENNISON		DAVI	D DENNISC	ON	10-14-2024			self-em	ployed	P0169	91549	
			Firm's name DENNISON CPA								Firm's EIN				
		Firm's address	Firm's address 1030 4TH STREET SE # 106 Phone no.										_		
		Saint Cloud MN 56304								320-251-3388					
May	the IRS	discuss this	uss this return with the preparer shown above? See instructions							Yes X No					

483,755