Form 990

Department of the Treasury Internal Revenue Service

Ret in of Organization Exempt From II. Ime Tax

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

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

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

2023
Open to Public

		Go to www.ns.gov/Forms30 for instructions and the latest in	iorniauon.		Inspection			
A	For the	2023 calendar year, or tax year beginning , and ending						
В	Check if app	C Name of organization	D	Employer	identification number			
	Address cha	ange SPECIAL OLYMPICS NEW HAMPSHIRE, INC						
٦	Name chang	Doing business as		23-72	207522			
\exists		Number and street (or P.O. box if mail is not delivered to street address)		Telephone				
	Initial return Final return/		A-2-0	603-6	524-1250			
	terminated	Secretarian in the control of the co						
	Amended re	CONCORD NH 03302	G	Gross recei	pts \$ 3,041,050			
\exists		r Name and address of principal officer:	H(a) Is this a group	return for sul	bordinates? Yes X No			
	Application p	DITC TIMES						
		44 Piper Hill Road	H(b) Are all subordi		P. Levelle C. Art. Confeder			
		Center Harbor NH 03226	If "No," att	ach a list. S	ee instructions			
I	Tax-exemp							
J	Website:	WWW.SONH.ORG	H(c) Group exempt		:			
K	Form of org	ganization: Corporation X Trust Association Other L	Year of formation: 19	72	м State of legal domicile: NH			
Р	art I	Summary						
	1 Br	riefly describe the organization's mission or most significant activities:			***************************************			
a.		See Schedule 0			*****************			
nce								
nai	٠.							
ver		an in North ann 14 an San ann an						
8		heck this box if the organization discontinued its operations or disposed of more than 25% of		1 - 1	4 A			
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	14			
Activities & Governance	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	14			
tivi		otal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	35			
Act		otal number of volunteers (estimate if necessary)		6	2772			
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	b No	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0			
			Prior Year	401	Current Year			
0	8 C	ontributions and grants (Part VIII, line 1h)	1,409	,491	1,454,513			
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)			0			
ev	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		,656	52,590			
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,884	438,481			
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,862	,031	1,945,584			
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1–3)			0			
		enefits paid to or for members (Part IX, column (A), line 4)	The second secon		0			
s		5. (5. 18)	983	,535	1,301,327			
benses	16a P	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 399,532			0			
	b To	otal fundraising expenses (Part IX, column (D), line 25) 399,532		diginlar				
Ĕ	27	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,013	,384	1,015,781			
	The second second	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,996		2,317,108			
		evenue less expenses. Subtract line 18 from line 12	-134		-371,524			
200	G IS	overtide tode experience. Odustate fille to from the 12	Beginning of Curre	nt Year	End of Year			
ets	20 T	otal assets (Part X, line 16)	2,539		2,272,349			
ASS	21 T	otal liabilities (Part X, line 26)		,908	576,022			
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from line 20	1,982		1,696,327			
	Part II	Signature Block						
*****		alties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents and to the hest	of my know	wledge and belief it is			
tr	ue, correc	attles of perjury, I declare that i have examined this return, including accompanying schedules and statement, ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledge.	KIIO	250 20			
				- m12				
c:		Signature of officer		Date				
Sig		Table Warring duting and transformation. Page 1987 Page 1987		Date				
He	ere	Mary Conroy President	- Distriction -		The state of the s			
		Type or print name and title	Detail	3232-324	DTIN			
D-	:a	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN			
Pa		William P. Connor, CPA	05/09/2					
	eparer	Firm's name William P. Connor, CPA LLC	Firm	n's EIN	83-2961380			
Us	e Only	41 Brook St						
		Firm's address Manchester, NH 03104	Pho	ne no.	603-623-9868			
Ма	y the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No			

20						
) SPECIAL OLYMP			23-720,522		Page 2
Part III	Statement of Program					তি
1 Priofly do	Check if Schedule O co scribe the organization's mission		e or note to any line	in this Part III		X
	hedule 0	on:				
	ganization undertake any signi	ficant program servic	es during the year which	were not listed on the		
						Yes X No
	escribe these new services on ganization cease conducting, o		anges in how it conducts	any program		
services?			anges in now it conducts	A STATE OF THE STA		Yes X No
	escribe these changes on Sch					. 🗀 🚟 🗀 🚟
	the organization's program ser					
	. Section 501(c)(3) and 501(c)			ount of grants and alloca	tions to others,	
the total e	expenses, and revenue, if any,	for each program ser	vice reported.			
4a (Code:) (Expenses \$	20 610	including grants of \$) (Revenue \$	*
Athlet	e Training		moduling grants or \$	******************) (Nevenue \$	
* *******						
· .,,						
* 201201201						

4b (Code:		98,463	including grants of \$) (Revenue \$	
Public	Education					
		**************			******	
* ********						
The same of the sa		1 502 127			\	
4c (Code:		1,323,13/	including grants of \$	ice Cames) (Revenue \$	
Summer	, fall, winter	& Other S	secrar orymp.	ics Games		
1						
	************		******************			
V 40.131011						
* *******						
4d Oth	narom condess (Dessiles es C	Sabadula O \	THE CHARLEST STATE OF THE STATE	The state of the s		
	ogram services (Describe on S	including grants	of \$) (Revenue \$)
(Expense	gram service expenses	1,642	210	/ (Revenue o		
)AA	g compensor	_ / /				Form 990 (202

	990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-720,522		Р	age 3
Pa	rt IV Checklist of Required Schedules			
4	In the control of the state of		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2		1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	A	
	candidates for public office? If "Ves." complete Schedule C. Port I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	andres to	
A15.	election in offset during the tay year? If "Vee " complete School of C. Bert II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		K	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vas " complete Schedule D. Port I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1020	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			***
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
3000.00	VII, VIII, IX, or X, as applicable.			armenen I
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.7
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
191	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		v
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	, QQ	0 (2023)

Form 990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-720,522

Page 4

Pa	art IV Checklist of Required Schedules (continued)			177
		25/2000	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
2020	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		**	
24-	employees? If "Yes," complete Schedule J	. 23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		v
h	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?	241		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	240		
ч	Did the organization act or an "an helpalf of" inquest for heade outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	. 200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Vas " complete Schedule I Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	.		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	100,000		J. 4772/3
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	100,000		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		х
194704-1911	or IV, and Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a		- 12
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	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	338		
36		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			W. S. S. S.
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
*millioner	Check if Schedule O contains a response or note to any line in this Part V			
()	Chook is conceased a content of records of field to any line in this fact to any		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			20000000
c	Prince of the second of the se		30,000	
- 50	reportable gaming (gaming) in mining to prize winners?	10	x	

Form 990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE. INC

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	red)	CONTRACTOR OF THE PROPERTY OF		Yes	No No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	T I			163	NO
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	x	<u></u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			2-		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	hority o	ver	00		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account a	Description - Trans	12-2001/A	4a		x
b	If "Yes," enter the name of the foreign country	,oount,				
ATTE	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		AC 987	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-51.00	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
- 50	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					ATTE AT
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
AMERICA	and services provided to the payor?	-15		7a	x	romantimental dell'
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	******		7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	14 CU F 30000			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		0.00	1900-110	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control			7e	Manager 1	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	afai.		8		
9	Sponsoring organizations maintaining donor advised funds.			Bus Mas	Le lin	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		PRINCE MENTAL STREET
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		190			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources			and and	nine marketty	
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		near stracts 50		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				ALC: UNITED BY	
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				16.01100	
b	Enter the amount of reserves the organization is required to maintain by the states in which		r.			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		and the st	in proper	
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			14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	tion or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		X
	If "Yes," complete Form 4720, Schedule O.				1.1.1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activit					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.		300 March 2000	00%	10000	60 B

Form 990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-726.322 Page 6 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 X Section A. Governing Body and Management Yes No 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. 14 Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure NH List the states with which a copy of this Form 990 is required to be filed 17 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. X Own website Another's website X Upon request Other (explain on Schedule O) 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.

State the name, address, and telephone number of the person who possesses the organization's books and records.

NH 03302

INC 23-720, J22	INC	HAMPSHIRE,	NEW	OLYMPICS	SPECIAL	orm 990 (2023)
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Part VII	Compensation of Officers, Direct	ors, Trustees, k	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any	box	x, unles ficer an	ess per nd a dir	ition more t erson is director	than on is both a or/trustee	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1)Mary Conroy	60.00					-		120 020	0	33 000	
President	0.00			\sqcup	-	X	\sqcup	132,838	0	23,000	
(2) BRIDGET CARLETON		1				1		1		1	
	50.00	1	1	1		ا ج		117 406	o	7,025	
VICE PRESIDENT	0.00		\vdash	\vdash		X		117,406	· ·	1,025	
(3) Kate Burns	2 00	1	1		8	1		1	1	1	
5 5	2.00	x	1 !	1		,		o	0	0	
Board of Directors	0.00	Λ	\vdash	-	-	+-			-		
(4) Jason Cross	2.00	'	1	1		1 /	1 7	1		1	
	0.00	x	1	1		1	1	o	o	0	
Board of Directors (5) Pete Delaney	0.00	A	-	-	-	+-'	+	-			
(5) Pete Detailey	2.00		1	1		1	1			1	
- 1 - F Directors	0.00	x	'	17		,	'	o	0	0	
Board of Directors (6) Mark Duggan	0.00	12	-	-			H				
(6) Mark Duggan	2.00			1			1	1	ĺ	1	
	0.00	x		1		1	1	o	0	0	
Board of Directors	0.00	Δ		-	-	+	+-				
(7) Mike Elmer	5.00					1	1	1			
Treasurer	0.00	x		x		1		0	0	0	
(8) Tom Farmen	0.00					+					
(o) IOM Farmen	2.00		1								
Board of Directors	0.00	X						0	0	0	
(9) Doug Foley	· · · · ·	-			+	+	1		-110.00		
(a) Dond ToTo1	2.00										
Board of Directors	0.00	X	j					0	0	0	
(10) Scott Gratacos	0.01	+			+				740		
(10) 50000 01404111	2.00										
Board of Directors	0.00	X	4				1	0	0	0	
(11) Kat Labonte		W. W.			\top						
(11/2000	5.00										
Secretary BOD	0.00	X						0	0		
					-					Form 990 (2023)	

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Part VII Section A. Officers	, Directors, Ti	ees	s, Ke	y E	nplo	yees	s, a	nd Highest Compensated	loyees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations	bo	x, unl	Pos check ess pe	rson	than o Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-NISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	tee	ustee		U	ensate				
(12) Patrick Manni	ng					- d				
(12)	2.00									
Board of Directors	0.00	X						0	0	0
(13) Jim Moran										
(13) Board of Director	2.00	x						0	o	0
(14) John Remillar		^			-			0	<u> </u>	<u> </u>
(14)	2.00									
Board of Director	0.00	X						0	0	0
(15) Jeff Robinson										
(15) Board of Directors	2.00	x						0	o	0
(16) Eric Tinker	0.00	Λ		-	-	A				
(16)	4.00									
Chairperson	0.00	X		X				0	0	0
(17)										
(19)										
1b Subtotal								250,244		30,025
c Total from continuation she			on A	٠	22,1			250,244	100	30,025
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not li	mited	l to t	nose	liste	ed abo	OVE			30,023
reportable compensation from 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization individual 5 Did any person listed on line 1 for services rendered to the organization from the formula of t	rmer officer, dire complete Schede 1a, is the sum of nizations greater	ector, fule J of rep than 	for sorta \$150 omp	ble c 0,000 ensa	indiomp omp)? If tion	vidua ensa "Yes, from	ition ," c an	n and other compensation fro complete Schedule J for such y unrelated organization or in	m the dividual	4 X
Section B. Independent Contracto	ors		94							
Complete this table for your five compensation from the organical compensation.	re highest comper zation. Report co	ensat ompe	ed ir	idep	ende or th	ent co e cale	ontr enc	actors that received more that lar vear ending with or within	an \$100,000 of the organization's tax year.	
	(A) d business address						T	Descri	(B) ption of services	(C) Compensation
, tanta an										
2 Total number of independent	contractors (incli	uding	but	not I	imite	ed to t	tho	se listed above) who		
received more than \$100,000	of compensation	n fron	n the	org	aniza	ation			0	Form 990 (2023
DAA										(202

District Contract of	armonium or a				ك N	EW HA	MPSHIRE	, INC 23	-720, 22		Page 9
Pa	rt VI		nt of	Revenue	ine a	resnon	se or note to	any lina in thi	e Part \/III		П
		OHECK II	OCITE	duic o come	1113 6	гезроп	se of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	a Federated campaigns 1a						Company of the Compan		Section Control of Con	104 PM (San Care
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	s		1b		7.0			organism and a memorial communication of the commun	a marekan kurtup Steman barakean kala A tan marekan kurtup (h. 1994) - 1996
Am Am	C	Fundraising even	its		1c		ATIL U				
ia ii		Related organiza			1d						
Sin,		Government grants (cor All other contributions, g			1e	<u></u>					
utio		and similar amounts not			1f	1,	454,513		accompany (1)		
o E		Noncash contributions in			4	¢.					
Son		Total. Add lines			1g			1,454,513	Barton Elimbertaria (1900) - Amiji ke Barton Afrikasa ke mpoke mbanaha		e nei montre poem disconsore Contre de 1860 de este est
<u> </u>		Total. Add lines	1 a -11,				Business Code	POTOL CONTRACTOR			
۵	2a										
<u>S</u> S	b		A CHOLOLOG CACCECC						1		0.000
Se enu	С										
Program Service Revenue	d										
	е			***********					National Section 1		
	f	All other program							7.7		The state of the s
		Total. Add lines								T	
	3	Investment incon					1	52,590			52,590
	1	other similar amounts) 4 Income from investment of tax-exempt bond proceeds						32,330			32,330
		Royalties									
W	J	royanics		(i) Real			Personal		7-400		
11	6a	Gross rents	6a							A CONTRACTOR OF THE SECOND SEC	
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c				N.				
		Net rental incom	e or (lo	oss)				The company of the co			
	/a	Gross amount from (i) Securities sales of assets		(ii)) Other			The second second	10.04		
		other than inventory	7a_								
Jue	b	Less: cost or other							Part of the second		Transfer of Transfer to
Revenue	- 2	basis and sales exps.	7b			-					
100000		Gain or (loss) Net gain or (loss	7c	Martin Martin Street Control				<u>a a je sjem Akolom po se popula</u>			
Other		Gross income from							particular of the second of th		
O		(not including \$								# \$49.000 Epil	e de la composition della comp
		of contributions rep				100				The second secon	
		1c). See Part IV, lir	ne 18		8a		,533,947		The second second second		Control of the Control
		Less: direct expe	enses		8b		,095,466	THE STATE OF THE S			100 101
		Net income or (le			vents	1		438,481			438,481
	9a	Gross income from									Name of the second
		activities. See P			9a 9b						
	b	Less: direct expe Net income or (le	enses ocel fr	om gaming activ	- 5/15			Manufacture of Carry Williams		Avance of the second se	
	1	Gross sales of in				1					
	130	returns and allow		2500	10a					The same of the sa	
	b	Less: cost of go			10b			The state of the s			
		Net income or (I			ntory .						
S							Business Code				
eon	11a	* **********									-
Miscellaneous	b	* ////////////									-
Sce	C								+		
Ξ	1							0		The same of the sa	
19	12	Total. Add lines Total revenue.						1,945,58	4	0	0 491,071

Form 990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-72 1522

Pa	rt IX Statement of Functional Exp	enses	, INC 25 /20	JIJZZ	Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All other o	rganizations must comple	ete column (A).	
	Check if Schedule O contains a respo	nse or note to any line in this F	Part IX		
	ot include amounts reported on lines 6b, 7b, b, 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			100 mm	
	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		Į.		
	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				
420	persons described in section 4958(c)(3)(B)	1 201 207	0.67 61.6	000 573	212 120
7	Other salaries and wages	1,301,327	867,616	220,573	213,138
8	Pension plan accruals and contributions (include				
1920	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	9				
d	Accounting Lobbying				
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion		****		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	32,603	22,920	169	9,514
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			646	F F00
19	Conferences, conventions, and meetings	16,273	10,035	646	5,592
20	Interest	1,086		1,086	
21	Payments to affiliates	40 771	20 640	E 267	4,862
22	Depreciation, depletion, and amortization	40,771	30,642	5,267	4,002
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column		on the second		
	(A) amount, list line 24e expenses on Schedule O.)	397,234	291,637	35,268	70,329
a		140,478	118,350	1,143	20,985
b	EQUIPMENT & SUPPIES FOOD	98,026	76,923	943	20,160
c	HOUSING	88,237	85,308		2,870
d		201,073	138,779		52,082
е 25	Total functional expenses. Add lines 1 through 24e	2,317,108	1,642,210	275,366	399,532
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

Balance Sheet

Pa	art X	Check if Schedule O contains a response or note	to any line in t	this Part X			
			No series de la companya del companya del companya de la companya	10 / 5-57	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			559,959	1	475,068
		Savings and temporary cash investments	******			2	
	3	Pledges and grants receivable, net			21,171	3	17,198
	4	Accounts receivable, net			173,005		165,456
	5	Loans and other receivables from any current or former	officer, directo	or.			
		trustee, key employee, creator or founder, substantial co			And the second s	100	
	(controlled entity or family member of any of these person			Assistant and the second and the sec	5	Article Control of the Control of th
	6	Loans and other receivables from other disqualified pers			And the state of t		
S,	i	under section 4958(f)(1)), and persons described in sec			Canada III I I I I I I I I I I I I I I I I	6	
Assets	7	Notes and loans receivable, net			7		
AS	8	Inventories for sale or use				8	
	9	D			127,040	9	214,249
	10a	Land, buildings, and equipment: cost or other		/			
	í	basis. Complete Part VI of Schedule D	10a		A CONTRACT FOR STATE OF THE STA		100 H (00 H (00 H)
-	b		401	255,037			83,824
	11	Investments—publicly traded securities			1,515,237	11	1,287,764
	12	Investments—other securities. See Part IV, line 11			- KOZNIK - LINGKO ROZON ZONK	12	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			28,920		28,790
	16	Total assets. Add lines 1 through 15 (must equal line 3			2,539,807		2,272,349
	17	Accounts payable and accrued expenses			363,770	17	348,565
	18	Grants payable		100 0 202	18		
	19	Deferred revenue	***************************************		154,818		196,994
	20	Tax-exempt bond liabilities				20	
1	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D			21	
S	22	Loans and other payables to any current or former office				1	
Liabilities	1	trustee, key employee, creator or founder, substantial or		35%		1244111	A STATE OF THE STATE OF THE STATE OF
abi	1	controlled entity or family member of any of these perso	ons			22	
וב	23	Secured mortgages and notes payable to unrelated third			22.200	23	22 462
	24	Unsecured notes and loans payable to unrelated third p	parties		38,320	24	30,463
	25	Other liabilities (including federal income tax, payables			1		
	1	parties, and other liabilities not included on lines 17-24)	j. Complete Par	art X	Į.	- CANADA	
		of Schedule D			FFC 008	25	E76 022
	26	Total liabilities. Add lines 17 through 25			556,908	26	576,022
		Organizations that follow FASB ASC 958, check he	ere X	/			
ces		and complete lines 27, 28, 32, and 33.			1 202 000	A	1 606 327
Net Assets or Fund Balances	27	Net assets without donor restrictions			1,982,899		1,696,327
Ba	28					28	
pur		Organizations that do not follow FASB ASC 958, ch	neck here] /		1	
工	1	and complete lines 29 through 33.		W-1	22		
S	29	Capital stock or trust principal, or current funds				29	
set	30	i(= 15)				30	
As	31	Retained earnings, endowment, accumulated income,			1 002 000	31	1 606 327
Net	32				1,982,899		1,696,327
-	33	Total liabilities and net assets/fund balances			2,539,807	7 33	2,272,349

orm	1990 (2023) SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-720, 22			Par	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9	45,	584
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	17,	108
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	71,	524
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,9	82,	899
5	Net unrealized gains (losses) on investments	5		84,	952
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		ACCUMINATION OF	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,6	96,	327
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b	reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			X	
c	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. X Separate basis Consolidated basis Both consolidated and separate basis 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	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х

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

3b Form 990 (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the	organization	ODEGT -	OT 177	DT00 1					VALUE OF THE PARTY	ification number
Б					PICS NEW			INC		23-720	
-	art I	April 1990	on for Public (~			nis part.) See	e instruction	ns.
	orga		private foundation		444.7 (C. C. C	AND DESCRIPTION OF THE PARTY OF THE PARTY OF	COMMENT MANAGEMENT	CHAIL CHIEF (MCCGAGG) #2/1	·**		
1	H		vention of churche	versely action make the contract				70(b)(1)(A))(1).		
2	H		ribed in section 1		Section 18	AND THE RESERVE OF THE PERSON		(4)(8)(:::)			
3	Н	6. 8.	cooperative hosp		1070		0.3		O/E3/43/ A3/!!!		Halle salara
4	Ш		earch organization	operated i	n conjunction with	n a nospital de	scribed in	section 17	U(D)(1)(A)(III).	inter the nost	oltars name,
5	П	city, and state:			a college or unive					cribed in	
3	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6			e, or local governr			escribed in sec	ction 170(b)(1)(A)(v).	2		
7	X		on that normally re							eral public	
	_	described in s	ection 170(b)(1)(A)(vi) . (Co	mplete Part II.)						
8	Ц	A community t	trust described in	section 17	0(b)(1)(A)(vi). (C	omplete Part I	l.)				
9	Ш		I research organiz								
			r a non-land-grant	college of	agriculture (see ii	nstructions). E	nter the na	ime, city, a	nd state of the c	college or	
10	П	university:	on that normally re		more than 22 1/20				nembershin fee	e and arose	
10	Ш		activities related to								
		support from g	gross investment i	ncome and	unrelated busine	ss taxable inc	ome (less	section 511			
		September Manager and Artist Committee and Committee	e organization afte				SETTO-STOCK AND DESCRIPTION	INTO DESIGNATION OF THE PARTY O	NA CONTRACT		
11	Щ		on organized and o							1	0 = £
12			on organized and coublicly supported								
		the box on line	es 12a through 12	d that desc	ribes the type of s	supporting orga	anization a	nd complet	te lines 12e, 12f	, and 12g.	51100K
	а		supporting organia								
			rted organization(
			g organization. Yo								
	b		supporting organ								
			management of the on(s). You must				ame persor	ns that cont	rol or manage t	ne supported	
	С		unctionally integ				in connect	ion with, ar	nd functionally in	ntegrated with	
	·	its suppor	ted organization(s) (see instr	ructions). You m u	ist complete	Part IV, Se	ections A,	D, and E.		
	d	Type III n	on-functionally i	ntegrated	. A supporting org	anization oper	rated in co	nnection wi	th its supported	organization(s)
		that is not	t functionally integreent (see instruction	rated. The	organization gene	erally must sati	isfy a distri	bution requ	irement and an	attentiveness	
	•		ent (see instructions s box if the organi							Type III	
	е	functional	lly integrated, or T	ype III non-	functionally integr	rated supportir	ng organiza	ation.	ype i, Type ii, i	ypo	
	f	Enter the num	ber of supported	organizatio	ns						,
	g	Provide the fo	llowing information	n about the	supported organ	ization(s).					Technology (Control of the Control o
	\$1500 CO	me of supported	(ii) EIN		(iii) Type of o	7	(A) 100 (100 (100 (100 (100 (100 (100 (100	organization	(v) Amount o		(vi) Amount of other support (see
	0	rganization			(described or above (see in			ur governing iment?	support instruct	11. N. G. (10.	instructions)
					.N		Yes	No			
(A)		2/3/00/2018							1		
10						,					
(B)										
-							-				
(C)										
(D)										
	١	Parket Parket Inc.									
(E	,										10 November 1980 (1980)
Tot	al			nass and a					en e		

Schedule A (Fo	rm 990)	2023
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SPECIAL OLYMPICS NEW HAMPSHIRE

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Description of the second		Control of the contro		
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)	and 1	70(b)(1)(A)
	(Complete only if you shocked the boy on line E. 7 == 0 = P=+ 1 == if the			

(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.)

Sec	tion A. Public Support	rano to quanty a	rider the tests i	sted below, pic	case complete	i ait iii.)	
alen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,106,102	1,267,713	1,261,657	1,409,491	1,454,513	7,499,476
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 5	Total. Add lines 1 through 3 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)	2,106,102	1,267,713	1,261,657	1,409,491	1,454,513	7,499,476
6	Public support. Subtract line 5 from line 4						7,499,476
3ec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,106,102	1,267,713	1,261,657	1,409,491	1,454,513	7,499,476
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,001	48,214	49,073	43,656	52,590	234,534
9	Net income from unrelated business activities, whether or not the business is regularly carried on	395,045	289,122	464,467	407,884	437,481	1,993,999
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10				F 7 9 9 9 14 1		9,728,009
2	Gross receipts from related activities, etc. (s	see instructions)				12	
3	First 5 years. If the Form 990 is for the org	Market Company				23.14.14.14.	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	ge				
4	Public support percentage for 2023 (line 6,	column (f) divided by	line 11, column (f))		14	77.09%
15	Public support percentage from 2022 Scheo	dule A, Part II, line 14	4				76.83%
l6a	33 1/3% support test — 2023. If the organ	ization did not check	the box on line 13	and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualifi	es as a publicly supp	oorted organization				X
b	33 1/3% support test — 2022. If the organ	ization did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check	
	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	tion		,	
17a	10%-facts-and-circumstances test — 20	23. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 1-	4 is	
	10% or more, and if the organization meets	the facts-and-circum	nstances test, chec	k this box and sto j	p here. Explain in		
	Part VI how the organization meets the fact	s-and-circumstances	s test. The organiza	tion qualifies as a	publicly supported		
	organization						
b	10%-facts-and-circumstances test — 20	1573					
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fa	acts-and-circumstand	ces test. The organ	ization qualifies as	a publicly supporte	∌d	<u> </u>
	organization						
18	Private foundation. If the organization did	not check a box on l	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		

Part III Support

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.)

		jacaning annates to	ie teete neteu p	elett, please el	empiete rait ii.	1		
	tion A. Public Support		T 125 W 1900 WWW T	PA DE SEDICIONALIZA				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	***						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			¥				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		10 mag 20 mag	J				2412
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							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from							
Sec	tion B. Total Support		300 00 00 00	F 0		(9)		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total
alei 9	150 A 150 50 50 AU	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(6) 2023		(i) i otai
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
1	Net income from unrelated business activities not included on 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.)							
3	Total support. (Add lines 9, 10c, 11,							
4	First 5 years. If the Form 990 is for the organization, check this box and stop here							
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2023 (line 8,			(f))			15	%
16	Public support percentage from 2022 Sched	dule A, Part III, line	e 15				16	%
Sec	tion D. Computation of Investmen					T		
17	Investment income percentage for 2023 (lin			column (f))			17	%
18	Investment income percentage from 2022 S						18	%
19a	33 1/3% support tests — 2023. If the orga							Г
	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests — 2022. If the orga							Г
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 19	9b, check this box	and see instruction	s		

Schedule A (Form 990) 2023 Part IV Support

Supporting Organizations

(Complete only if you checked a box on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2	1691 SAES	
3a	eng Militari kale	
Ja		
3b		
3c		
4a		
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4b		
4c		
Market.		
5a	10 ² (0) (0)	
5b		
5c		- 1100 to - 1000 - 1110 to - 1000
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7		
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9b		
9с		
10a		
10b	A (Form	er gram article son

SPEC_AL OLYMPICS NEW HAMPSHIRE, INC 23-7207522 Page 5

Par	t IV Supporting Organizations (continued)			Page 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		T	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	AUGUSTA - 1-0-2-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154 - 1-0-154	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			. 10
	provide detail in Part VI.	11c		
Secti	on 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	14		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	0.000		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	100		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		ate la il	
	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.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			1961-11-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	S. 1452		
	supervised, or controlled the supporting organization.	2		
Secti	ion 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			e albumana
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1- w 1-3(0-3)	
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			MICH
	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	7711		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			100-100
	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? If "Yes," describe in Part VI the role the organization's	131		
	supported organizations played in this regard.	3		<u> </u>
Sect	ion E. Type III Functionally Integrated Supporting Organizations			Labore Co.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ions).		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			TO THE RESERVE OF THE PERSON O
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			100
	how the organization was responsive to those supported organizations, and how the organization determined		A Company	
	that these activities constituted substantially all of its activities.	2a		o announce and
b				
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	1000		
	"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.	2b		1
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			(A)
а				1
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b				All Inch
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	A (F-	000/ 202
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Schedule A (Form 990) 2023	SPEC_AL	OLYMPICS	NEW	HAMPSHIRE,	TNC	23-

NC 23-7207522

Page 6

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ns	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov. 20, 1970	explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations	must complete	Sections A through E.	γ
Secti	on 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		
Secti	on 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):	17 a V		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
Oleman (Oleman)	(explain in detail in Part VI):	111-111-138		ATT OF THE PROPERTY.
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		
	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Marian Mariana Alf	
2	Enter 0.85 of line 1.	2		1
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	provide a subsequent	
5	Income tax imposed in prior year	5	engine supplied of	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
N ™ .5	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integring (see instructions).	ated Type III sup	porting organization	0.1-1.1-1.(5000) 20

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ons (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide detail	s in Part VI)		5	10-30-1-1 (II-11-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11-19-11
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	- William Indiana Color		7	
8	Distributions to attentive supported organizations to which the organization	on is responsive		8	
	(provide details in Part VI). See instructions.	A CONTRACTOR OF THE PARTY OF TH			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	222	SOLUTION OF THE SOLUTION OF TH	10	
Secti	Section E – Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2023				(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required–explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018		TWO HEADS AND ADDRESS OF THE PARTY OF THE PA		
	From 2019				
	From 2020				
	From 2021				
988	From 2022				
	Total of lines 3a through 3e			226 (50)	
	Applied to underdistributions of prior years			gross I	
	Applied to 2023 distributable amount				
<u></u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from				
4	Feet 15 STG 2001 1207 1207				
-	Section D, line 7: \$ Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			1000	
	Part VI. See instructions.			bg rank	
7	Excess distributions carryover to 2024. Add lines 3j				
55%	and 4c.			and)	
8	Breakdown of line 7:		160 C (1722)	0.0 (0.0)	ari - Araza - Varannila
а	Excess from 2019				
100	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Fo	Supplemental In	formation. Prov	ide the explana	itions required b	by Part II, line 10	23-7207522 0; Part II, line 17a or 1	
	B, lines 1 and 2; F	Part IV, Section	C, line 1; Part I	√, Section D, lin	ies 2 and 3; Par	1b, and 11c; Part IV, t IV, Section E, lines	1c, 2a, 2b,
1110	lines 2, 5, and 6.					6, and 8; and Part V, ructions.)	Section E,
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	STATE AND STATE OF THE PROPERTY OF THE STATE						
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Schedule of Contributors
Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Name of the organization

SPECIAL OLYMPICS NEW HAMPSHIRE,

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

Employer identification number

23-7207522

Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	X 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
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 16b, and that received (2) 2% of the amount of For an organization descontributor, during the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
	lead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions a during the year.
Caution: An organization that i	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it
must answer "No" on Part IV, I	ine 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).

Name of organization

SPECIAL OLYMPICS NEW HAMPSHIRE, INC Page 1 of 1 Page 2 Employer identification number 23-7207522

Parti	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Special Olympics Inc 1133 19TH Street NW Washington DC 20036	\$ 500,067	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Circle K PO BOX 347 COLUMBUS OH 43202	s 61,925	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EVERSOURCE ENERGY 300 FRANKLIN STREET MANCHESTER NH 03104	\$ 71,767	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EESKAY NH INC/BOSTON BILLARDS 55 NORTHEASTERN BLVD NASHUA NH 03062	\$ 79,669	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Michels PO Box 128 Brownsville WI 53006	\$ 31,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4.000.000		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Open to Public Inspection

S	PECIAL OLYMPICS NEW HAMPSHIRE, INC			23-72	207522
	art I Organizations Maintaining Donor Advised Fun	ds or Oth	er Similar Funds or A		.01322
Service Constitution	Complete if the organization answered "Yes" on F	orm 990	Part IV, line 6.	Accounts	
			a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		,	(-)	- and and duties decoding
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	na accate ha	ld in donor advisod		
	funds are the organization's property, subject to the organization's exclusi		10		□ Vaa □ Na
6	Did the organization inform all grantees, donors, and donor advisors in wr				Yes No
v	only for charitable purposes and not for the benefit of the donor or donor a	(A)			
	conferring impermissible private benefit?	advisor, or ic	r any other purpose		
Da	art II Conservation Easements				Yes No
1 6	Complete if the organization answered "Yes" on F	orm 990	Part IV line 7		
1			raitiv, iiie r.		
	Purpose(s) of conservation easements held by the organization (check all		5	*	DOMET COMPANIES COMPANIES
	Preservation of land for public use (for example, recreation or educati	122	Preservation of a historically	200	
	Protection of natural habitat		Preservation of a certified his	storic structui	re
_	Preservation of open space	10.5 • 10empt :		aran zona no e	
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribu	ition in the form of a conserva	ENGLISHED AND THE	es ware estates cate we exercis from cowest
	easement on the last day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic structure include			2c	
d	Number of conservation easements included on line 2c acquired after July	ly 25, 2006, a	and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, released, extin-	iguished, or t	erminated by the organizatio	n during the	
	tax year				
4	Number of states where property subject to conservation easement is loc	cated	* * * * * *		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspect	on, handling of		
	violations, and enforcement of the conservation easements it holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	riolations, an	d enforcing conservation eas	ements durir	ng the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ions, and ent	forcing conservation easeme	nts during the	e year
	31 (3.8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
8	Does each conservation easement reported on line 2d above satisfy the r				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation easemen	its in its reve	nue and expense statement	and balance	
	sheet, and include, if applicable, the text of the footnote to the organizatio	n's financial	statements that describes the	е	
	organization's accounting for conservation easements.		Western Co.		
Pa	art III Organizations Maintaining Collections of Art, I			Similar As	ssets
	Complete if the organization answered "Yes" on F	orm 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to rep				
	of art, historical treasures, or other similar assets held for public exhibition	n, education,	or research in furtherance o	f public	
	service, provide in Part XIII the text of the footnote to its financial stateme	ents that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report i	in its revenue	e statement and balance she	et works of	
	art, historical treasures, or other similar assets held for public exhibition, e	education, or	research in furtherance of p	ublic 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 ot				
	following amounts required to be reported under FASB ASC 958 relating				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-7207522

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Pa	1	0	-
1 0	ч		

Pa	rt III Organizations Maintaining C	Collections of A	Art, Histo	orical Tre	asures, or	Other Sin	nilar Asse	ets (con	tinued)	r age =
3	Using the organization's acquisition, accession, a collection items (check all that apply).									-950
a	Public exhibition	d 🗌 L	oan or exc	hange prog	ram					
b	Scholarly research	е 🗌 С	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collect	tions and explain ho	w they furt	her the orga	anization's exe	mpt purpose	in Part			
	XIII.									
5	During the year, did the organization solicit or rec								7	
	assets to be sold to raise funds rather than to be		of the orga	nization's c	ollection?				Yes	No
Ра	rt IV Escrow and Custodial Arran Complete if the organization a 990, Part X, line 21.		on Form	990, Par	t IV, line 9,	or reported	d an amou	unt on F	orm	
1a	Is the organization an agent, trustee, custodian of	or other intermedian	y for contrib	utions or of	her assets not			_		
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table.							
								An	nount	
	Beginning balance									
	Additions during the year									1
	Distributions during the year									
f	Ending balance		• • • • • • • • • • • • •			:::-:0	1f	— Г	Yes	No
	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIII. Ch							L	_	- NO
***************************************	rt V Endowment Funds	eck fiere ii the expir	anationnas	been provi	ded on i ait Xi	11				
0.00	Complete if the organization a	nswered "Yes"	on Form	990, Par	t IV, line 10	•				
		(a) Current year	(b) Prid		(c) Two years		d) Three years b	ack (e) Four yea	rs back
1a	Beginning of year balance								11417 3000-00-00	
	Contributions									
	Net investment earnings, gains, and									
	losses		11							
d	Grants or scholarships						0.00			
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	- Marie Concession - National Constant		0.00 3.00 0.00 0.00 0.00 0.00 0.00	E C C C C C C C C C C C C C C C C C C C					
2	Provide the estimated percentage of the current	year end balance (line 1g, coli	umn (a)) he	ld as:					
a	Board designated or quasi-endowment	%								
	Permanent endowment %									
C	Term endowment % The percentages on lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possession		n that are I	neld and ad	ministered for	the			1000	
	organization by:	.						_	Ye	s No
	(i) Unrelated organizations?								3a(i)	X
	(ii) Related organizations?								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	d on Sched	ule R?				L	3b	
4	Describe in Part XIII the intended uses of the or		ment funds							
Pa	art VI Land, Buildings, and Equip		_	000 5	4 N / P	I_ 0 F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and V III	20.40	
	Complete if the organization a				- Carlotte Control of the Control of				ne 10.	10
	Description of property	(a) Cost or other b (investment)	oasis	(b) Cost or (oth	145	(c) Accun depreci		"	i) BOOK Valu	
	Transl	(mixesuncity)		lon		30p. 30				
1a	Land									
a	Buildings Leasehold improvements		100000							
	Equipment					59/40%				
	Other			3	38,861	2	55,037	1		3,824
	II. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part X	(, line 10c,	column (B))				I	83	8,824

DAA

Schedule D (F	orm 990) 2023	SPECIAL	CLYMPICS	NEW	HAMPSHIRE,	INC	∠3-7207522
Part VII	Investments	s – Other Sec	curities				

	-	-	-	2
r	'a	a	e	J

accommon to the second	Complete if the organization answered "Yes" on F	orm 990, Part IV, lii	ne 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
The State of the S	(including name of security)		Cost or end-of-year	market value
(1) Financial de	erivatives			
(2) Closely hel	d equity interests	Western and the recognised that		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	**************************************			
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
rait viii	Complete if the organization answered "Yes" on F	orm 000 Part IV li	no 110 Soo Form 000 Pa	rt V lino 13
	(a) Description of investment		(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(4)		Service and the service and th	Cost of Cha-or-your	Tharket value
(1)				
(2)				
(3)				
(4)		90.000		
(5)				
(6)				
(7)				
(8)	* * * * * * * * * * * * * * * * * * *			
(9)		80.142.24.14W THE CO.		de la companya de la
	(b) must equal Form 990, Part X, line 13, col. (B))		THE RESERVE OF THE PROPERTY OF THE PROPERTY OF	STATE OF THE PROPERTY OF THE P
Part IX	Other Assets	000 D-+ IV I	44-l O F 000 D-	wt V line 45
	Complete if the organization answered "Yes" on F	orm 990, Part IV, II	ne 11d. See Form 990, Pa	
TWG2	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			Table -	
(7)				
(8)				
(9)				the state of the s
And the second s	(b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities	000 D-+ IV/ II	ing 11a av 11f Cas Form (000 Dort V
	Complete if the organization answered "Yes" on F	orm 990, Part IV, I	ine Tie or Tit. See Form s	190, Part A,
	line 25.		T	THE PROPERTY.
<u>1.</u>	(a) Description of liability			(b) Book value
	ncome taxes			
(2)				
_(3)	and the state of t			e de la companya della companya della companya della companya de la companya della companya dell
(4)				
(5)				
(6)				
_(7)				Maria de la Companya
(8)				
(9)		######################################		
	n (b) must equal Form 990, Part X, line 25, col. (B))			
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	liability for uncertain tax positions under FASB ASC 740. Check h	nere if the text of the foot	tnote has been provided in Part X	III

Sche	edule D (Form 990) 2023 SPECIAL OLYMPICS NEW HAMP	SHIRE, I	NC .	3-720752	2	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial St	atements Wi	th Rev	enue per Reti	ırn	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, I	ine 12a	1.		
1	Total revenue, gains, and other support per audited financial statements				1	4,830,811
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a		84,952	10,000	
a	Donated services and use of facilities	2b	1	.,704,809		
C	Recoveries of prior year grants	2c				
a	Other (Describe in Part XIII.)	2d	1	.,095,466		1000 Mark 11100000 (1000001 100001 10000
е	Add lines 2a through 2d			*****	2e	2,885,227
3	Subtract line 2e from line 1			****	3	1,945,584
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
D	Other (Describe in Part XIII.)	4b				
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			********	4c	1 045 504
godini	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,945,584
Гс	Reconciliation of Expenses per Audited Financial S				eturr	1
4	Complete if the organization answered "Yes" on Form 9	990, Part IV, II	ine 12a	4		E 11E 202
1	Total expenses and losses per audited financial statements				1	5,117,383
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 × 1	-	704 000		
a	Donated services and use of facilities	2a		.,704,809		
D	Prior year adjustments	2b			111211	
С	Other losses	2c		005 466		
a	Other (Describe in Part XIII.)	2d		.,095,466	maka (anakani)	0 000 075
e	Add lines 2a through 2d				2e	2,800,275
		т			3	2,317,108
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b				4c	0 217 100
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4c 5	2,317,108
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information				5	2,317,108
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a an	art IV, lines 1b ar	nd 2b; Pa	rt V, line 4; Part X	5	2,317,108
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b ar	nd 2b; Pa	rt V, line 4; Part X ation.	5 , line	
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a an	art IV, lines 1b ar	nd 2b; Pa	rt V, line 4; Part X ation.	5 , line	
Fare Part Part Part Part Part Part Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper XII, Line 2d - Revenue Amounts Included	art IV, lines 1b ar vide any addition ded in F	nd 2b; Pa al inform inan	rt V, line 4; Part X ation. cials - O	5 line the	r
Fare Part Part Part Part Part Part Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines 1b ar vide any addition ded in F	nd 2b; Pa al inform inan	rt V, line 4; Part X ation.	5 line the	r
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Fare Part Part Part Part Part Part Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper XII, Line 2d - Revenue Amounts Included	art IV, lines 1b ar vide any addition ded in F	nd 2b; Pa al inform inan	rt V, line 4; Part X ation. cials - O	5 line the	r
c 5 Pa Prov Prov Prov D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to propart XI, Line 2d - Revenue Amounts Including irect expenses net against special even	art IV, lines 1b ar vide any addition ded in F. ts reven	nd 2b; Pa al inform inandue	rt V, line 4; Part X ation. cials - O \$	5, line the	r .,095,466
c 5 Pa Prov Prov Prov D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to proper XII, Line 2d - Revenue Amounts Included	art IV, lines 1b ar vide any addition ded in F. ts reven	nd 2b; Pa al inform inandue	rt V, line 4; Part X ation. cials - O \$	5, line the	r .,095,466
c 5 Pa Prov P; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to propart XI, Line 2d - Revenue Amounts Including irect expenses net against special even art XII, Line 2d - Expense Amounts Including art XIII, Line 2d - Expense Amounts Including art XIII Amounts Including Amounts In	art IV, lines 1b ar vide any addition ded in F. ts reven	nd 2b; Pa al inform inandue	rt V, line 4; Part X ation. cials - O \$ ncials -	5, line the 1 Oth	er ,095,466
c 5 Pa Prov P; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to propart XI, Line 2d - Revenue Amounts Including irect expenses net against special even	art IV, lines 1b ar vide any addition ded in F. ts reven	nd 2b; Pa al inform inandue	rt V, line 4; Part X ation. cials - O \$ ncials -	5, line the 1 Oth	r .,095,466
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c 5 Pa Prov P; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to propart XI, Line 2d - Revenue Amounts Including irect expenses net against special even art XII, Line 2d - Expense Amounts Including art XIII, Line 2d - Expense Amounts Including art XIII Amounts Including Amounts In	art IV, lines 1b ar vide any addition ded in F. ts reven	nd 2b; Pa al inform inandue	rt V, line 4; Part X ation. cials - O \$ ncials -	5, line the 1 Oth	er ,095,466
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Schedule D (Fo	orm 990) 2023	SPECIAL	OLYMPICS	NEW	HAMPSHIRE,	INC	∠3-7207522	Page 5
Part XIII	Supplemen	ital Informatio	n (continued)		7 - 2			

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SPECIAL OLYMPICS NEW HAMPSHIRE, INC

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Jaming Activities

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

ame of the organization SPECIAL OLYMPICS NE	EW HAMPSH	IRE	, I	NC	Employer identificat				
Part I Fundraising Activities. Complete if t Form 990-EZ filers are not required to	complete this	part	1						
1 Indicate whether the organization raised funds through an	y of the following a	ctivitie	s. Ch	eck all that apply.					
a Mail solicitations	Solicitation	of nor	-gove	ernment grants					
b Internet and email solicitations	Solicitation	of gov	ernm	ent grants					
c Phone solicitations g Special fundraising events									
d In-person solicitations									
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in or						Yes No			
b If "Yes," list the 10 highest paid individuals or entities (function compensated at least \$5,000 by the organization.	Iraisers) pursuant t	000		nts under which the fundr	aiser is to be				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total		roman mark							
List all states in which the organization is registered or lice registration or licensing.		tributi	ons o	r has been notified it is ex	empt from				
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					

SPECIAL OLYMPICS NEW HAMPSHIRE,

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INC

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Page	-

	n e	tnan \$15,000 of gross receipts g	fundraising event contribution reater than \$5,000.	ns and gross income on F	orm 990-EZ, lines 1 and	6b. List events with
			(a) Event #1  Plunges & Torch (event type)	(b) Event #2	(c) Other events  None	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,533,947	(event type)	(total number)	1,533,947
	3	Less: Contributions Gross income (line 1 minus				
		line 2)	1,533,947			1,533,947
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
		Other direct expenses	1,095,466			1,095,466
	10	Direct expense summary.	Add lines 4 through 9 in column (d)			1,095,466
	11	Net income summary. Sub	tract line 10 from line 3, column (d)			438,481
P	art l		olete if the organization answers m 990-EZ, line 6a.	ered "Yes" on Form 990, F	Part IV, line 19, or reporte	ed more than
Revenue		\$ 10,000 GH 1 G	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
xbeuses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
		Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes %	
			Add lines 2 through 5 in column (d)			
			ary. Subtract line 7 from line 1, colum			
0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and a limit of a subject of a subject of the subjec			
	Ente	er the state(s) in which the ne organization licensed to	organization conducts gaming activition conduct gaming activities in each of the	hese states?		Yes No
a	Ente	er the state(s) in which the ne organization licensed to	organization conducts gaming activitic conduct gaming activities in each of the	hese states?		Yes No
a b 10a	Enter Is the If "N	er the state(s) in which the ne organization licensed to No," explain:	conduct gaming activities in each of t	hese states?		Yes No

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Sche	dule G (Form 990) 2023 SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-7207522 Page 3
11	Does the organization conduct gamine politicities with permambers?
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
	A
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Address
5762.71	
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the
	amount of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Carming manager compensation \$\psi\$
	Description of services provided
	Description of services provided
	Director/officer Employee Independent contractor
	Director/officer
47	Mandaton, distributions:
17	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	Yes No
	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or
b	
n.	spent in the organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
Pe	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
W	See instructions.
. Cression	
61 M TSV	
-	Schedule G (Form 990) 2023

## SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Open to Public

Inspection

Employer identification number

	SPECIAL OLYMPICS NEW HAMPSHIRE, INC	23-7207522	illoci	
Pa	art I Questions Regarding Compensation	With the second		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Travel for companions  Payments for business use of personal residence for perso	nce	Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Undependent compensation consultant  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee	ittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
С	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.			X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	The organization?			X
b	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		x
o	payments not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	person (control for the	# Alloca	i egypeann

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-7207522 Schedule J (Form 990) 2023

PartII

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

NOTE: THE SOUL OF COLUMNS (D/V) (111) 101 COOL HOLD THE SOUL THE S		The Valoration for the Valoration of the Valorat			100 mm (100 mm) (100		The state of the s
	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(u)-(u)	as deferred on prior Form 990
Mary Conrov	0 132,838	0	0	23,000	0	155,838	0
	0		0	0	0	0	
	(0)						
	(ii)						
	(ii)	PARTY AND REAL PROPERTY.					
	(u) (u)						
	(6)						
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	(E)				A CONTRACTOR OF THE CONTRACTOR		
	(0)						
						S	Schedule J (Form 990) 2023

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

tor any additional information.

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

SPECIAL OLYMPICS NEW HAMPSHIRE, INC

Form 990 - Organization's Mission

Employer identification number

23-7207522

To provide year-round sports training and athletic competition in a variety of olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demostrate courage, experience joy, and sharing of gifts, skills, and friendship with their families, other Special Olympics athletes and the community.

An essential component of Special Olympics New Hampshire is our ability to procure value in-kind donations. We have more than 2,772 volunteers helping the Organization for over 40,000 hours and have various Organizations which provide goods, services, equipment and facilities at no or reduced cost to the Organization. These in-kind donations for 2023 amounted to \$1,704,809.

Form 990, Part I, Line 6

Volunteers provide services ranging from athlete training, refereeing to

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft of the 990 is prepared by the outside CPA to the Organization's controller. Various sections or questions are addressed and a new final draft is given to the president and the board of directors to review and assure all sections are proper. Any changes or questions are then resolved between the CPA and controller/finance committee and the 990 is

then packaged for filing. The package is then reviewed one last time and

organization and support of games and events.

Organization's 990 upon request. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation \$ 1,095,466 Direct expenses net against special events revenue -1,095,466 Direct expense net in special events

Form **4562** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

For Paperwork Reduction Act Notice, see separate instructions.

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Form **4562** (2023)

There are no amounts for Page

Identifying number SPECIAL OLYMPICS NEW HAMPSHIRE, INC 23-7207522 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,160,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ......... 12 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 40,771 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L 27.5 yrs. MM Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property S/L MM Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs. C 30-year 30 yrs. MM S/L S/L 40-year 40 yrs. MM Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 40,771 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs.