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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

GROUNDING IN THE LIFE AND MINISTRY OF JESUS CHRIST, NEW HAMPSHIRE CATHOLIC CHARITIES RESPONDS TO THOSE IN NEED WITH PROGRAMS THAT HEAL, COMFORT, AND EMPOWER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 39,112,337 including grants of \$) (Revenue \$ 41,231,261)

ELDERLY CARE NURSING HOMES & RESIDENTIAL COMMUNITIES OUR SIX HEALTHCARE FACILITIES, PEPPERED THROUGHOUT THE STATE, PROVIDE RESIDENT-CENTERED NURSING AND REHABILITATIVE CARE FOR THE ELDERLY OUR FOUR INDEPENDENT LIVING CENTERS ENABLE THE ELDERLY TO SUCCESSFULLY LIVE ON THEIR OWN, YET WITH THE CARING OVERSIGHT FROM STAFF TO ENSURE THEY ARE MAINTAINING AND LIVING A HEALTHY AND VITAL LIFE OUR HOME HEALTH CARE AGENCY PROVIDES NURSING AND HOME SUPPORT SERVICES TO INDIVIDUALS IN EITHER THEIR COMMUNITY, HOME, OR INSTITUTIONAL HOME SETTING

4b

(Code) (Expenses \$ 15,353,985 including grants of \$) (Revenue \$ 524,631)

FOOD BANK THE NEW HAMPSHIRE FOOD BANK, A PROGRAM OF NH CATHOLIC CHARITIES, DISTRIBUTES IN EXCESS OF 8 MILLION POUNDS OF FOOD ANNUALLY THROUGHOUT THE STATE TO REGISTERED AGENCIES THESE AGENCIES INCLUDE FOOD PANTRIES, SOUP KITCHENS, ELDERLY MEAL SITES, CHILDREN'S PROGRAMS AND HOMELESS/EMERGENCY SHELTERS IN ADDITION TO FOOD DISTRIBUTION, THE FOOD BANK ALSO OPERATES THE RECIPE FOR SUCCESS PROGRAMS THAT ARE DESIGNED TO HELP INDIVIDUALS BREAK THE CYCLE OF POVERTY THE CULINARY TRAINING PROGRAM TEACHES NECESSARY SKILLS FOR THE UNEMPLOYED, UNDEREMPLOYED OR "RE-ENTRY" INDIVIDUALS TO ENTER THE FOOD SERVICE INDUSTRY THE COOKING MATTERS PROGRAM, A PROGRAM OF SHARE OUR STRENGTH, OFFERS A VARIETY OF CLASSES TO LOW INCOME INDIVIDUALS TEACHING NUTRITION, BUDGETING, AND MEAL PREPARATION TECHNIQUES THE FOOD BANK ALSO HAS PRODUCTION GARDENS THAT SUPPLY ITS PROGRAMS AND REGISTERED AGENCIES WITH FRESH PRODUCE THE FRESH RESCUE PROGRAM ALLOWS THE FOOD BANK TO WORK WITH SUPERMARKETS ON THE RECOVERY OF MUCH-NEEDED PROTEIN PRODUCTS (SECURING MEAT AND POULTRY THAT ARE CLOSE TO THEIR "SELL-BY" DATE THAT OTHERWISE WOULD BE DISCARDED) THE FOOD BANK ALSO OFFERS SNAP OUTREACH TO HELP ELIGIBLE INDIVIDUALS ENROLL IN FOOD STAMP PROGRAMS AND PROVIDED 9,557 MEALS TO 3 USDA SUMMER FEEDING PROGRAM SITES

4c

(Code) (Expenses \$ 944,857 including grants of \$) (Revenue \$ 547,563)

CHILDREN'S HOME ST CHARLES CHILDREN'S HOME IS AN INTERMEDIATE LEVEL GROUP HOME FOR ABUSED AND NEGLECTED CHILDREN BETWEEN AGES 2 TO 12 IT IS UNIQUE IN THAT IT ACCEPTS SIBLING GROUPS THE HOME, RUN BY THE DAUGHTERS OF MARY, MOTHER OF HEALING LOVE, PROVIDES INTENSIVE THERAPEUTIC INTERVENTION SERVICES IN A LOVING, SUPPORTIVE AND STRUCTURED ENVIRONMENT THAT PERPETUATES HEALING, STABILITY AND LEADS CHILDREN BACK TO WHOLENESS

(Code) (Expenses \$ 759,883 including grants of \$ 58,293) (Revenue \$ 163,540)

CLINICAL AND MENTAL HEALTH COUNSELING SERVICES PROVIDES FREE OR REDUCED FEE COUNSELING BY LICENSED PROFESSIONALS TO FAMILIES AND INDIVIDUALS WHO ARE GOING THROUGH DIFFICULT TIMES (UNEMPLOYMENT STRESS, MARITAL PROBLEMS, GRIEF COUNSELING, ETC)

