

Click on the question-mark icons to display help windows
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. **2012**

OMB No 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

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

C Name of organization **?**
Friends at C&S, Inc
Number and street (or P O box if mail is not delivered to street address) **?** Room/suite
7 Corporate Drive
City or town, state or province, country, and ZIP or foreign postal code
Keene, New Hampshire, 03431 **04**

D Employer identification number **?**
030326995

E Telephone number
603-354-7317

F Group Exemption Number ▶ **?**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is **not** required to attach Schedule B **?**
(Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 2492 77

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	1985 00	
	2	Program service revenue including government fees and contracts					2	0 00	
	3	Membership dues and assessments					3	0 00	
	4	Investment income					4	0 00	
	5a	Gross amount from sale of assets other than inventory			5a	0 00			
	b	Less cost or other basis and sales expenses			5b	0 00			
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)					5c	0 00	
	6	Gaming and fundraising events.							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	76			
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	427 50			
Expenses	c	Less direct expenses from gaming and fundraising events			6c	0 00			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	503 50			
	7a	Gross sales of inventory, less returns and allowances			7a	0 00			
	b	Less cost of goods sold			7b	0 00			
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)					7c		
	8	Other revenue (describe in Schedule O)					8	Interest 4 27	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	2492 77	
	10	Grants and similar amounts paid (list in Schedule O)					10	7000	
	11	Benefits paid to or for members					11	0 00	
	12	Salaries, other compensation, and employee benefits ?					12	0 00	
Net Assets	13	Professional fees and other payments to independent contractors ?					13	0 00	
	14	Occupancy, rent, utilities, and maintenance					14	0 00	
	15	Printing, publications, postage, and shipping					15	0 00	
	16	Other expenses (describe in Schedule O) ?					16	106 09	
	17	Total expenses. Add lines 10 through 16					17	7106 09	
	18	Excess or (deficit) for the year (subtract line 17 from line 9)					18	(4613 32)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					19	14242 00	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	9628 68	

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II .

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14242	22 9628 68
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	14242	25 9628 68
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14242	27 9628 68

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?	Providing Charitable Support
--	------------------------------

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	Assisted 7 Individuals Experiencing Hardships		
29	(Grants \$) If this amount includes foreign grants, check here	28a	7000
30	(Grants \$) If this amount includes foreign grants, check here	29a	
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)	32	7000

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 00		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0 00		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a 0 00		
b Gross receipts, included on line 9, for public use of club facilities 39b 0 00		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0 00		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0 00		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		✓
41 List the states with which a copy of this return is filed 41 New Hampshire, Vermont		
42a The organization's books are in care of 42a Stacey Sarnecki Telephone no. 42a 603-354-7317 Located at 42a 7 Corporate Drive, Keene New Hampshire ZIP + 4 42a 03431-5042		
b 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, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input checked="" type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		✓
c Did the organization receive any payments for indoor tanning services during the year? 44c		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		✓
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 11/11/2021
 Signature of officer Date
 Type or print name and title Stacey Sarnecki, Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no ▶			

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