

CARROLL COUNTY

APPLICATION FOR FINANCIAL ASSISTANCE

AGENCY CONTACT INFORMATION

Applicant Agency: Carroll County RSVP		
Contact Person: Mary Carey Seavey		
Phone: 603-356-9331	Fax: 603-356-9322	E-mail: maryseavey-jp@msn.com
Agency Mailing Address: Po Box 1182		
City: North Conway	State: NH	ZIP Code: 03860
Agency Physical Address: 53 Technology Lane Conway, NH 03818		
Agency's Total Operating Budget:		
Prior Year: 2022 -	Current Year: 2023 -	Proposed Year: 2024 -

Amount of Funding Requested from Carroll County for 2024: \$80,000

DESCRIPTION OF FEE STRUCTURE, IF APPLICABLE: N/A SEP 18 2023 AM 11:51

FUNDING SOURCES

Category	Source, Title, Act	Actual Prior FY: 2022	Budget Current FY:2023 <u>August 31,</u> <u>2023</u>	Request FY: 2024
Fees	N/A	N/A	N/A	N/A
Federal	-0-	-0-	-0-	-0-
State	NHDOT	\$37,466	\$17,459	\$45,600
County	Carroll County	\$80,000	\$45,872	\$80,000
Municipal	N/A	N/A	N/A	N/A
Fund Raising	Various	\$55,322	\$29,047	\$55,000
Grants	Various	\$44,103	\$63,064 (\$36,064 - 1-time Grants)	\$40,000
Other	N/A	\$2,336	\$1,759	\$2,000

AGENCY OPERATING BUDGET

	Actual Prior FY: 2022	Budget Current FY: 2023 <u>August 31, 2023</u>	Request FY: 2024
Personnel	\$131,901	\$76,394 (RSVP has been down one Employee since 6/2023)	\$136,000
Fringe Benefits	\$ 8,588	\$3,324	\$8,590
Consultants & Subcontracts	\$ 575	\$1,018	\$500
Utilities: Electric, Phone, Heat, etc.	\$ 2,661	\$1,724	\$2,700
Rent – includes electricity & heat	\$12,009	\$9,027	\$13,000
Office Supplies, Printing, Advertising, etc.	\$2,796	\$3,982	\$3,500
Education & Training	\$ 1,264	\$380	\$1,000
Travel, Lodging	-0-	-0-	\$500
Other – Volunteer Expenses	\$51,454	\$29,764	\$53,000
TOTALS:	\$211,248	\$125,613	\$218,790

DEFINE UNIT OF SERVICE FOR THIS PROGRAM:

Units of Service equals hour served by volunteers

	<u>Actual Prior FY:</u> 2022	<u>Budget FY: 2023</u>	<u>Request FY: 2024</u>
Total number of units of service in Carroll County	30,372	29,000	30,000
Unit of Service Cost	\$2.63	\$2.59	\$2.67
Total number of individuals served in Carroll County (count each person only once) -Includes Meal on Wheels Deliveries, Congregate Meal Stations, Food Pantries Stations, Non-Emergency Medical Transportation, & Food Pantries	850	850	850

Explain Method of Formula used to determine amount of Carroll County funding requested:

Grant Funding Requested is the delta between the total of State Grants + Foundation Grants + Annual Appeal to Current & Prospective Donors+ Fundraisers +Amount for Unanticipated Donations and Anticipated Expenses for the Calendar Year. My goal is to end the calendar year with a positive balance sheet.

SERVICE AND FINANCIAL DATA

Service and Cost Distribution (estimated) for:

<u>Municipality</u>	<u>Individuals Served</u>	<u>Units of Service</u>
Albany	8	636
Bartlett	36	1,566
Brookfield	2	74
Chatham	1	66
Conway	176	13,521
Eaton	6	183
Effingham	4	119
Freedom	45	4,239
Hale's Location	4	428
Hart's Location	0	0
Jackson	16	563
Madison	30	2,545
Moultonborough	32	1,456
Ossipee	15	623
Sandwich	20	683
Tamworth	19	1,012
Tuftonboro	1	102
Wakefield	4	438
Wolfeboro	19	812
Other – volunteer located outside of Carroll County, but their service was performed in Carroll County.	44	1,558
TOTALS	482	30,624

Board of Directors: On a separate page, please provide the name of each member of your agency's board of directors and a detail of what, if any, compensation each Director receives.

Carroll County RSVP Advisory Board & North Conway Community Center Board of Directors

Please Note: Members of the RSVP Advisory Board & North Conway Community Center Board of Directors do not receive any compensation for their service on the boards.

Additional Documentation: Please provide a copy of the organization's most recent annual financial statement, bylaws, certificate of incorporation and proof of non-profit status.

Provide a brief narrative description of the program(s) for which you are requesting funding.

Within the narrative:

- a. Describe the problem which the program will address.
- b. Describe the services to be provided and/or the activities to be engaged in.
- c. Describe the target population as succinctly as possible, including the geographical coverage, age group and/or other special characteristics.
- d. Mission Statement

a. Describe the problem which the program will address

Carroll County RSVP Meals on Wheels Driver Program

Carroll County RSVP's Meals on Wheels Driver Program is a community-based program covering all of Carroll County and dedicated to addressing senior isolation and hunger.

Carroll County Non-Emergency Medical Transportation Program

Carroll County Non-Emergency Medical Transportation Program address transportation problems in Carroll County that are a barrier to receiving care and medical compliance for seniors, Individuals with disabilities, and veterans in Carroll County.

b. Describe the services to be provided and/or the activities to be engaged in.

1. Carroll County RSVP Meals on Wheels Driver Program – Services to be provided and/or the activities to be engaged in.

Carroll County RSVP Meals on Wheels drivers deliver nutritional meals and friendly visits to homebound seniors throughout Carroll County. RSVP volunteers pick up meals at one of eight RSVP Meals on Wheels stations in Carroll County and deliver them along a pre-determined route directly to the homes of seniors in their area. People 65+ represent the fastest growing segment of the Carroll County population, and the number of seniors is projected to continue to grow at a steady rate. For many of these seniors driving or shopping for food is too hard or cooking is too tiring. In some cases, seniors lack the basic income needed to afford healthy food. Relieving hunger and providing nutrition to our vulnerable seniors is the most fundamental cornerstone of their healthy life and supports their general well-being, addresses their chronic illnesses, helps their successful aging, enables them to stay at home and live as independently as long as possible.

It also relieves a significant strain on our county's healthcare system and economy.

2022 RSVP Meals on Wheels Statistics

In 2022, RSVP volunteers delivered over 98,520 meals and logged over 6,401 hours and over 65,930 miles. Carroll County RSVP Non-Emergency Medical Transportation Program - Services to be provided and/or the activities to be engaged in.

2. Carroll County RSVP Non-Emergency Medical Transportation Program - Services to be provided and/or the activities to be engaged in.

With no public transportation in Carroll County, RSVP's Non-Emergency Medical Transportation Program is an important benefit for older adults, individuals with disabilities, and veterans who need assistance getting to and from the doctor's office, the hospital, or another medical related facility. The service is provided "at no charge" to clients and helps keep them from missed appointments that could lead to more medical issues, including full-on emergencies if not dealt with in a timely manner. The Program also helps with isolation, loneliness, and depression issues felt by these individuals and stress on loved ones and relatives who are not able to help these individuals get to their medical appointments.

The ever-increasing need for the Carroll County RSVP Non-Emergency Medical Transportation Program is not a new phenomenon in rural Carroll County, nor is the lack of public transportation in the County. Established in 1971, it has gained merited attention as more of the population of older adults, individuals with chronic disabilities, and

veterans tend to outlive their driving expectancy and become transportation-dependent on organized transportation options to access appropriate and well-coordinated healthcare. Service through the program is provided at "no charge" to clients and works to fill a healthcare transportation gap by providing a consistent and efficient access to medical and dental appointments for older adults, individuals with chronic disabilities, and veterans in the County. It also helps to keep clients from missed appointments that could lead to more medical issues, including full-on emergencies if not dealt with in a timely manner. In addition, The Program also helps with isolation, loneliness, and depression issues felt by these individuals **and stress on loved ones** and relatives who are not able to help these individuals get to their medical appointments.

The program benefits healthcare providers by decreasing inappropriate use of EMS services, improving utilization of healthcare services, and decreasing no-show rates. Federal Medicaid regulations require that states ensure transportation to and from medical providers for Medicaid beneficiaries with no other means of accessing medical services. RSVP volunteer drivers transport Medicaid beneficiaries which directly reduces public expenditures.

RSVP Non-Emergency Volunteer Medical Transportation Statistics – January 1, 2022 – December 31, 2022:

Volunteer Drivers - 55
Clients transported - 305
Local and Long-Distant Medical Transportation Trips – 2,075
Volunteer Miles Driven – 42,660+

3. Carroll County RSVP Food Pantry Stations - Services to be provided and/or the activities to be engaged in.

RSVP Volunteer in our six (6) community-based food pantry stations assist in collecting, shelving and distributing free fresh produce, canned goods, and healthy frozen items, all valuable meal supplementation, to those people who are unable to afford it due to financial difficulties or other reasons. For people in need, receiving free food helps them to maintain their independence and dignity.

These food pantries are especially crucial in "food deserts," where entire communities experience food insecurity due to lack of grocery store access.

2022 Food Pantry Stations Statistics

Meals served through Food Pantry Stations – 261,500+
Households – 3,510+
Individuals – 7,825+
Under 18 – 1,930+
60+ - 2,340+
Volunteer Hours Logged at Food Pantry Stations – 8,185+
Volunteer Miles Driven by Food Pantry Volunteers – 23,420+

4. Carroll County RSVP Congregate Meal Stations - Services to be provided and/or the activities to be engaged in.

2022 Congregate Meal Stations Statistics

Congregate Meals Served - 12,080
Volunteer Hours Logged - 3,405+.
Miles Driven by Congregate Meal Station Volunteers – 8,770+

c. Describe the target population as succinctly as possible, including the geographical coverage, age group and/or other special characteristics.

Carroll County RSVP's services cover all of Carroll County. Our target populations is persons in Carroll County 55 and older; veterans; and individuals w/disabilities. RSVP does not discriminate against race, color, sex, age, or gender identity or sexuality.

d. Mission Statement

The mission of the **Carroll County RSVP** to help address community needs by recruiting volunteers 55 or older to lend their time and expertise in community service to nonprofit agencies and proprietary nursing homes, and in so doing to provide them with meaningful and ongoing volunteer opportunities.

CERTIFICATION BY AUTHORIZED REPRESENTATIVES

The undersigned hereby certifies and represents that:

1. The information contained in this application and attached appendices is, to the best of my knowledge, accurate and complete;
2. The undersigned is authorized to act on behalf of the organization in submitting this application.

SIGNATURES

Executive Director/CEO/Administrator Printed Name

Preparer's Printed Name & Title

Signature

Mary Carey Weaver

Signature

Date

9/13/2023

Date

2023 - 2024 Carroll County RSVP Advisory Council Members
(Note: No RSVP Advisory Council Member receives any compensation from RSVP)

<p>Marshall Allan – Vice President P.O. Box 768 48 Crawford Hollow North Conway 03860 Tel: 603-356-2033 Email: mallan@myfairpoint.net</p>	<p>Terry McCarthy P.O. Box 876 Conway, NH 03818 Home: 603-356-9160 Cell: 603-986-2535 Email: t.mack.92@hotmail.com</p>
<p>John Colbath - President 835 Stark Road Center Conway, NH 03813 Cell: 603-387-8623 Email: goforitnow49@netscape.net</p>	<p>John Pandora 103 Samuel Hale Drive Hale’s Location, NH 03860 Tel: 603-356-5727 Email:</p>
<p>Kerry Colburn-Dion 278 Echo Acres Road North Conway, NH 03860 Cell: 978-551-6523 Email: kerrycdion@gmail.com</p>	<p>Curtis Reynolds P.O. Box 884 Conway, NH 03818 Home: 603-447-8823 Cell: 603-307-4456 Email: conpro2@yahoo.com</p>
<p>Patricia Fleck – Secretary P.O. Box 1035 Intervale, NH 03845 Home: 603-356-9649 Cell: 603-733-6715 Email: mtcranmore@roadrunner.com</p>	<p>Norman Tregenza 19 Saco Street #67 Center Conway, NH 03813 Cell: 603-733-6736 Email: NormanTregenza@yahoo.com</p>
<p>Dr. Michael Glick 100 Marble Road Center Ossipee, NH 03814 Home: 603-941-8312 Email: marblefarm@gmail.com</p>	<p>June Vendrillo – Treasurer 403 Bryant Hill Road Tamworth, NH 03886 Home: 603-323-8802 Email: jvendrillo@roadrunner.com</p>
<p>Mary Levoy PO Box 1911 213 Thompson Road North Conway, NH 03860 Home: 603-356-2009 Cell: 603-520-8651 Email: maryalevoy@gmail.com</p>	<p>Mary Walden PO. Box 148 Center Conway, NH 03813 Home: 603-447-6498 Cell: 603-733-8787 Email: mewnh23@roadrunner.com</p>
<p>Pam Memmolo PO Box 2236 46 Patton Court North Conway, NH 03860 Cell: 617-448-7215 Email: sassy57503@aol.com</p>	<p>June Waltz P.O. Box 512 North Conway, NH 03860 Home: 603-356-5727 Cell: 603-348-5727 Email: juniebug115@myfairpoint.net</p>
<p>Carol Manley P.O. Box 543 40 Western Way Center Conway, NH 03813 Home: 603-447-2470 Email: manleyc39@yahoo.com</p>	

<p>Ex-Officio Member Phil Ouellette – Executive Director North Conway Community Center 2628 White Mountain Highway PO Box 487 North Conway, NH 03860 Office: 603-356-2096 Email: phil@northconwaycommunitycenter.org</p>	<p>Ex-Officio Member Susan Junkins – Office Manager / Scheduling Coordinator Carroll County RSVP PO Box 1182 North Conway, NH 03860 Tel: 603-356-9331 Email: susan.ccrsvp@gmail.com</p>
<p>Ex-Officio Member Mary Carey Seavey - Director Carroll County RSVP PO Box 1182 North Conway, NH 03860 Tel: 603-356-9331 Email: mary.ccrsvp@gmail.com</p>	

2020 - 2023 North Conway Community Center Board of Directors

(Note: The North Conway Community Center (NCCC) is the fiscal agent for Carroll County RSVP. As the fiscal agent for Carroll County RSVP, the NCCC performs various financial duties for Carroll County RSVP. The NCCC does not provide any financial aid/support to RSVP. No NCCC Board of Directors member received any compensation from RSVP.

Craig Bartolomei
56 Ellis Ridge Rd.
Eaton, NH 03838
Cell: 603-730-2412
Email: craig@bartolomeilaw.com

Monica Belkin (Secretary)
PO Box 1722
North Conway, NH 03860
Home: 603- 356-7317
Cell: 603-387-9937
Email: OMoniMoni@aol.com

Ben Colbath (Vice President)
355 Allard Farm Circuit
North Conway, NH 03860
Cell: 603-986-7062
Email: colbath2@gmail.com

Benny Jesseman
262 Mountain Vale Drive
Center Conway, NH 03813
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Cell: 603-730-7608
bjesseman1@roadrunner.com

Sheryl Kovalik (President)
PO Box 37
North Conway, NH 03860
Cell: 603-662-7455
Email: skovalik@roadrunner.com

Lynn Lyman (Treasurer)
PO Box 931
North Conway, NH 03860
Home: 603-356-2996
Email: mlynnlyman@excite.com

Andrew Narducci
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North Conway, NH 03860
Cell:603-986-9229
Email: anarducci@yahoo.com

Ex-Officio Member
Phil Ouellette – Executive Director
2628 White Mountain Highway
PO Box 487
North Conway, NH 03860
Office: 603-356-2096
Email: phil@northconwaycommunitycenter.org



Department of the Treasury
Internal Revenue Service
Cincinnati Service Center
CINCINNATI OH 45999-0038

In reply refer to: 0256563247
May 23, 2019 LTR 4168C 0
02-0223336 000000 00

00015393
BODC: TE

NORTH CONWAY COMMUNITY CENTER
PO BOX 487
NORTH CONWAY NH 03860-0487



02007

Employer ID number: 02-0223336
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated May 16, 2019, about your tax-exempt status.

We issued you a determination letter in July 1949, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

0256563247
May 23, 2019 LTR 4168C 0
02-0223336 000000 00
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NORTH CONWAY COMMUNITY CENTER
PO BOX 487
NORTH CONWAY NH 03860-0487

time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH CONWAY COMMUNITY CENTER		D Employer identification number 02-0223336
	Doing business as		E Telephone number 603-356-2096
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 477,538.
	P.O. BOX 487		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NORTH CONWAY, NH 03860-0487		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SHERYL KOVALIK 78 NORCROSS CIRCLE, NORTH CONWAY, NH 03860		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ NORTHCONWAYCOMMUNITYCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1948 M State of legal domicile: NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY CENTER FOR YOUTH RECREATION PROGRAMS AND VOLUNTEER SERVICES FOR THE ELDERLY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	354,105.	422,485.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,777.	24,164.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	588.	262.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,229.	18,358.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	500,699.	465,269.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,750.	0.
	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)	220,856.	234,926.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,166.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	241,250.	194,809.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	471,856.	429,735.	
19 Revenue less expenses. Subtract line 18 from line 12	28,843.	35,534.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,914,045.	1,952,571.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,463.	12,201.
		1,904,582.	1,940,370.

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
	SHERYL KOVALIK, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID A. CAPUTO, CPA	Preparer's signature	Date 11/09/21	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00184707
	Firm's name ▶ GAMWELL, CAPUTO, KELSCH & CO., PLLC	Firm's EIN ▶ 02-0522664		Phone no. (603) 447-3356	
	Firm's address ▶ 481 WHITE MOUNTAIN HIGHWAY CONWAY, NH 03818				

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

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: THE ORGANIZATION WORKS IN PARTNERSHIP WITH THE MOUNT WASHINGTON VALLEY COMMUNITY TO PROVIDE A BROAD RANGE OF QUALITY AND PROGRESSIVE RECREATIONAL OPPORTUNITIES FOR CHILDREN AND ADULTS AND TO SPONSOR AND ASSIST OTHER COMMUNITY GROUPS WITH SIMILAR GOALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 \$ 190,276. including grants of \$) (Revenue \$ 24,267.) THE ORGANIZATION PROVIDES A COMMUNITY CENTER AND VARIOUS RECREATIONAL ACTIVITIES FOR CHILDREN IN THE CONWAY, NH AREA. IN ADDITION TO THE CENTER PROVIDING OVER 25 YOUTH PROGRAMS FOR CHILDREN DURING THE SCHOOL YEAR AND IN THE SUMMER, THE CENTER ALSO PROVIDES A PLACE FOR AREA YOUTH, ADULTS, AND SENIORS TO SPEND RECREATIONAL TIME IN A SAFE AND FUN ATMOSPHERE. THE CENTER ALSO PROVIDES A FREE PLAYGROUND AND SPRAYGROUND FOR BOTH AREA AND TOURIST FAMILIES TO HAVE FUN AND RELAX.

4b (Code:) (Expenses \$ 164,200. including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDES VOLUNTEER SERVICES FOR ELDERLY RESIDENTS IN CARROLL COUNTY, NH AND IS KNOWN LOCALLY AS RSVP. RSVP VOLUNTEERS CONTRIBUTE ANYWHERE FROM A FEW TO OVER FORTY HOURS A WEEK, SERVING THROUGH SCHOOLS, DAY CARE CENTERS, POLICE DEPARTMENTS, HOSPITALS AND OTHER NONPROFIT AND PUBLIC ORGANIZATIONS TO HELP MEET CRITICAL COMMUNITY NEEDS. RSVP ALSO PROVIDES TRANSPORTATION SERVICES FOR AREA ELDERLY RESIDENTS TO AND FROM DOCTOR AND HOSPITAL APPOINTMENTS, ETC... AND PROVIDES MEALS ON WHEELS SERVICES TO ELDERLY RESIDENTS.

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

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

4e Total program service expenses 354,476.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 22 rows of questions and checkboxes. Questions include: '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?', '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?', '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?', 'Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?', 'Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?', 'Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?', 'Did the organization engage in an excess benefit transaction with a disqualified person during the year?', '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?', '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?', '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?', 'Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?', 'Yes, complete Schedule L, Part IV', 'A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV', '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', 'Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M', 'Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M', 'Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I', 'Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II', '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', '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', 'Did the organization have a controlled entity within the meaning of section 512(b)(13)?', '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', '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', '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', 'Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19?', 'All Form 990 filers are required to complete Schedule O', 'Did the organization have a controlled entity within the meaning of section 512(b)(13)?', 'Did the organization receive 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', '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', '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', 'Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?', 'Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?', 'Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?', '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', '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', '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', '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', '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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV', 'A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV', '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', 'Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M', 'Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M', 'Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I', 'Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II', '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', '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', 'Did the organization have a controlled entity within the meaning of section 512(b)(13)?', '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', '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', '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', 'Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19?', 'All Form 990 filers are required to complete Schedule O', 'Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable', 'Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable', 'Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?', 'Check if Schedule O contains a response or note to any line in this Part V'.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
1a	6		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	6		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
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 on Schedule O		X
9			X

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?		X
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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?		X
13			X
14	Did the organization have a written document retention and destruction policy?		X
14			X
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	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	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?		X
16a			X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19 Describe on 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 **LYNN LYMAN - 603-356-2096**
78 NORCROSS CIRCLE, NORTH CONWAY, NH 03860

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	309,647.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,838.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			422,485.			
Program Service Revenue	2 a <u>YOUTH SPORTS PROGRAM F</u>	Business Code	713990	12,694.	12,694.		
	b <u>SUMMER DAY CAMP & FIEL</u>		713990	11,470.	11,470.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			24,164.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			308.		308.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents		(i) Real				
		6a		11,173.			
		b Less: rental expenses	6b	0.			
	c Rental income or (loss)	6c	11,173.				
	d Net rental income or (loss)			11,173.		11,173.	
	7 a Gross amount from sales of assets other than inventory		(i) Securities				
		7a		4,829.			
		b Less: cost or other basis and sales expenses	7b	4,875.			
	c Gain or (loss)	7c	-46.				
	d Net gain or (loss)			-46.		-46.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a		14,338.			
b Less: direct expenses		8b	7,256.				
c Net income or (loss) from fundraising events			7,082.		7,082.		
9 a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10a		241.				
	b Less: cost of goods sold	10b	138.				
c Net income or (loss) from sales of inventory			103.	103.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			465,269.	24,267.	0.	18,517.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	202,232.	168,613.	19,308.	14,311.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,720.	2,312.	272.	136.
9 Other employee benefits	12,904.	10,968.	1,290.	646.
10 Payroll taxes	17,070.	14,510.	1,707.	853.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,765.		2,765.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	274.		274.	
12 Advertising and promotion	10,170.		8,427.	1,743.
13 Office expenses	300.		300.	
14 Information technology				
15 Royalties				
16 Occupancy	30,703.	27,631.	3,072.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	686.		686.	
20 Interest	82.	82.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,421.	47,842.	5,579.	
23 Insurance	19,507.	16,948.	2,377.	182.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER AND STAFF PRO	32,998.	32,998.		
b COVID SUPPLIES	16,312.	14,681.	1,631.	
c CHILDRENS PROGRAM SUPPL	6,097.	6,097.		
d TELEPHONE AND INTERNET	4,584.	3,056.	1,528.	
e All other expenses SEE SCH O	16,910.	8,738.	7,877.	295.
25 Total functional expenses. Add lines 1 through 24e	429,735.	354,476.	57,093.	18,166.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	175,133.	1	272,265.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	777.	9	777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,175,480.		
	b Less: accumulated depreciation	10b 508,431.	10c	
	11 Investments - publicly traded securities	17,665.	11	12,480.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,914,045.	16	1,952,571.	
Liabilities	17 Accounts payable and accrued expenses	8,800.	17	12,082.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	663.	25	119.
	26 Total liabilities. Add lines 17 through 25	9,463.	26	12,201.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,768,310.	27	1,757,043.
	28 Net assets with donor restrictions	136,272.	28	183,327.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	1,904,582.	32	1,940,370.
33 Total liabilities and net assets/fund balances	1,914,045.	33	1,952,571.	

Part XI Reconciliation of Net Assets

Check 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	465,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	429,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,534.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,904,582.
5	Net unrealized gains (losses) on investments	5	254.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,940,370.

Part XII Financial Statements and Reporting

Check 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 on Schedule O.	X	
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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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 fails 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 grants.")						
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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.")	527,311.	466,070.	322,302.	354,105.	422,485.	2092273.
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	73,976.	68,242.	80,979.	56,574.	24,405.	304,176.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	73,747.	100,471.	94,506.	104,108.	14,338.	387,170.
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	675,034.	634,783.	497,787.	514,787.	461,228.	2783619.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6,250.	10,000.	3,500.			19,750.
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	198,125.	163,772.	31,216.	34,360.		427,473.
c Add lines 7a and 7b	204,375.	173,772.	34,716.	34,360.		447,223.
8 Public support. (Subtract line 7c from line 6.)						2336396.

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	675,034.	634,783.	497,787.	514,787.	461,228.	2783619.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,513.	33,435.	29,276.	17,179.	11,481.	128,884.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,513.	33,435.	29,276.	17,179.	11,481.	128,884.
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.)	712,547.	668,218.	527,063.	531,966.	472,709.	2912503.

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	80.22 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	70.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	4.43 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	4.34 %

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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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, above, 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 (*explain in Part VI*). 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):		
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 0.85 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 3e		
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. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result 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		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NORTH CONWAY COMMUNITY CENTER

Employer identification number

02-0223336

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NORTH CONWAY COMMUNITY CENTER	Employer identification number 02-0223336
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GIBSON WOODBURY CHARITABLE FOUNDATION P.O. BOX 406 NORTH CONWAY, NH 03860	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TOWN OF CONWAY ROUTE 302 CONWAY, NH 03813	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CARROLL COUNTY ROUTE 171 OSSIPPEE, NH 03864	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF NEW HAMPSHIRE 129 PLEASANT STREET CONCORD, NH 03301	\$ 67,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NORTH CONWAY COUNTRY CLUB 76 NORCROSS CIRCLE NORTH CONWAY, NH 03860	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH CONWAY COMMUNITY CENTER	Employer identification number 02-0223336
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>U.S. SMALL BUSINESS ADMINISTRATION</u> <u>409 3RD STREET, SW</u> <u>WASHINGTON, DC 20416</u>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>CORPORATION FOR NATIONAL AND COMMUNITY SERVICE</u> <u>250 E STREET, SW</u> <u>WASHINGTON, DC 20525</u>	\$ <u>74,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>ROBERT AND DOROTHY GOLDBERG CHARITABLE FOUNDATION</u> <u>P.O. BOX 9729</u> <u>PORTLAND, ME 04104</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>BALD PEAK COMMUNITY FUND</u> <u>P.O. BOX 201</u> <u>MELVIN VILLAGE, NH 03850</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>FORGIVEN SBA PPP LOAN</u> <u>409 3RD STREET, SW</u> <u>WASHINGTON, DC 20416</u>	\$ <u>19,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH CONWAY COMMUNITY CENTER	Employer identification number 02-0223336
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NORTH CONWAY COMMUNITY CENTER	Employer identification number 02-0223336
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

NORTH CONWAY COMMUNITY CENTER

Employer identification number

02-0223336

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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.

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

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 make 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 program
 - 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on 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	6,431.	5,487.	11,326.	11,151.	11,970.
b Contributions					
c Net investment earnings, gains, and losses		944.	-365.	681.	181.
d Grants or scholarships			4,400.	500.	1,000.
e Other expenditures for facilities and programs	6,431.		1,074.		
f Administrative expenses				6.	
g End of year balance		6,431.	5,487.	11,326.	11,151.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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		86,819.		86,819.
b Buildings		1,868,024.	316,508.	1,551,516.
c Leasehold improvements				
d Equipment		139,105.	119,001.	20,104.
e Other		81,532.	72,922.	8,610.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,667,049.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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)		
Total. (Col. (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)	
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) RETIREMENT PLAN PAYABLE	119.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

PART X, LINE 2: THE BOARD HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE SET ASIDE FOR 1) SCHOLARSHIP FUNDS FOR POST-SECONDARY EDUCATION, AND 2) A DONOR RESTRICTED FUND FOR PROGRAM EXPENSES.

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.

Part XIII Supplemental Information.

5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
4c		4c
c	Add lines 4a and 4b	
b	Other (Describe in Part XIII.)	4b
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
3	Subtract line 2e from line 1	3
e	Add lines 2a through 2d	2e
d	Other (Describe in Part XIII.)	2d
c	Other losses	2c
b	Prior year adjustments	2b
a	Donated services and use of facilities	2a
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
1	Total expenses and losses per audited financial statements	1

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

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
4c		4c
c	Add lines 4a and 4b	
b	Other (Describe in Part XIII.)	4b
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
3	Subtract line 2e from line 1	3
e	Add lines 2a through 2d	2e
d	Other (Describe in Part XIII.)	2d
c	Recoveries of prior year grants	2c
b	Donated services and use of facilities	2b
a	Net unrealized gains (losses) on investments	2a
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
1	Total revenue, gains, and other support per audited financial statements	1

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

PROGRAM SERVICE EXPENSES 2,000.

LICENSES AND FEES:

TOTAL EXPENSES 4,344.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 434.

PROGRAM SERVICE EXPENSES 3,910.

CLEANING SUPPLIES:

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

PUBLIC AT IT'S NORTH CONWAY OFFICE.

THE ORGANIZATION'S ANNUAL 990 AND RELATED DOCUMENTS ARE AVAILABLE TO THE

FORM 990, PART VI, SECTION C, LINE 19:

TO DETERMINE THE ADEQUACY AND REASONABLENESS OF ALL IT'S EMPLOYEES.

THE ORGANIZATION'S BOARD OF DIRECTORS UTILIZE AREA COMPENSATION GUIDELINES

FORM 990, PART VI, SECTION B, LINE 15:

INTEREST AND RECUSAL FROM DISCUSSION AND VOTING ON SUCH MATTERS.

WHICH REQUIRES BOARD MEMBERS TO DISCLOSE ANY POTENTIAL CONFLICTS OF

THE ORGANIZATION COMPLIED WITH THE STATE OF NH CONFLICT OF INTEREST LAW

FORM 990, PART VI, SECTION B, LINE 12C:

THE RETURN BEING FILED WITH IRS.

A COPY OF THE ORGANIZATION'S 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO

FORM 990, PART VI, SECTION B, LINE 11B:

NORTH CONWAY COMMUNITY CENTER
Employer identification number 02-0223336

SCHEDULE O (Form 990 or 990-EZ)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization

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

TOTAL EXPENSES 1,319.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,319.

PROGRAM SERVICE EXPENSES 0.

BANK CHARGES:

TOTAL EXPENSES 1,408.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,408.

PROGRAM SERVICE EXPENSES 0.

BOOKKEEPING AND PAYROLL FEES:

TOTAL EXPENSES 1,575.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,575.

PROGRAM SERVICE EXPENSES 0.

MISCELLANEOUS:

TOTAL EXPENSES 2,258.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

PROGRAM SERVICE EXPENSES 2,258.

VOLUNTEER EXPENSES AND RECOGNITION:

TOTAL EXPENSES 2,659.

FUNDRAISING EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 659.

NORTH CONWAY COMMUNITY CENTER
Employer identification number 02-0223336

Name of the organization

NORTH CONWAY COMMUNITY CENTER

Employer identification number

02-0223336

DUES AND MEMBERSHIPS:

PROGRAM SERVICE EXPENSES 275.

MANAGEMENT AND GENERAL EXPENSES 987.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,262.

POSTAGE:

PROGRAM SERVICE EXPENSES 295.

MANAGEMENT AND GENERAL EXPENSES 591.

FUNDRAISING EXPENSES 295.

TOTAL EXPENSES 1,181.

PRINTING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 674.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 674.

WEBSITE AND SOCIAL MEDIA:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 230.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 230.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 16,910.