(Code) (Expenses \$ 778,280 including grants of \$) (Revenue \$ 790)

PARISH AND COMMUNITY SERVICES IS A COMMUNITY OUTREACH PROGRAM WHOSE AIM IS TO ADDRESS EMERGING SOCIAL SERVICE NEEDS IN RESPECTIVE COMMUNITIES AROUND THE STATE OUR STAFF MEMBERS WORK NOT ONLY WITH INDIVIDUALS SEEKING ASSISTANCE BUT ALSO COLLABORATE WITH OTHER FAITH-BASED AND SOCIAL SERVICE ORGANIZATIONS TO ESTABLISH GRASS ROOT INITIATIVES TO ADDRESS AND COMBAT SOCIAL ILLS FACING THE POOR AND VULNERABLE

(Code) (Expenses \$ 1,377,555 including grants of \$ 266,050) (Revenue \$ 527,293)

OTHER PROGRAMS IMMIGRATION SERVICES PROVIDE LEGAL ASSISTANCE TO THOSE REFUGEES AND IMMIGRANTS SEEKING TO BECOME AMERICAN CITIZENS THIS SERVICE HELPS REFUGEES AND IMMIGRANTS FROM THE POINT OF ADJUSTMENT (GREEN CARD STATUS) TO NATURALIZATION (CITIZENSHIP) THROUGH THESE SERVICES, WE ENABLE PEOPLE TO FULFILL THEIR DREAMS OF AMERICAN CITIZENSHIP OUR PLACE IS A UNIQUE PROGRAM FOCUSING ON TEEN AND YOUNG ADULT PARENTS BEGINNING WITH PRE-NATAL EDUCATION AND FOLLOWING THE FAMILY UP THROUGH THE FIRST THREE YEARS OF A CHILD'S LIFE, THIS PROGRAM PROVIDES HEALTH AND PARENTING EDUCATION, CASEWORK SERVICES AND MORE WORKING WITH THE PARENT(S) AND THE CHILD, OUR PLACE HELPS YOUNG ADULTS ESTABLISH A LIFE PLAN AND TEACHES A WIDE VARIETY OF SKILLS REQUIRED TO BE A SUCCESSFUL PARENT NEW HAMPSHIRE CATHOLIC CHARITIES ALSO OFFERS ADOPTION SERVICES AND FAMILY REUNIFICATION SERVICES NEW HAMPSHIRE CATHOLIC CHARITIES MAKES A DIFFERENCE BY OFFERING PEOPLE HOPE AND EMPOWERMENT THAT STRENGTHENS THE SOCIAL FABRIC OF NEW HAMPSHIRE

4d
















Other program services (Describe in Schedule O)

(Expenses \$ 2,915,718 including grants of \$ 324,343) (Revenue \$ 691,623)

4e

Total program service expenses \$ 58,326,897

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)? If "Yes," complete Schedule A  | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 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? If "Yes," complete Schedule C, Part II | | No |
| 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? If "Yes," complete Schedule C, Part III | | No |
| 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? If "Yes," complete Schedule D, Part I  | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | Yes | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | Yes | |
| 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? If "Yes," complete Schedule D, Part VI.  | Yes | |
| 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? If "Yes," complete Schedule D, Part VII.  | Yes | |
| 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? If "Yes," complete Schedule D, Part VIII.  | | No |
| 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? If "Yes," complete Schedule D, Part IX.  | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | | No |
| 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)? If "Yes," complete Schedule D, Part X.  | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 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? If "Yes," complete Schedule F, Part I | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | | No |
| 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? If "Yes," complete Schedule G, Part I | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | | |
| | | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance | | |
|---|---|---------|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> | | |
| | | YesNo |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . | 1a101 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1cYes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. . | 2a1,137 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2bYes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3aNo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . | 4aNo |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5aNo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5bNo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6aNo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b |
| 7 | Organizations that may receive deductible contributions under section 170(c). | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7aYes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7bYes |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7cNo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7eNo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7fNo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8No |
| 9 | Sponsoring organizations maintaining donor advised funds. | |
| a | Did the organization make any taxable distributions under section 4966? | 9aNo |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9bNo |
| 10 | Section 501(c)(7) organizations. Enter | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b |
| 11 | Section 501(c)(12) organizations. Enter | |
| a | Gross income from members or shareholders. | 11a |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | 13a |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b |
| c | Enter the aggregate amount of reserves on hand. | 13c |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14aNo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

| | | | |
|----|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1a | 20 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 19 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Yes |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

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

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed ▶ _____ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOANNE HOLLEN 215 MYRTLE STREET MANCHESTER, NH 03104 (603) 669-3030 |

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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) MOST REV PETER A LIBASCI CHAIRMAN | 0 00 | X | | | | | | 0 | 0 | 0 |
| (2) MOST REV FRANCIS J CHRISTIAN DD VICAR GENERAL | 0 00 | X | | | | | | 0 | 0 | 0 |
| (3) THOMAS E BLONSKI PRESIDENT AND CEO | 40 00 | X | | X | | | | 185,548 | 0 | 20,406 |
| (4) REV MSGR JOHN P QUINN TREASURER | 0 00 | X | | | | | | 0 | 0 | 0 |
| (5) RONALD J RIOUX VICE CHAIRMAN | 0 00 | X | | | | | | 0 | 0 | 0 |
| (6) GARY M BOUCHARD SECRETARY | 0 00 | X | | | | | | 0 | 0 | 0 |
| (7) JOHN ALBERT TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (8) RICHARD M BUNKER TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (9) JOHN F FOLEY TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (10) PATRICK FORD TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (11) NORMAND ST AMAND TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (12) JIM ROCHE TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (13) SUZANNE I VACHON TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (14) SCOTT COLBY TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (15) GERARDINE FERLINS TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (16) DONNA SYTEK TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (17) RICHARD COCCHIARO TRUSTEE | 0 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (18) ROBERT SNYDER TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (19) NEIL LEVESQUE TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (20) JEREMY HITCHCOCK TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (21) CLAUDETTE MAHAR TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| (22) MOST REV JOHN B MCCORMACK DD CHAIRMAN (RETIRED) | 0 00 | X | | | | | | 0 | 0 | 0 |
| (23) DOMINIQUE RUST VICE PRESIDENT / COO | 40 00 | | | X | | | | 119,627 | 0 | 16,559 |
| (24) MICHAEL LEHRMAN VP / HEALTHCARE SERVICES | 40 00 | | | X | | | | 157,624 | 0 | 5,512 |
| (25) JOANNE HOLLEN CFO | 40 00 | | | X | | | | 113,348 | 0 | 10,402 |
| (26) LISA MERRILL-BURZAK VP OF DEVELOPMENT | 40 00 | | | X | | | | 102,555 | 0 | 4,648 |
| (27) MARYLOU THOMPSON OPERATIONS MANAGER HEALTHC | 40 00 | | | | | X | | 103,683 | 0 | 10,477 |
| (28) MELANIE GOSSELIN EXECUTIVE DIRECTOR, NH FOO | 40 00 | | | | | X | | 104,065 | 0 | 10,434 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 886,450 | 0 | 78,438 |

| | | | | |
|---|---|---|-----|----|
| 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 | 7 | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | Yes | No |
| 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> | 4 | Yes | |
| 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> | 5 | | No |

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 |
| | GENESIS REHABILITATION PO BOX 7247-6524 PHILADELPHIA, PA 191706524 | REHABILITATION SERVICES | 3,541,151 |
| | HOWE RILEY & HOWE PLLC 660 CHESTNUT STREET MANCHESTER, NH 03104 | CERTIFIED PUBLIC ACCOUNTANTS | 298,050 |
| | SULLIVAN CONSTRUCTION INC 285 SOUTH RIVER ROAD BEDFORD, NH 03110 | DESIGN & CONSTRUCTION SERVICES | 285,636 |
| | JOERNS HEALTHCARE 2430 WHITEHALL PARK DRIVE SUITE 10 CHARLOTTE, NC 28273 | HEALTHCARE SERVICES/PRODUCTS PROVIDER | 153,844 |
| | | | |
| 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 4 | | |

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|----------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 196,762 | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 21,346,635 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 11,740,679 | | | | | | |
| | h | Total. Add lines 1a-1f | | 21,543,397 | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | ELDERLY CARE | 623000 | 41,231,261 | 41,231,261 | | | |
| | b | CHILDRENS HOME | 623990 | 547,563 | 547,563 | | | |
| | c | FOOD BANK FEES | 624200 | 524,631 | 524,631 | | | |
| | d | CLINICAL AND MENTAL HE | 624100 | 163,540 | 163,540 | | | |
| | e | IMMIGRATION | 900099 | 57,481 | 57,481 | | | |
| | f | All other program service revenue | | 470,602 | 470,602 | | | |
| | g | Total. Add lines 2a-2f | | 42,995,078 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 545,285 | | | 545,285 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) O ther | | | | |
| | | | 1,075,686 | 3,245 | | | | |
| | | | 866,768 | 21,620 | | | | |
| | | | 208,918 | -18,375 | | | | |
| | d | Net gain or (loss) | | 190,543 | 190,543 | | | |
| | 8a | Gross income from fundraising events (not including \$ 196,762 of contributions reported on line 1c) See Part IV, line 18 | a | 120,155 | | | | |
| | b | Less direct expenses | b | 82,117 | | | | |
| | c | Net income or (loss) from fundraising events . . | | 38,038 | | | 38,038 | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b | Less direct expenses | b | | | | | |
| | c | Net income or (loss) from gaming activities . . | | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | b | Less cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory . . | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | | |
| 12 | Total revenue. See Instructions | | 65,312,341 | 43,185,621 | 0 | 583,323 | | |

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21 | 172,248 | 172,248 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 152,095 | 152,095 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 787,354 | 33,112 | 577,227 | 177,015 |
| 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 | 23,554,187 | 22,277,329 | 898,991 | 377,867 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 591,501 | 569,051 | 15,463 | 6,987 |
| 9 | Other employee benefits | 4,167,329 | 3,905,339 | 188,707 | 73,283 |
| 10 | Payroll taxes | 1,776,782 | 1,638,221 | 100,554 | 38,007 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 124,798 | 81,362 | 42,621 | 815 |
| c | Accounting | 313,112 | 223,356 | 89,756 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 252,155 | 167,888 | 38,793 | 45,474 |
| 12 | Advertising and promotion | 174,268 | 161,883 | 4,616 | 7,769 |
| 13 | Office expenses | 1,733,745 | 1,518,858 | 83,527 | 131,360 |
| 14 | Information technology | 193,315 | 157,531 | 25,725 | 10,059 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,947,136 | 1,947,136 | | |
| 17 | Travel | 200,374 | 170,040 | 23,115 | 7,219 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 93,717 | 54,474 | 34,137 | 5,106 |
| 20 | Interest | 271,497 | 263,341 | 8,156 | |
| 21 | Payments to affiliates | 107,273 | | 107,273 | |
| 22 | Depreciation, depletion, and amortization | 1,708,828 | 1,588,763 | 120,065 | |
| 23 | Insurance | 1,025,811 | 873,357 | 152,454 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | FOOD PURCHASES & DONATI | 13,650,465 | 13,645,983 | 4,482 | |
| b | PURCHASED HEALTHCARE SE | 4,031,663 | 4,031,663 | | |
| c | NURSING FACILITY ASSESS | 2,150,484 | 2,150,484 | | |
| d | HEALTHCARE SUPPLIES | 1,493,791 | 1,493,791 | | |
| e | | | | | |
| f | All other expenses | 784,003 | 1,049,592 | -523,409 | 257,820 |
| 25 | Total functional expenses. Add lines 1 through 24f | 61,457,931 | 58,326,897 | 1,992,253 | 1,138,781 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|------------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 14,440,520 | 2 | 18,306,280 |
| | 3 | Pledges and grants receivable, net | | | 631,964 | 3 | 1,068,617 |
| | 4 | Accounts receivable, net | | | 5,099,416 | 4 | 4,175,572 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 273,587 | 8 | 252,534 |
| | 9 | Prepaid expenses and deferred charges | | | 308,860 | 9 | 358,354 |
| | 10a | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D | 10a | 45,751,235 | 19,457,523 | 10c | 19,091,498 |
| | b | Less accumulated depreciation | 10b | 26,659,737 | | | |
| | 11 | Investments—publicly traded securities | | | 2,141,625 | 11 | 2,167,080 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 16,022,303 | 12 | 16,695,325 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 258,870 | 14 | 243,171 |
| | 15 | Other assets. See Part IV, line 11 | | | 1,427,551 | 15 | 1,437,084 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 60,062,219 | 16 | 63,795,515 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 4,325,550 | 17 | 4,433,873 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 120,866 | 19 | 52,090 |
| | 20 | Tax-exempt bond liabilities | | | 4,650,002 | 20 | 4,370,000 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 271,680 | 21 | 281,235 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 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 | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 9,368,098 | 26 | 9,137,198 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 46,016,571 | 27 | 49,741,383 |
| | 28 | Temporarily restricted net assets | | | 2,980,636 | 28 | 3,220,020 |
| | 29 | Permanently restricted net assets | | | 1,696,914 | 29 | 1,696,914 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 50,694,121 | 33 | 54,658,317 |
| | 34 | Total liabilities and net assets/fund balances | | | 60,062,219 | 34 | 63,795,515 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 65,312,341 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 61,457,931 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,854,410 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 50,694,121 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 109,786 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 54,658,317 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 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 in Schedule O | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis | | |
| 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? | | No |
| 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 in Schedule O and describe any steps taken to undergo such audits | | |

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 13,089,230 | 15,842,048 | 16,571,284 | 16,630,617 | 21,543,397 | 83,676,576 |
| 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 | 13,089,230 | 15,842,048 | 16,571,284 | 16,630,617 | 21,543,397 | 83,676,576 |
| 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 | | | | | | 83,676,576 |

| Section B. Total Support | | | | | | |
|---|------------|------------|------------|------------|------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 Amounts from line 4 | 13,089,230 | 15,842,048 | 16,571,284 | 16,630,617 | 21,543,397 | 83,676,576 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,216,715 | 1,055,601 | 806,240 | 807,260 | 545,285 | 4,431,101 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 88,107,677 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 209,053,171 |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|--|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 94 970 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 93 070 % |
| 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | |

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

| Section B. Total Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | | |

| Section D. Computation of Investment Income Percentage | | | |
|--|----|--|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | | |
| 19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| |
|--------------------|
| Explanation |
| |
| |
| |
| |

Additional Data

Software ID:
Software Version:
EIN: 02-0222163
Name: NEW HAMPSHIRE CATHOLIC CHARITIES

Form 990, Special Condition Description:

| |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| |
|---|
| 4d. Other program services |
| (Code) (Expenses \$ 759,883 including grants of \$ 58,293) (Revenue \$ 163,540) CLINICAL AND MENTAL HEALTH COUNSELING SERVICES PROVIDES FREE OR REDUCED FEE COUNSELING BY LICENSED PROFESSIONALS TO FAMILIES AND INDIVIDUALS WHO ARE GOING THROUGH DIFFICULT TIMES (UNEMPLOYMENT STRESS, MARITAL PROBLEMS, GRIEF COUNSELING, ETC) |
| (Code) (Expenses \$ 778,280 including grants of \$) (Revenue \$ 790) PARISH AND COMMUNITY SERVICES IS A COMMUNITY OUTREACH PROGRAM WHOSE AIM IS TO ADDRESS EMERGING SOCIAL SERVICE NEEDS IN RESPECTIVE COMMUNITIES AROUND THE STATE OUR STAFF MEMBERS WORK NOT ONLY WITH INDIVIDUALS SEEKING ASSISTANCE BUT ALSO COLLABORATE WITH OTHER FAITH-BASED AND SOCIAL SERVICE ORGANIZATIONS TO ESTABLISH GRASS ROOT INITIATIVES TO ADDRESS AND COMBAT SOCIAL ILLS FACING THE POOR AND VULNERABLE |
| (Code) (Expenses \$ 1,377,555 including grants of \$ 266,050) (Revenue \$ 527,293) OTHER PROGRAMS IMMIGRATION SERVICES PROVIDE LEGAL ASSISTANCE TO THOSE REFUGEES AND IMMIGRANTS SEEKING TO BECOME AMERICAN CITIZENS THIS SERVICE HELPS REFUGEES AND IMMIGRANTS FROM THE POINT OF ADJUSTMENT (GREEN CARD STATUS) TO NATURALIZATION (CITIZENSHIP) THROUGH THESE SERVICES, WE ENABLE PEOPLE TO FULFILL THEIR DREAMS OF AMERICAN CITIZENSHIP OUR PLACE IS A UNIQUE PROGRAM FOCUSING ON TEEN AND YOUNG ADULT PARENTS BEGINNING WITH PRE-NATAL EDUCATION AND FOLLOWING THE FAMILY UP THROUGH THE FIRST THREE YEARS OF A CHILD'S LIFE, THIS PROGRAM PROVIDES HEALTH AND PARENTING EDUCATION, CASEWORK SERVICES AND MORE WORKING WITH THE PARENT(S) AND THE CHILD, OUR PLACE HELPS YOUNG ADULTS ESTABLISH A LIFE PLAN AND TEACHES A WIDE VARIETY OF SKILLS REQUIRED TO BE A SUCCESSFUL PARENT NEW HAMPSHIRE CATHOLIC CHARITIES ALSO OFFERS ADOPTION SERVICES AND FAMILY REUNIFICATION SERVICES NEW HAMPSHIRE CATHOLIC CHARITIES MAKES A DIFFERENCE BY OFFERING PEOPLE HOPE AND EMPOWERMENT THAT STRENGTHENS THE SOCIAL FABRIC OF NEW HAMPSHIRE |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number
02-0222163

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

| | | |
|---|--|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | 1 |
| 2 | Aggregate contributions to (during year) | 0 |
| 3 | Aggregate grants from (during year) | 0 |
| 4 | Aggregate value at end of year | 112,229 |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

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

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" to 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 XIV and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 | 1,813,644 | 1,720,417 | 1,301,152 | 1,758,469 |
| b | Contributions | | | | |
| c | Investment earnings or losses | 72,955 | 209,692 | 492,087 | -409,285 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 123,098 | 116,465 | 72,822 | 48,032 |
| f | Administrative expenses | | | | |
| g | End of year balance | 1,763,501 | 1,813,644 | 1,720,417 | 1,301,152 |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 96 000 %

c

Term endowment ▶ 4 000 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 | | 359,928 | | 359,928 |
| b Buildings | | 34,062,586 | 18,837,149 | 15,225,437 |
| c Leasehold improvements | | 1,206,565 | 1,034,192 | 172,373 |
| d Equipment | | 8,945,085 | 6,287,906 | 2,657,179 |
| e Other | | 1,177,071 | 500,490 | 676,581 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 19,091,498 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|--|---|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 165,312,341 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 261,457,931 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3,854,410 |
| 4 | Net unrealized gains (losses) on investments | 4109,786 |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9109,786 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 103,964,196 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|---|--|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 165,591,572 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments | 2a109,786 |
| b | Donated services and use of facilities | 2b68,953 |
| c | Recoveries of prior year grants | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e178,739 |
| 3 | Subtract line 2e from line 1 | 365,412,833 |
| 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 XIV) | 4b-100,492 |
| c | Add lines 4a and 4b | 4c-100,492 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 565,312,341 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|---|-------------|
| 1 | Total expenses and losses per audited financial statements | 161,627,376 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities | 2a68,953 |
| b | Prior year adjustments | 2b |
| c | Other losses | 2c |
| d | Other (Describe in Part XIV) | 2d100,492 |
| e | Add lines 2a through 2d | 2e169,445 |
| 3 | Subtract line 2e from line 1 | 361,457,931 |
| 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 XIV) | 4b |
| c | Add lines 4a and 4b | 4c0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 561,457,931 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| | PART IV, LINE 1B | ALL AMOUNTS INCLUDED ON FORM 990, PART X |
| | PART IV, LINE 2B | THE ORGANIZATION HOLDS PATIENT DEPOSITS, PASS-THROUGH FUNDS HELD FOR OTHERS RESTRICTED TO FOOD PURCHASES, SECURITY DEPOSITS FOR OTHER ORGANIZATIONS, AND OTHER AMOUNTS HELD FOR OTHERS. THE DEPOSITS ARE NOT THE PROPERTY OF NEW HAMPSHIRE CATHOLIC CHARITIES. |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | FUNDS ARE INTENDED TO BE USED IN A MANNER CONSISTENT WITH THE ORGANIZATION'S MISSION. |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE ORGANIZATION RECOGNIZES THE TAX BENEFIT OF AN UNCERTAIN TAX POSITION ONLY IF MANAGEMENT DETERMINES THAT IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERIT OF THE POSITION. MANAGEMENT HAS DETERMINED THAT AS OF MARCH 31, 2012 AND 2011, THE ORGANIZATION DID NOT HAVE ANY UNCERTAIN TAX POSITIONS. MANAGEMENT BELIEVES THE ORGANIZATION'S FILINGS FOR THE TAX YEARS ENDING BEFORE MARCH 31, 2009 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | LOSS ON FIXED ASSETS -18,375 FUNDRAISING DIRECT EXPENSES -82,117 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | LOSS ON FIXED ASSETS 18,375 FUNDRAISING DIRECT EXPENSES 82,117 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number
02-0222163

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

e☐ Solicitation of non-government grants

b☐ Internet and e-mail solicitations

f☐ Solicitation of government grants

c☐ Phone solicitations

g☐ Special fundraising events

d☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| | | | | | | |
| Total ▶ | | | | | | |

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|----|--|---------------------------------|---------------------|----------------------------------|
| | | MARDI GRAS (event type) | GOLF TOURNAMENT (event type) | 4 (total number) | (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 173,019 | 70,439 | 73,459 |
| | 2 | Less Charitable contributions | 110,010 | 52,275 | 34,477 |
| | 3 | Gross income (line 1 minus line 2) | 63,009 | 18,164 | 38,982 |
| Direct Expenses | 4 | Cash prizes | | 1,000 | 1,000 |
| | 5 | Non-cash prizes | 8,550 | 7,686 | 16,236 |
| | 6 | Rent/facility costs | 1,500 | 11,900 | 13,400 |
| | 7 | Food and beverages | 17,259 | 5,722 | 1,292 |
| | 8 | Entertainment | 1,875 | | 1,875 |
| | 9 | Other direct expenses | 9,771 | 1,026 | 14,536 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | (82,117) |
| | 11 | Net income summary Combine lines 3 and 10 in column (d). | | | 38,038 |

Part III Gaming.

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|---|---|---------------------------------|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | () |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) | | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

| | | |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
02-0222163

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SAINT JOSEPH RESIDENCE INC495 MAMMOTH ROAD MANCHESTER,NH 03104 | 02-0493087 | 501(C)3 | 47,184 | | | | GENERAL SUPPORT |
| (2) WARDE HEALTH CENTER INC21 SEARLES ROAD WINDHAM,NH 03087 | 02-0481994 | 501(C)3 | 125,064 | | | | GENERAL SUPPORT |
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- 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 Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
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Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 INDIVIDUALS REQUESTING ASSISTANCE MUST FILL OUT AN ASSISTANCE APPLICATION AT THE DISTRICT OFFICE THE APPLICATION INCLUDES INFORMATION REGARDING THE INDIVIDUAL'S INCOME, LIVING EXPENSES, AND ASSISTANCE APPLIED FOR AND/OR RECEIVED, IF ANY, FROM OTHER ORGANIZATIONS THE ORGANIZATION WILL VERIFY THE INCOME AND THE ASSISTANCE RECEIVED AND/OR APPLIED FOR WITH OTHER ORGANIZATIONS ONCE THIS INFORMATION HAS BEEN VERIFIED, HOW MUCH ASSISTANCE THE INDIVIDUAL SHOULD RECEIVE IS DETERMINED IF A LARGE AMOUNT OF ASSISTANCE IS GOING TO BE GIVEN TO AN INDIVIDUAL, IT MUST BE APPROVED BY MANAGEMENT DISTRIBUTIONS GREATER THAN \$250 REQUIRE TWO SENIOR MANAGER APPROVALS |

Software ID:

Software Version:

EIN: 02-0222163

Name: NEW HAMPSHIRE CATHOLIC CHARITIES

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

| (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 non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| FUEL ASSISTANCE | 340 | 99,487 | | | |
| FOOD ASSISTANCE | 285 | 18,032 | | | |
| BURIAL ASSISTANCE | 1 | 1,000 | | | |
| MEDICAL ASSISTANCE | 49 | 1,371 | | | |
| HOMELESS ASSISTANCE | 5 | 787 | | | |
| HURRICANE ASSISTANCE | 1 | 250 | | | |
| RENT ASSISTANCE | 35 | 5,397 | | | |
| FIRE ASSISTANCE | 3 | 750 | | | |
| TRANSPORTATION ASSISTANCE | 147 | 3,773 | | | |
| CHRISTMAS ASSISTANCE | 395 | 14,947 | | | |
| EDUCATION ASSISTANCE | 78 | 1,410 | | | |
| PERSONAL ITEMS | 44 | 1,760 | | | |
| EMERGENCY HOME REPAIRS | 1 | 240 | | | |
| IMMIGRATION FEES | 2 | 700 | | | |
| UTILITIES | 12 | 2,191 | | | |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number

02-0222163

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in 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 | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in 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 | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in 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 | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | PART I, LINE 1A | THOMAS BLONSKI, PRESIDENT AND CEO, RECEIVES A MONTHLY AUTO ALLOWANCE OF \$350 PER MONTH, WHICH IS INTENDED TO COVER ALL AUTOMOBILE EXPENSES, INCLUDING MILEAGE. THE AUTO ALLOWANCE IS INCLUDED IN HIS TAXABLE WAGES. |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number
02-0222163

Part ITypes of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 12,945 | APPROX FAIR MARKET VALUE |
| 6 Cars and other vehicles | X | 2 | 123,550 | APPROX FAIR MARKET VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 6,953,767 | 11,543,254 | BASED ON DOLLAR/POUND |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (<u>GIFT</u>) | X | | 6,154 | APPROX FAIR MARKET VALUE |
| 26 Other ► (<u>CERTIFICATES</u>) | X | | 14,240 | APPROX FAIR MARKET VALUE |
| 27 Other ► (<u>FURNITURE</u>) | X | | 35,861 | APPROX FAIR MARKET VALUE |
| 28 Other ► (<u>ITEMS</u>) | X | 405 | 4,675 | APPROX FAIR MARKET VALUE |
| 29 Other ► (<u>WHEELCHAIRS</u>) | X | 2 | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------|--|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | NUMBER OF CONTRIBUTORS FOR FOOD INVENTORY FOOD INVENTORY CONTRIBUTIONS ARE BASED ON DOLLARS/POUND, WHICH IS BASED ON THE APPROXIMATE AVERAGE WHOLESALE VALUE PER POUND AS CALCULATED BY FEEDING AMERICA THE ORGANIZATION RECORDS THE QUANTITY OF CONTRIBUTIONS BASED ON POUNDS AND DETERMINES THE NUMBER OF CONTRIBUTIONS AS FOLLOWS TOTAL FOOD DONATIONS 11,543,254 PRICE PER POUND 1 66 NUMBER OF CONTRIBUTIONS 6,953,767 |
| THIRD PARTY USE | PART I, LINE 32B | IN FISCAL YEAR 2012, THE ORGANIZATION CONTRACTED WITH "CARS" TO PROCESS AUTOMOBILE DONATIONS |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

| | |
|--|--|
| Name of the organization NEW HAMPSHIRE CATHOLIC CHARITIES | Employer identification number 02-0222163 |
|--|--|

| Identifier | Return Reference | Explanation |
|--|--|---|
| | FORM 990, PART VI, SECTION A, LINE 4 | SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED INCLUDE THE ADDITION OF A DEPUTY VICE CHAIR, CLARIFICATION OF THE OFFICERS' ROLES, CLARIFICATION OF THE ALLOWABLE TERMS AND CLARIFICATION OF THE BOARD COMMITTEES, E G , WHETHER THEY ARE STANDING OR AD HOC |
| | FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE |
| | FORM 990, PART VI, SECTION A, LINE 7A | THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE THE SOLE MEMBER HAS THE RIGHT TO RATIFY AND APPROVE THE DECISIONS OF THE GOVERNING BOARD |
| | FORM 990, PART VI, SECTION A, LINE 7B | THE SOLE MEMBER OF THE CORPORATION IS THE ROMAN CATHOLIC BISHOP OF MANCHESTER, A CORPORATION SOLE THE SOLE MEMBER APPROVES 1 ANY REPEAL, ALTERATION OR AMENDMENT OF THE ARTICLES OF AGREEMENT OR BY-LAWS OF THE CORPORATION, 2 ANY CHANGE IN THE PHILOSOPHY , OBJECTIVES OR PURPOSES OF THE CORPORATION OR ITS ETHICAL AND RELIGIOUS STANDARDS, 3 ANY CONVEYANCE, PURCHASE, SALE OR LEASE OF, OR GRANT OF MORTGAGES, TRUST DEEDS OR CREATION OF OTHER LIENS OR ENCUMBRANCES ON ASSETS OF THE CORPORATION OR THE INCURRING OF ANY INDEBTEDNESS, 4 THE ELECTION OF EACH TRUSTEE OR OFFICER OF THE CORPORATION, 5 THE REMOVAL OF ANY TRUSTEE OR OFFICER OF THE CORPORATION, 6 ANY MERGER WITH OR CONSOLIDATION OF THE CORPORATION OR ANY OF ITS DIVISIONS INTO ANOTHER ENTITY , OR THE ACQUISITION BY THE CORPORATION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER ENTITY OR THE SALE OR LEASE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION TO ANY PERSON OR ENTITY , 7 ANY CREATION OF AN AFFILIATE OR SUBSIDIARY ORGANIZATION, OR ANY AFFILIATION OF THE CORPORATION WITH ANY OTHER ENTITY FOR THE PURPOSE OF THE JOINT CONDUCT OF BUSINESS OR OTHER PROGRAMS, AND 8 THE DISSOLUTION OR LIQUIDATION OF THE CORPORATION |
| | FORM 990, PART VI, SECTION B, LINE 11 | PREPARER PROVIDES DRAFT OF FORM 990 TO MANAGEMENT FOR REVIEW ONCE FORM 990 HAS BEEN APPROVED BY MANAGEMENT, A DRAFT OF THE FORM 990 IS EMAILED TO THE GOVERNING BODY FOR THEIR REVIEW PRIOR TO FILING |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY THE FORMS ARE CLOSELY MONITORED TO ENSURE ALL FORMS ARE RETURNED THE FORMS ARE THEN REVIEWED BY THE CHIEF OPERATIONS OFFICER |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE CEO'S COMPENSATION HAS HISTORICALLY BEEN APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IN FY2011, A COMPENSATION COMMITTEE HIRED AN INDEPENDENT COMPANY TO COMPILE A SALARY STUDY FOR KEY MANAGEMENT POSITIONS THE SALARY STUDY WAS PRESENTED TO THE COMPENSATION COMMITTEE FOR USE AS A GUIDE IN DETERMINING APPROPRIATE SALARY RANGES |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 109,786 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEW HAMPSHIRE CATHOLIC CHARITIES

Employer identification number
02-0222163

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

| (a) Name, address, and EIN 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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 organization | |
|---|-------------------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) ROMAN CATHOLIC BISHOP OF MANCHESTER NEW HAMPSHIRE 153 ASH STREET MANCHESTER, NH 03104 02-6004670 | ROMAN CATHOLIC BISHOP OF MANCHESTER | NH | 501(C)3 | 1 | N/A | | No |
| | | | | | | | |
| | | | | | | | |
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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) Disproporionate 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 | |
| | | | | | | | | | | | | |
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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 |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| | | | | | | | |
| | | | | | | | |
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Part V

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

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

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

No

No

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 other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

| | | |
|---|---|--------------------------------------|
| Name(s) shown on return NEW HAMPSHIRE CATHOLIC CHARITIES | Business or activity to which this form relates FORM 990 PAGE 10 | Identifying number 02-0222163 |
|---|---|--------------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|---|-----------|
| 1 Maximum amount (see instructions) | 1 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| | | | |
|--|------------------------------|------------------|--|
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
| | | | |
| | | | |
| 7 Listed property Enter the amount from line 29 | 7 | | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 | 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | |
|--|----|-----------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 1,680,654 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

| | | |
|--|----|--|
| Section A | | |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see instructions)

| | | |
|---|----|-----------|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 1,680,654 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | | |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost | |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|---|---------------------------------|---------------------------|---------------------|---|------------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) A mortization period or percentage | (f) A mortization for this year |
| 42 A mortization of costs that begins during your 2011 tax year (see instructions) | | | | | |
| | | | | | |
| | | | | | |
| 43 A mortization of costs that began before your 2011 tax year | | | | 43 | 28,173 |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | 28,173 |