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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 09-01-2020 , and ending 08-31-2021

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

C Name of organization
Easter Seals New Hampshire Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
555 Auburn Street

City or town, state or province, country, and ZIP or foreign postal code
Manchester, NH 03103

F Name and address of principal officer:
Maureen Beauregard
555 Auburn Street
Manchester, NH 03103

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

D Employer identification number
02-0272825

E Telephone number
(603) 623-8863

G Gross receipts \$ 77,013,239

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.easterseals.com/nh

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

L Year of formation: 1967

M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Easter Seals New Hampshire, Inc. provides exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	24
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	1,810
6	Total number of volunteers (estimate if necessary)	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,334,438	7,582,302
9 Program service revenue (Part VIII, line 2g)	67,998,613	66,487,888
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	713,806	1,773,769
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,090,716	567,858
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,137,573	76,411,817

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	761,476	1,217,534
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,079,005	54,463,022
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶1,157,687		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,167,523	15,037,864
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	71,008,004	70,718,420
19 Revenue less expenses. Subtract line 18 from line 12	2,129,569	5,693,397

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	52,052,666	69,640,268
21 Total liabilities (Part X, line 26)	33,596,243	43,337,303
22 Net assets or fund balances. Subtract line 21 from line 20	18,456,423	26,302,965

Part II Signature Block

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

Sign Here

Signature of officer
Date 2022-07-13
Claire H Gagnon CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Preparer's signature
Date 2022-07-13
Check ☐ if self-employed
PTIN P01712842

Firm's name ▶ Berry Dunn McNeil & Parker LLC
Firm's EIN ▶ 01-0523282

Firm's address ▶ 1000 Elm Street 4th Floor
Manchester, NH 03101
Phone no. (603) 669-7337

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

Easter Seals New Hampshire, Inc. provides exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.

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 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 \$ 62,211,466 including grants of \$ 1,217,534) (Revenue \$ 67,025,971)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 62,211,466

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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	3	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	4	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	5	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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 	9	No
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	10 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 	11a 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 	11b	No
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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	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 (see instructions)	17	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 	18 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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 360	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

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 or note to any line 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	24	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	24	
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	No
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	No
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	No
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	No
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	
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 this 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 **NH**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► Claire H Gagnon 555 Auburn Street Manchester, NH 03103 (603) 621-3559

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,009,563	320,126	235,173

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 ► 25

	Yes	No
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>		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>	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>		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
Sheehan Phinney Bass & Green 1000 Elm Street Manchester, NH 03105	Legal	240,444
TPX Communications PO Box 984001 Boston, MA 02298	Telecommunications	143,419
Equine Immersion Programs LLC 110 Peele Road Nashua, NH 03062	Equine Therapy	107,628
HireRight LLC PO Box 847891 Dallas, TX 752847891	Employment Background Checks	104,617
Empowered Web Solutions LLC 509 McGill Park Ave NE Atlanta, GA 30319	Web Developer	103,272

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 ► 5

Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII ☐					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c	1,216,723		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,048,224		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,317,355		
	g Noncash contributions included in lines 1a - 1f:\$	1g	83,812		
	h Total. Add lines 1a-1f ▶		7,582,302		
Program Service Revenue	2a Program Services	Business Code			
		624100	63,407,599	63,407,599	
	b Transportation Services	480000	3,080,289	3,080,289	
	c				
	d				
	e				
	f All other program service revenue.				
g Total. Add lines 2a-2f. ▶		66,487,888			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		607,365		607,365
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross rents	6a	(i) Real	(ii) Personal	
			29,775		
	b Less: rental expenses	6b		0	
	c Rental income or (loss)	6c		29,775	
	d Net rental income or (loss) ▶			29,775	29,775
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	
			1,201,620	19,401	
	b Less: cost or other basis and sales expenses	7b		0	54,617
	c Gain or (loss)	7c		1,201,620	-35,216
	d Net gain or (loss) ▶			1,166,404	1,166,404
	8a Gross income from fundraising events (not including \$ 1,216,723 of contributions reported on line 1c). See Part IV, line 18	8a		546,805	
	b Less: direct expenses	8b		546,805	
	c Net income or (loss) from fundraising events . . . ▶			0	
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities . . . ▶				
	10a Gross sales of inventory, less returns and allowances . . .	10a			
b Less: cost of goods sold . . .	10b				
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a Miscellaneous	900099	538,083	538,083		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶		538,083			
12 Total revenue. See instructions ▶		76,411,817	67,025,971	0	1,803,544

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).

Check if Schedule O contains a response or note to any line in this Part IX ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,217,534	1,217,534		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,484,162	573,975	910,187	
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	42,697,384	38,214,237	3,880,284	602,863
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	687,816	502,358	167,497	17,961
9 Other employee benefits	6,454,058	5,609,260	745,975	98,823
10 Payroll taxes	3,139,602	2,755,546	340,945	43,111
11 Fees for services (non-employees):				
a Management				
b Legal	226,553		226,553	
c Accounting	131,537		131,537	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	74,116		500	73,616
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,328,724	6,706,981	1,496,373	125,370
12 Advertising and promotion	344,507	186,405	84,777	73,325
13 Office expenses	2,363,186	1,795,557	509,745	57,884
14 Information technology				
15 Royalties				
16 Occupancy	1,865,409	1,478,232	330,821	56,356
17 Travel	1,086,342	1,073,102	13,024	216
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,117	37,872	16,905	2,340
20 Interest	685,065	540,274	144,791	
21 Payments to affiliates	105,185		105,185	
22 Depreciation, depletion, and amortization	1,445,675	1,269,804	171,857	4,014
23 Insurance	495,345	250,329	243,208	1,808
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous Expenses	108		108	
b Mgmt. Fee Reimbursed	-2,171,005		-2,171,005	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	70,718,420	62,211,466	7,349,267	1,157,687
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☒ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		187,796	1	4,268,438	
	2	Savings and temporary cash investments		8,001,411	2	10,176,508	
	3	Pledges and grants receivable, net		3,046,213	3	3,191,807	
	4	Accounts receivable, net		3,904,587	4	3,794,663	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7	247,781	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		659,444	9	600,915	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	37,915,829			
	b	Less: accumulated depreciation	10b	18,630,537	17,576,923	10c	19,285,292
	11	Investments—publicly traded securities		16,538,934	11	25,597,606	
	12	Investments—other securities. See Part IV, line 11		120,015	12	119,319	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,017,343	15	2,357,939	
16	Total assets. Add lines 1 through 15 (must equal line 33)		52,052,666	16	69,640,268		
Liabilities	17	Accounts payable and accrued expenses		8,340,142	17	8,907,389	
	18	Grants payable			18		
	19	Deferred revenue		702,945	19	990,620	
	20	Tax-exempt bond liabilities		12,911,701	20	12,160,274	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		361,409	23	1,485,735	
	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		11,280,046	25	19,793,285	
	26	Total liabilities. Add lines 17 through 25		33,596,243	26	43,337,303	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		12,948,855	27	20,884,644	
	28	Net assets with donor restrictions		5,507,568	28	5,418,321	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		18,456,423	32	26,302,965	
33	Total liabilities and net assets/fund balances		52,052,666	33	69,640,268		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,411,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,718,420
3	Revenue less expenses. Subtract line 2 from line 1	3	5,693,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,456,423
5	Net unrealized gains (losses) on investments	5	792,446
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,360,699
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,302,965

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 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	
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?	Yes	
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.	Yes	

Software ID:
Software Version:
EIN: 02-0272825
Name: Easter Seals New Hampshire Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

Easter Seals New Hampshire (ESNH) is dedicated to helping children, adults and seniors with disabilities and special needs live with equality, dignity and independence. Last year ESNH served more than 11,000 individuals of all ages and provided \$2.6 million dollars in free and reduced-priced services. Our programs and services include:Autism (ASD) Services:We offer education, support and services assisting families and children in reaching their full potential. Autism Services at Easterseals provides a variety of comprehensive care options to individuals affected by ASD and their families. At Easterseals NH we offer: Applied Behavior Analysis Services for Schools, on-going oversight from Board Certified Behavior Analyst (BCBA), individualized program design based on the principles of Applied Behavior Analysis, staff placement and training, assessments such as VB-MAPP or Functional Behavior Assessment, Program Evaluation with written recommendations, curriculum development and Behavior Support Plan development and implementation. We believe every child can learn skills necessary to be successful. In order to achieve their full potential, children with Autism need people who understand their motivation and can break down goals into tasks that they can accomplish. Even complex behaviors can be analyzed to identify step-by-step ways to promote adaptive behavior and reduce maladaptive behaviors. While there are varying applications of Applied Behavior Analysis, we take a holistic and family-centered approach in implementing the core methodologies of Applied Behavior Analysis (ABA therapy), to support skill development and behavior management skills.Camping and Recreation:Our camping and recreation program provides residential camping for children and young adults with disabilities and special needs. We are dedicated to providing integrated recreational opportunities for campers of all levels. By providing a safe environment, we encourage our campers to challenge themselves to learn and grow, develop confidence and discover how much they can achieve. Easterseals campers enjoy all the traditional camp experiences including water sports, team sports, hiking, archery, arts & crafts and camp fire sing-alongs in a fully accessible setting. Easterseals camping programs offer an exciting alternative to the boredom and isolation often experienced by children with disabilities during the summer months. It can also provide parents with much needed respite from year round caregiving.Child Development Centers:The Easterseals NH Child Development Centers follow the National Association for the Education of Young Children quality standards. We provide an inclusive, comprehensive child development program for children from six weeks to five years of age ensuring quality, innovative educational programs. Our qualified staff is trained in ECE, first aid, and CPR. Our Child Development Centers are a fun place to learn & grow. We provide breakfast, lunch, and snacks and meet or exceed USDA guidelines. In addition, we provide FREE diapers, wipes, Similac infant formula and sunscreen for the children. Our open door policy encourages daily communication between caregivers and families. Our Child Development Centers have rolling admission on a first come first serve basis. Programs include infants, toddlers, multi-age preschool, pre-k and family support services.Community Based Services:We provide supports and services for adults with Intellectual Disabilities or Acquired Brain Injuries. We have demonstrated success over 30 years and pride ourselves in our ability to meet the most unique and challenging needs of all individuals in community-based settings. We currently hold contracts with NH's 10 Area Agencies. Services provided include community participation services, residential services and clinical services.Early Support & Services:Much of who we become is the result of our experiences within the first three years of life. Family Centered Early Supports & Services (ESS) utilizes each child's natural curiosity to create the experiences that enhance growth and development in partnership with their families and their caregivers. Easterseals NH has worked in partnership with parents to help children learn and develop. We provide services in natural environments, which include the home, relative's home, childcare center or home childcare, and other community settings. Services for Children and Families included: developmental evaluations, therapeutic & educational home visits, developmental monitoring, service coordination, support & guidance in incorporating therapeutic activities into daily routines to promote your child's development, information about community resources and services, assistance in transitioning to other services after age 3, including, if eligible, special education preschool and development of advocacy skills. Fully-licensed, credentialed and caring pediatric professionals provide expertise in these areas: physical therapy, occupational therapy, speech/language pathology, early childhood special education and family workers. Children from birth to three years are determined to be eligible for ESS according to federal and state criteria in one of the following categories: have an established condition, have a developmental delay of 33% in at least one area of development, atypical behavior or are at-risk for delayed development. An ESS team will provide a Developmental Evaluation to determine your child's eligibility. Once a child is found eligible, the parents and the ESS team will develop an Individual Family Support Plan (IFSP) which includes family and child outcomes and strategies. Services will be initiated by the appropriate professional.Military & Veterans Services:We are dedicated in connecting New Hampshire's Service Members, Veterans and their families to solutions. The Easterseals Military & Veterans Services Creed: We pledge to serve those who serve our nation with honor, integrity, and rapid response. We will always put our mission first. We will never give up. We will never quit. We will do whatever it takes to meet the critical needs of Service Members, Veterans, and their Families. We respect and appreciate the pledge they have made to serve. Because of their commitment we pledge to uphold these values in our service to them.Easterseals Military & Veterans Services, in partnership with Veterans Count, responds rapidly, efficiently and effectively to the unmet needs of Service Members, Veterans, and their Families to ensure that they can thrive in their communities. We developed a one-of-a-kind Care Coordination program that provides free and confidential support designed to meet the unique needs of Veterans, Military Members and their families. The program works in conjunction with existing military, VA and community programs, and is an important part of the full range of Service Member/family support services available to you and your family. Services are provided by experienced counselors who are familiar with a wide range of programs and services and have experience navigating "the system." They understand military culture, employment challenges, substance abuse struggles, and deployment-related issues. They are honored to serve you!Oral Health Services:Easterseals NH Oral Health Center staff is trained to evaluate, monitor, and respond to patients with a wide range of disabilities and special medical needs. We offer comprehensive dental care for all ages and provide you with a dental home to meet all of your oral hygiene needs. Services available are: cleanings, oral hygiene instruction, fluoride treatment, restorative services, sealants, check-ups, filling, extractions, dentures/partials, teeth whitening, relines/adjustments, same day emergency treatment, and root canals. In addition to the center, we have a dental van that is used to visit Manchester elementary schools and high schools.For more than 12 years the Easterseals Oral Health Center, and our dedicated Oral Health Services staff, has made a significant impact on our community, providing dental services for low-income families, individuals with disabilities or special needs, and people of all ages. While we have worked tirelessly over the last several years to secure funding to sustain our clinic, unfortunately, due in part to the impact of COVID-19, and the significant expenses required to run the dental center, we are at a point where the only option is to close the clinic. Along with senior leadership and the Easterseals Board of Directors, we made the difficult decision to close the Oral Health Center effective December 18, 2020. Prior to this, during the pandemic the center operated as an emergency clinic assisting 50-60 low-income patients per week, who would otherwise have had no other place to go for critical oral health care.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Matthew Boucher Chairman	1.00 4.00	X		X				0	0	0
Charles S Goodwin Vice Chairman	1.00 4.00	X		X				0	0	0
Tom Sullivan Vice Chairman	1.00 4.00	X		X				0	0	0
Bryan Bouchard Treasurer	1.00 4.00	X		X				0	0	0
Charles Panasis Assistant Treasurer	1.00 4.00	X		X				0	0	0
Mary Flowers Secretary	1.00 4.00	X		X				0	0	0
Andrew MacWilliam Director/ Past Chairman	1.00 4.00	X		X				0	0	0
Bob Litterst Director	1.00 0.00	X						0	0	0
Dennis Beaulieu Director	1.00 4.00	X						0	0	0
Eddie Edwards Director	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Elizabeth Hitchcock Director	1.00 0.00	X						0	0	0
Gregory Baxter Director	1.00 0.00	X						0	0	0
Jim Bee Director	1.00 4.00	X						0	0	0
Linda Roth Director	1.00 0.00	X						0	0	0
Lucy Lange Director	1.00 0.00	X						0	0	0
Paul E Voegelin Director	1.00 0.00	X						0	0	0
Richard Rawlings Director	1.00 0.00	X						0	0	0
Rick Courtemanche Director	1.00 0.00	X						0	0	0
Rob Wieczorek Director	1.00 0.00	X						0	0	0
Sanjeev Srinivasan Director	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Tom Bullock Director	1.00 0.00	X						0	0	0
Tracey Pelton Director	1.00 0.00	X						0	0	0
Trevor Arp Director	1.00 0.00	X						0	0	0
William Lambrukos Director	1.00 0.00	X						0	0	0
Bettie Lamontagne Past Director	1.00 0.00	X						0	0	0
Mark Sandler Past Director	1.00 0.00	X						0	0	0
Wendell Butcher Past Director	1.00 0.00	X						0	0	0
Maureen Beauregard President and CEO	42.00 13.00			X				286,543	80,819	8,823
Elin A Treanor Chief Financial Officer	42.00 13.00			X				235,586	66,444	21,145
Nancy Rollins Past Chief Operating Officer	49.00 6.00			X				169,337	18,816	6,554

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Tina M Sharby Chief Human Resources Officer	43.00 12.00				X			173,556	48,950	17,750
Michael J Bonfanti Senior Vice President IT	43.00 12.00				X			146,356	41,279	39,648
Susan L Silsby Senior Vice President Program Svcs.	54.00 1.00				X			179,007	3,653	28,946
John D Soucy Jr Senior Vice President Program Svcs.	55.00 0.00				X			175,298	0	16,066
Shannon M Farrell Dentist	55.00 0.00					X		145,497	0	20,993
Frederick Roberge Vice President Transportation	55.00 0.00					X		135,479	0	13,905
Joseph T Emmons Chief Development Officer	49.00 6.00					X		131,429	14,603	26,191
Claire Gagnon Senior Vice President, Controller	43.00 12.00					X		116,083	32,741	9,637
Courtney A Smith Sr. VP Major Gifts & Planned Giving	49.00 6.00					X		115,392	12,821	25,515

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Easter Seals New Hampshire Inc

Employer identification number

02-0272825

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 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ 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.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,587,015	5,366,789	4,561,361	3,334,438	7,582,302	26,431,905
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	5,587,015	5,366,789	4,561,361	3,334,438	7,582,302	26,431,905
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) . . .						368,395
6	Public support. Subtract line 5 from line 4.						26,063,510
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	5,587,015	5,366,789	4,561,361	3,334,438	7,582,302	26,431,905
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	547,575	586,959	621,250	598,144	637,140	2,991,068
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	400,050	391,082	616,166	1,056,671	538,083	3,002,052
11	Total support. Add lines 7 through 10						32,425,025
12	Gross receipts from related activities, etc. (see instructions)					12	322,925,286
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))					14	80.380 %
15	Public support percentage for 2019 Schedule A, Part II, line 14					15	77.990 %
16a	33 1/3% support test—2020. 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—2019. If the organization did not check a 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—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2019. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income:	Miscellaneous - 2016 Amount: \$ 400,050. 2017 Amount: \$ 391,082. 2018 Amount: \$ 616,166. 2019 Amount: \$ 1,056,671. 2020 Amount: \$ 538,083.

990 Schedule A, Supplemental Information	
Return Reference	Explanation
Form 990, Schedule A, Part II, Line 10:	The income on Line 10 includes administrative expenses which are recovered at cost.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Easter Seals New Hampshire Inc

Employer identification number
02-0272825

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2020

Part III

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

3

Using the organization's acquisition, 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 XIII.

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" on 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 XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on 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	4,665,669	4,478,945	4,360,640	4,224,764	4,032,214
b Contributions	26,581	80,436	51,658	125,384	150,365
c Net investment earnings, gains, and losses	1,749,443	1,484,698	1,061,359	1,236,443	1,056,710
d Grants or scholarships					
e Other expenditures for facilities and programs	1,654,730	1,378,410	994,712	1,225,951	1,014,525
f Administrative expenses					
g End of year balance	4,786,963	4,665,669	4,478,945	4,360,640	4,224,764

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 94.920 %

c

Term endowment ▶ 5.080 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		3,284,653		3,284,653
b Buildings		23,270,149	9,114,800	14,155,349
c Leasehold improvements		51,993	41,280	10,713
d Equipment		8,417,473	7,328,518	1,088,955
e Other		2,891,561	2,145,939	745,622
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,285,292

Schedule D (Form 990) 2020

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Interest Rate Swap	2,238,251
(3) Deferred Compensation Plan	2,357,939
(4) Due to Affiliates	4,872,222
(5) CARES Act Funding	10,000,000
(6) Security Deposit Loan Fund	251,071
(7) Homeless Housing Revolving Loan	73,802
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	19,793,285

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 02-0272825
Name: Easter Seals New Hampshire Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	In accordance with our investment spending policy, we will use the proceeds earned on our endowment funds to maximize the extent to which we are able to fulfill our mission of providing free and reduced-price services to individuals and families who need services but cannot afford or otherwise access them.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	Easter Seals New Hampshire, Inc., Easter Seals ME, Easter Seals VT, The Way Home, Inc. and Manchester Alcoholism Rehabilitation Center are exempt from both federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position historically taken on various tax exposure items including unrelated business income or tax status. In accordance with accounting principles generally accepted in the United States of America, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Management has evaluated tax positions taken by Easter Seals New Hampshire, Inc. and its subsidiaries on their respective filed tax returns and concluded that the organizations have maintained their tax-exempt status, do not have any significant unrelated business income, and have taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Easter Seals New Hampshire Inc

Employer identification number
02-0272825

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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 email 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Veterans Count Seacoast (event type)	(b) Event #2 Veterans Count Nashua (event type)	(c) Other events 9 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	448,482	306,527	1,008,519	1,763,528
	2 Less: Contributions	304,376	204,965	707,382	1,216,723
	3 Gross income (line 1 minus line 2)	144,106	101,562	301,137	546,805
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			200	200
	6 Rent/facility costs	30,381	7,002	23,402	60,785
	7 Food and beverages	86	3,036	6,999	10,121
	8 Entertainment				
	9 Other direct expenses	113,639	91,524	270,536	475,699
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				546,805
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				0

Part III Gaming. Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ►				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter 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 of the third party:		
	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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

Easter Seals New Hampshire Inc

Employer identification number

02-0272825

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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 Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Community Based Services - Direct Assistance to Adults and their Families	204		234,424	FMV	Funds assist adults and their families with expenses including food, clothing, activities, medical/dental services and other personal needs
(2) Military and Veterans Services - Direct Assistance to Veterans and Current Service Members and their Families	470		551,373	FMV	Funds assist veterans and current service members and their families who are in pre, current or post-deployment with critical and emergency needs including transportation, child care, food, medical/dental, mortgage/rent, utilities and household items
(3) Residential and Educational Services - Direct Assistance to Children and their Families	224		136,854	FMV	Funds assist children and their families with expenses including food, clothing, activities, medical/dental services and other personal needs
(4) Seniors Services - Direct Assistance to Senior Citizens	371		188,726	FMV	Funds assist frail seniors with services and/or items that are unfunded from other sources, such as food, household needs, housing, medical, personal care products, transportation and other personal needs
(5) Other - Direct Assistance to Families and Individuals with Special Needs	154		8,550	FMV	Miscellaneous assistance to families and individuals with special needs
(6) Supportive Housing - Direct Assistance to Families and Individuals	132		97,607	FMV	Funds assist adults and their families with expenses including activities, food, and housing/rent
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Easter Seals assistance to individuals is intended to be a "hand up not a "hand out and is used as part of a comprehensive plan for achieving self-sufficiency and well-being. Assistance provided to individuals is monitored by the Organization by the following methods: 1. The individual is required to provide a receipt or some other sort of appropriate documentation which is then reviewed and approved by the Organization; and 2. Amounts are paid directly to the service provider and/or vendor to ensure funds are expended appropriately.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Easter Seals New Hampshire Inc		Employer identification number 02-0272825

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on 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	Yes
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on 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 on 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, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 4b	Elin A. Treanor participated in a 457(f) plan during calendar year 2020, but no employer contributions were made to the plan during calendar year 2020 or the fiscal year ending August 31, 2021.
Part I, Line 7	Officer bonuses are awarded based upon the completion of goals established by the compensation committee. Key employee bonuses are awarded based upon the completion of goals established by the corporate officers.
Schedule J, Part II:	The officers, key employee, and highest compensated employees listed in Part VII-A, line 1 and Schedule J, Part II receive a single Form W-2 from Easter Seals New Hampshire, Inc. The compensation reported on that Form W-2 represents amounts received for services provided to Easter Seals New Hampshire, Inc. and its related organizations. Easter Seals New Hampshire, Inc. is the parent organization with oversight and responsibility for four (4) nonprofit subsidiary entities, each filing their own separate 990s: Easter Seals Maine, Inc.; Easter Seals Vermont, Inc.; The Way Home, Inc.; and Manchester Alcoholism Rehabilitation Center. It should be noted 100% of the compensation for officers and key employees is paid by Easter Seals New Hampshire (a common paymaster), and the wages are allocated to the four (4) related organizations they support. These organizations benefit from all services of the officer and key employee functions, and this structure allows for major cost savings as a result of not hiring or filling officer or key employee positions in each of the subsidiary entities. A significant portion of the compensation is supported financially by the four (4) entities and reimbursed to Easter Seals New Hampshire for their proportionate share. The amounts reported in Part VII, Column (D) and Schedule J, Part II, row (i) reflect the compensation received with respect to services performed for the reporting entity only. The balance of the individual's compensation is reported in Part VII, column (E) and Schedule J, Part II, row (ii). The sum of Part VII columns (D) and (E) equal box 5 of the respective employee's 2020 Form W-2.

Additional Data

Software ID:
Software Version:
EIN: 02-0272825
Name: Easter Seals New Hampshire Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Maureen Beauregard President and CEO	(i)	247,543	24,180	14,820	6,489	394	293,426	0
	(ii)	69,819	6,820	4,180	1,829	111	82,759	0
1Elin A Treanor Chief Financial Officer	(i)	200,658	19,859	15,069	6,238	10,254	252,078	0
	(ii)	56,591	5,602	4,251	1,760	2,893	71,097	0
2Tina M Sharby Chief Human Resources Officer	(i)	139,885	25,622	8,049	3,939	9,907	187,402	0
	(ii)	39,451	7,228	2,271	1,110	2,794	52,854	0
3Michael J Bonfanti Senior Vice President IT	(i)	142,477	3,120	759	4,614	26,311	177,281	0
	(ii)	40,185	880	214	1,301	7,422	50,002	0
4Susan L Silsby Senior Vice President Program Svcs.	(i)	161,223	12,250	5,534	5,449	22,918	207,374	0
	(ii)	3,290	250	113	111	468	4,232	0
5Nancy Rollins Past Chief Operating Officer	(i)	152,237	12,600	4,500	4,943	957	175,237	0
	(ii)	16,916	1,400	500	549	105	19,470	0
6John D Soucy Jr Senior Vice President Program Svcs.	(i)	157,478	12,500	5,320	5,171	10,895	191,364	0
	(ii)	0	0	0	0	0	0	0
7Joseph T Emmons Chief Development Officer	(i)	126,346	4,500	583	4,142	19,432	155,003	0
	(ii)	14,039	500	64	460	2,157	17,220	0
8Shannon M Farrell Dentist	(i)	142,350	2,500	647	4,458	16,535	166,490	0
	(ii)	0	0	0	0	0	0	0
9Claire Gagnon Senior Vice President, Controller	(i)	107,086	5,097	3,900	3,396	4,122	123,601	0
	(ii)	30,203	1,438	1,100	958	1,161	34,860	0
10Courtney A Smith Sr. VP Major Gifts & Planned Giving	(i)	111,209	1,350	2,833	3,560	19,404	138,356	0
	(ii)	12,357	150	314	397	2,154	15,372	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Easter Seals New Hampshire Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number
02-0272825

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A New Hampshire Health and Education Facilities Authority	02-0279866		12-20-2016	13,015,000	Acquisitions, construction, installation, equipping and refinance bank debt		X		X		X
B New Hampshire Health and Education Facilities Authority	02-0279866		12-20-2016	9,175,000	Acquisitions, construction, installation, equipping and refinance bank debt		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,371,664		3,277,823					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	13,015,000		9,175,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			135,637					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			8,635,345					
11	Other spent proceeds			404,018					
12	Other unspent proceeds								
13	Year of substantial completion	2010		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b Name of provider	Citizens Bank NA							
c Term of hedge	3000.0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Schedule K, Part II, Proceeds, B:	11) Other Spent Proceeds were used to pay down the principal debt.

Return Reference	Explanation
Schedule K, Part IV, Line 7 and Part V:	Easter Seals New Hampshire, Inc. carefully and consistently monitors its bond for potential violations of federal tax requirements, including the requirements of Section 148, and procedures are in place to ensure that violations, should they occur, are timely identified and corrected.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Easter Seals New Hampshire Inc

Employer identification number
02-0272825

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	5	83,812	Securities Market
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				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a

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

30a

Yes

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 nonstandard contributions?

31

Yes

32a

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

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Easter Seals New Hampshire Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

02-0272825

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Continuation of Line 1:	And, we remain steadfast in our goal of providing services to people of all ages with disabilities or special needs.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 2	During the fiscal year, the Organization undertook a supportive housing initiative. Our supportive housing program is dedicated to helping low-income households obtain and sustain safe, affordable housing throughout the state of New Hampshire, as well as: - Providing assistance for homelessness prevention - Outreach and intervention services, including homelessness prevention grants - Rental housing counseling which teach tenants self-help skills, housing advocacy, and assists with landlord negotiations - Financial management education for homeless persons, low-income renters and at-risk homeowners - Transitional housing apartments for homeless families and their children

990 Schedule O, Supplemental Information

Return Reference	Explanation
Continuation of Form 990, Part III, Line 4a:	Residential and Educational Services: Our services range from intensive level care in highly structured residential settings to the support of individuals in their community, family and/or independent living setting. Our educational programs work to ensure that the student has consistent access to education in the least restrictive environment possible as they develop and progress in their treatment. To support the varying needs of youth and families, services include family driven and youth guided treatment philosophy, therapeutic residential settings, foster care and in-home services, approved special education schools, school to work services, specialized educational services for youth with autism and other neurobehavioral and developmental challenges, instruction and practice in independent living and vocational skills, case management, psychiatric services, family therapy, individual therapy and group counseling, nursing and medical case management, 24-hour on call services for crisis & support and year-round Res/Ed programs. Senior Services: We offer comprehensive services for caregivers and those they care for, including adult day services, therapeutic services, in-home care and support groups. The adult medical day services provide a home like atmosphere in which older adults, adults living with dementia, or adults living with disabilities receive individualized therapeutic, social, and health services for some part of the day. The caring companions services provide care in the home and community ranging from basic household chores to more extensive in home care and companionship. We have memory care options that are provided in the home and in the community for those living with memory impairment, caregiver resources providing respite care, education, resources, support and coaching for the new and seasoned caregiver. We also have Mary Gale Flex Funds to assist low income woman with critical goods and services. Supportive Housing: Our supportive housing program is dedicated to helping low-income households obtain and sustain safe, affordable housing throughout the state of New Hampshire, as well as: - Providing assistance for homelessness prevention - Outreach and intervention services, including homelessness prevention grants - Rental housing counseling which teach tenants self-help skills, housing advocacy, and assists with landlord negotiations - Financial management education for homeless persons, low-income renters and at-risk homeowners - Transitional housing apartments for homeless families and their children Transportation: Easterseals NH Transportation Services has been a provider of quality transportation since 1980 and is committed to creating transportation solutions that open doors to independence for NH residents. Transportation Services has developed partnerships with human service and municipal agencies that benefit our community and constantly strives to coordinate and consolidate specialized transportation in the Greater

990 Schedule O, Supplemental Information

Return Reference	Explanation
Continuation of Form 990, Part III, Line 4a:	r Manchester area. Transportation Services provides transportation with an operational fleet of more than 60 specially-equipped vehicles and serves over 1,200 individuals annually covering over 1.2 million miles. Transportation Services is certified and licensed by the NH Department of Safety, Health and Human Services, EMS, American Red Cross, National Safety Council, and the New Hampshire Department of Transportation. Why Our Transportation Services: Vehicle operators are professionally trained in defensive driving and passenger assistance techniques, Operators sensitive to the needs of individuals with disabilities and the elderly, Door-to-door individualized service available, Passenger monitors-when required, Cost-efficient pricing, Lift-equipped vans and buses, Staff receives extensive training and complies with Department of Transportation regulations (including drug screening), Licensed to provide Medicaid approved wheelchair rehabilitation transportation, and Collaboration with school districts on behavior management issues and provides specialized training to its staff Who is Eligible: As part of our mission, we provide transportation for numerous programs. Transportation Services provides door-to-door transportation with passenger assistance available for the frail and isolated elderly, as well as individuals with special needs and disabilities, allowing them to gain greater independence and stay involved in their communities. Transportation Services Clients: Our vehicles are available for charter by groups, individuals and other agencies and offer considerable savings in money and time. In addition to transporting over 750 special education students on a daily basis for the City of Manchester, STS customers have included: Southern New Hampshire Services, Community Health Services-Derry, Greater Derry/Greater Salem Regional Transportation Council (RTC), Greater Derry/Greater Salem Cooperative Alliance for Regional Transportation (CART), St. Joseph Community Services, NH Bureau of Elderly & Adult Services, NH Division of Vocational Rehabilitation, NH Division of Children, Youth and Families, NH Division of Health & Human Services, Retired Senior Volunteer Program, Easterseals NH Programs, Manchester Housing Authority, Muscular Dystrophy Association, Catholic Medical Center, Veterans Administration, Elliot Hospital, Granite State Independent Living Association, Nursing Homes, Mental Health Center of Greater Manchester, Rockingham Nutrition Meals on Wheels, Manchester Community Health Center Workforce Development: Easterseals has provided Workforce development services since 1974. We offer a variety of services that help individuals achieve meaningful career outcomes while meeting the needs of the business community. Services available are: Youth Transitional Services: Provides versatile community based, in-school, or in-home supports as well as remote learning activities. Programs are structured to service a student's IEP and assist student

990 Schedule O, Supplemental Information

Return Reference	Explanation
Continuation of Form 990, Part III, Line 4a:	ents in reaching their goals with a focus on employment, continuing education, adult daily living skills, and social health and wellness. A variety of schedule options ensures each student receives the right amount of support. Independence Cleaning: Providing specialty floor care and general cleaning services in the greater Concord, Manchester, and Nashua areas. Pre-Employment Transition Services (Pre-ETS): In collaboration with New Hampshire Vocational Rehabilitation, Easterseals Pre-ETS programming provides students with the opportunity to participate in work-based learning experiences that allow them to explore employment opportunities, participate in "on the job training", and find an occupation that aligns with their interests and skills. Easterseals NH & Apparel Impact Partnership: Host an Easterseals NH & Apparel Impact donation bin to divert textile waste from landfills, provide local families in need with free or reduced cost clothing, create jobs, and raise funding to support Easterseals mission.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The Fiscal Committee reviews financial related matters and recommends actions to the full Board of Directors for approval.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by an outside independent accounting firm and presented to the Audit Committee of the Board for review before filing with the IRS. The Audit Committee reviews financial related matters and recommends actions to the full Board of Directors for approval. A copy of 990 is provided to the full Board of Directors Board before the 990 is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	It shall be against the policy of Easter Seals New Hampshire, Inc. to have conflicts of interest with its directors, officers, staff or members of their immediate families. In the event of a pecuniary benefit transaction as defined by NH Law in RSA 7:19-a, it shall be the policy of Easter Seals New Hampshire, Inc. to follow the statute. Included but not limited to the following, the procedure shall be that each director shall complete a questionnaire on the related entities and persons and business activities of the director and members of the director's immediate family as defined by statute and such questionnaire shall be on file at the office of the Corporation. In the event the Corporation or any director becomes aware of any potential pecuniary benefit transaction as defined by law, the Corporation shall follow the procedures prescribed by law and give notice of the transaction to the full Board with notice of its next meeting. At the meeting, the Board shall vote on whether the pecuniary benefit transaction is in the best interest of the corporation, after full explanation thereof and without the director being present and without any director who has had a pecuniary benefit transaction within the fiscal year being present. If two thirds (2/3rds) of the entire Board shall vote that the pecuniary benefit transaction is in the best interest of the Corporation, the transaction shall be allowed. Notice of any such pecuniary benefit transaction the value of which is \$5,000 or more shall be published according to statute. Notice of all pecuniary benefit transactions shall be given to the Director of Charitable Trusts of the State of New Hampshire annually with the reporting by the Corporation and individually for those transactions exceeding \$5,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Easter Seals New Hampshire, Inc. is the parent organization with oversight and responsibility for four (4) nonprofit subsidiary entities: Easter Seals Maine, Inc.; Easter Seals Vermont, Inc.; The Way Home, Inc.; and Manchester Alcoholism Rehabilitation Center. Easter Seals New Hampshire, Inc. has an Executive Compensation Committee that is made up of the former Chair of the Board of Directors and other Directors. It meets annually and reviews data on comparable not-for-profit executives of similar sized organizations in the geographical area in which we operate. That data is compiled from information gathered by the Chief Human Resources Officer and submitted to the Committee. The Committee meets independently to review the performance of the President, meets with the President to obtain his input, and then recommends compensation levels. It then submits its report to the entire Board of Directors which meets in executive session to review the process and the recommendations. The Committee also reviews the compensation of the highest level employees and provides input to the President in setting their compensation. Contemporaneous substantiation of the deliberation and decision is recorded.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Copies of the IRS Form 990 and the nonprofit status determination documents are available for public inspection at the corporate office by appointment.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Professional Fees: Program service expenses 6,706,981. Management and general expenses 1,496,373. Fundraising expenses 125,370. Total expenses 8,328,724.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 10: Land, Buildings, and Equipment	Section 1.263(a)-3(n) Election: Easter Seals New Hampshire, Inc. 555 Auburn Street Manchester, NH 03103 EIN: 02-0272825 Section 1.263(a)-3(n) Election: Easter Seals New Hampshire, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Change in Fair Value of Interest Rate Swap 658,823. Unrealized Gain/(Loss) on Beneficial Interest in Trust Held by Others -696. Contribution of Net Assets From Acquisition 702,572.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Easter Seals New Hampshire Inc

Employer identification number
02-0272825

Part I

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

(a) Name, address, and EIN (if applicable) 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

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 entity?	
						Yes	No
(1) Easter Seals Maine Inc 555 Auburn Street Manchester, NH 03103 86-1073632	Provide services to individuals with special needs and their families	ME	501(c)(3)	Line 7	Easter Seals New Hampshire Inc	Yes	
(2) Easter Seals Vermont Inc 14 North Main Street Suite 3004 Barre, VT 05641 27-2867988	Provide services to individuals with special needs and their families	VT	501(c)(3)	Line 7	Easter Seals New Hampshire Inc	Yes	
(3) Manchester Alcoholism Rehabilitation Center 140 Queen City Avenue Manchester, NH 03103 02-0349962	Provide substance abuse services to individuals and their families	NH	501(c)(3)	Line 10	Easter Seals New Hampshire Inc	Yes	
(4) The Way Home 214 Spruce Street Manchester, NH 03103 22-3004892	Provide services to prevent homelessness	NH	501(c)(3)	Line 7	Easter Seals New Hampshire Inc	Yes	

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) Disproportionate 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	

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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Easter Seals Vermont Inc	P	411,627	Cash
(2) Manchester Alcoholism Rehabilitation Center	P	8,443,381	Cash
(3) Easter Seals Maine Inc	Q	3,982,786	Cash
(4) The Way Home Inc	R	702,572	Book Value

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

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation