

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: **SEP 10 1999**

Child and Family Services of
New Hampshire
c/o Accounts Payable
99 Hanover Street
Manchester, NH 03101-2203

Person to Contact:
Brett Siereveld 31-02633
Customer Service Specialist
Telephone Number:
877-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
02-0222164
Accounting Period Ends:
December 31

Dear Sir or Madam:

This is in response to Ms. Zax's request for a letter affirming your organization's exempt status and reflecting its correct Employer Identification Number.

In September 1942 we issued a determination letter that recognized your organization as exempt from federal income tax under section 101(6) of the Internal Revenue Code of 1939 (now section 501(c)(3) of the Internal Revenue Code of 1986). That determination letter is still in effect.

Based on information subsequently submitted, we classified your organization as a publicly supported organization, and not a private foundation, because it is described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's purposes, character, method of operations, or sources of support have changed, please let us know so we can consider the effect of the change on the organization's exempt status and foundation status.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

As of January 1, 1984, your organization is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more the organization pays to each of its employees during a calendar year. There is no liability for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Child and Family Services of New Hampshire
02-0222164

Donors may deduct contributions to your organization as provided in section 170 of the Code.

Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

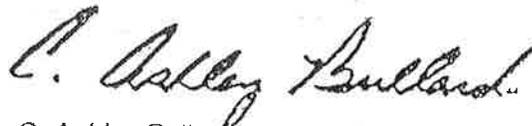
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the permanent records of the organization.

If you have questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



C. Ashley Bullard
District Director

Child and Family Services
 Proposal to the Town of Raymond
 Board Approved Operating Budget
 2018

Revenues

Contributions	\$1,398,553	<i>Town of Raymond support of \$6,000</i>
United Way Allocations	\$91,808	
Gov't Grants and Private Contracts	\$7,812,850	
Program Service Fees	\$2,631,602	
Endowment Transfers	\$729,000	
Charitable Trust Income	\$91,000	
Management Fees	\$136,800	
Rental Income	\$20,000	
Investment Income	\$20,000	
Misc. Income	\$60,000	

Total Revenues \$12,991,613

Expenses

Salaries	\$7,734,737	
Employee Fringe Benefits	\$817,694	
Payroll Related	\$814,729	
Consultants & Purchased Services	\$390,708	
Supplies	\$89,770	
Communications	\$148,855	
Depreciation	\$89,433	
Occupancy	\$729,938	
Equipment Related	\$123,577	
Printing, Advertising, Publications	\$59,018	
Travel	\$495,901	<i>Travel to clients for in-home services</i>
Conference & Meetings	\$14,662	
Training	\$45,919	
Assistance to Individuals	\$987,324	<i>*\$6,000 support for Raymond residents</i>
Membership Dues	\$25,840	
Insurance Expense	\$79,158	
Interest Expense	\$301,616	
Other Administrative Expenses	\$42,734	

Total Expenses \$12,991,613

Town of Raymond Funding/Support Application
4 Epping Street, Raymond, NH 03077
(603) 895-7007
www.raymondnh.gov

FUNDING SUPPORT APPLICATION COVER SHEET

Date of Application: 7/18/18 **Tax ID** 02-0222164 **Year Founded:** 1850

Name of Organization	Child and Family Services of New Hampshire
Executive Director/CEO	Borja Alvarez de Toledo, President/CEO
Project Manager	Paul Staller, Director of Development
Street Address	PO Box 448, 464 Chestnut Street
City, State & Zip Code	Manchester, NH 03105

Phone	603-518-4000
Email	stallerp@cfsnh.org
Fax Number	603-668-6260

Program/Project Name	Raymond area services
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Total Project Budget	\$6,000	Amount Requested from Town	\$6,000
Current Operating Budget	\$12,991,613	Organizations Annual Budget previous year	\$12,991,613

Number of residents who are expected to benefit from this program/project:	175
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 Signature, Chair of Board of Directors/
 Authorizing Official

Borja Alvarez de Toledo

 President/CEO

Type name and position



 Signature, Project Coordinator

Paul Staller

 Director of Development

Type name and position

Funding/Support Application NARRATIVE

Please type the application in standard size type.

1. **Description of Applicant Organization**

Include history, mission and goals. Describe current programs, activities and accomplishments. Please include the responsibilities of the board, staff, and volunteers.

History: Child and Family Services (CFS) has a 168-year record of protecting and serving the needs of children, empowering families, and serving as a strong advocate for children in the public policy arena. As NH's oldest charitable children's organization, we provide a full spectrum of social services that address human need at every stage of life. Our service to NH's most impoverished families began in 1850 with efforts to ensure child protection from neglect and abuse among Manchester's mill workers and struggling immigrant families.

Today CFS has a state-wide presence operating through 16 program sites, dozens of community-based settings, and thousands of in-home visits. We strive to ensure that no one is refused service due to an inability to pay, and since 90% of our clients live in extreme poverty (defined as family income at or below \$23,850 for a family of four), without this commitment, most would have no other viable option to obtain the services that they desperately need.

Our Mission: CFS is dedicated to advancing the well-being of children and families by providing an array of social services to strengthen family life and promote community commitment to the needs of children.

Our Vision: Every child and youth is entitled to nurturance, protection, and a chance to develop their full human potential and opportunities to contribute to the common good.

Our Promise: CFS is committed to enabling every child to flourish in a healthy, nurturing, self-sufficient family, supported by an involved community.

Organization Goals: As a statewide agency, we are organized regionally and deliver our programs locally, striving to meet local needs by providing services tailored to local norms. The following goals have been established in the strategic plan:

- Collaborate, partner, or merge with other agencies to strengthen service delivery bringing new expertise to communities.
- Through the statewide regional Boards, make CFS relevant as both a statewide and local organization.
- Maintain financial strength in order to meet community responsibility and achieve the CFS mission.
- Maintain and enhance the ability to influence public policy by direct advocacy efforts.

Services: We focus on the healthy emotional, physical and social development of youth within the context of supportive families. CFS is a statewide Agency, organized regionally with 80% of our services provided in home or community settings and 20% occurring in one of our 15 NH office locations. Our highly trained staff travel more than 1.1 million miles annually working

with over 10,000 individuals who count on the agency to bring stability to their lives when their families are in turmoil.

Our programming provides a range of services that include child abuse prevention, intervention and treatment; pre-natal home therapy; services for children who have developmental challenges; family and individual counseling and therapy; adoption assistance; substance abuse treatment; student assistance in area high schools; youth summer camp; foster and kinship care; child advocacy, runaway , and homeless youth intervention and transitional living; independent living skills and home care for seniors.

Board and Volunteer Involvement: There is a governing board of 18 volunteer Trustees and an additional 27 volunteers serving on advisory boards in four geographic regions of the state (Manchester, Seacoast, and Upper Valley) to promote community commitment, support programming, and plan fundraising events. Board members spend between 3-10 hours monthly supporting the annual campaign, and offer specific skills including conducting workshops for clients, staffing parenting groups, providing child care, making monthly hot meals for homeless youth, organizing the food and clothing pantry, and participating in work service days.

Impact: The CFS Quality Improvement Program assists in creating, implementing, and monitoring success and client satisfaction by creating an annual plan that sets the goals and outcomes for all programs annually. Program success is defined by over 100 program-specific outcomes measures that are tracked and reported quarterly. They evaluate the volume of services provided (people served, hours of service), outcomes (measurable differences made in the life of our clients), and client feedback. Data sources include client self reports and surveys, intake client information system data, as well as any additional databases required by federal, state, or local contracts.

2. **Purpose of request**

Describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new or ongoing part of your organization. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs.

Child and Family Services of NH programs are based on current research, balanced with experience, creativity and clinical skill. CFS reaches into nearly every community statewide with an integrated service delivery network that provides clients a broad range of services designed to improve functioning, communication and relationship skills, reduce anxiety and low self-esteem, and resolve personal issues or family crises. It takes a range of charitable and public funding sources for Child and Family Services of New Hampshire (CFS) to serve the social service needs of New Hampshire citizens.

Your past support of \$6,000 has enabled CFS to continue to provide low cost, affordable family counseling/family strengthening services in Raymond and your continued support of \$6,000 would be greatly appreciated. We expect to serve over 175 Raymond residents this year and your support makes it possible to offer these families our clinical support on a sliding fee scale.

Below are our service statistics for the last reported calendar year, 2017. This report shows the unit cost for each service (unit = 1 hour) and how much in charitable revenue is needed to continue offering residents services such as these. The chart below illustrates the significant need of services Child and Family Services provided and the allocation by the Town of Raymond plays a critical role in ensuring that our services remain affordable, attainable, and accessible to all community members, regardless of their income.

Services Provided to Raymond Residents-FY 2017

Service	# Individuals Served	Total Time (Hours)	Value of Service/Unit \$	Total Value of Service \$
Early Supports and Services	19	408.5	\$129.51	\$52,904.84
Family Counseling	122	389.2	\$145.00	\$56,441.25
Healthy Families America	19	261.5	\$109.32	\$28,587.18
Integrated Home Base Services	7	88	\$57.36	\$5,047.68
Individual Service Options	2	83.25	\$112.34	\$9,352.31
Parent Aide	3	522.25	\$60.00	\$31,335.00
TOTAL	172	1,752.75		\$183,668.26

Every year residents have a range of services available to them from CFS which cover pre-natal through adolescence, youth, adulthood, parenting and elder life issues. These services are designed to strengthen family life by meeting the psycho-social and emotional needs of clients.

3. Qualifications of Project Personnel:

Describe the qualifications of key staff and volunteers that will ensure the success of the program.

Colleen Ives, Vice President of Programs, has a Doctorate in Human and Organizational Systems, Masters of Arts/CAGS in Human Rehabilitation Counseling, and a Bachelor of Arts in Psychology and Philosophy. Colleen brings a wealth of expertise to Child and Family Services and manages the day to day operations of CFS programming. Under her guidance we have over

15 Program Directors and Managers and a multi-disciplinary team of highly trained staff and clinicians who provide services both at our state wide offices and in the homes and communities of clients.

4. **Program Duration:**

If this will be an ongoing program please include the long-term strategies for funding this program.

Services provided to Raymond residents is ongoing. On average we serve 150 Raymond residents annually. CFS employs a revenue strategy that directs charitable dollars towards emerging or expansion programs where a community need has been identified. This model requires a continuing need and proven, documented results from any program within the first two years of a program's life, at which time the agency seeks to attract multi-year public funding to sustain ongoing operations. Our positive outcomes and results attract local, state, and federal support and our proposals have been competitive and successful for over 30 years.

CFS is also fortunate to have an endowment fund that dates back to 1851. The principal is comprised of hundreds of modest gifts, along with investment gains over time. For our entire history, CFS Trustees have treated this fund as a donor-designated endowment through which the principal remains intact and is invested to create a source of income for CFS. This model provides a cushion of funding that enables CFS to respond quickly to a changing mix of public and private funding, and develop partnerships with other community organizations so we can utilize available resources to the best advantage of the client at the lowest possible cost.

5. **Fiscal Information of Applicant Organization**

Complete the program/project budget that follows.

6. **Has your organization received Town funding in the past?** Yes No.

Please list when you have received funding from the Town and how much

Year	Amount
2016	\$5,597
2018	\$5,597

7. **Partnerships and Sustainability**

Collaboration and Integration: Describe how the proposed project will be appropriately collaborative and will serve to strengthen existing relationships within your organization, with Town and/or community. List your key collaborative partners.

Both towns and non-profit organizations are being asked to do more with less each year. With the changes to annual benefits made by Medicaid and other insurances, more families turn to CFS because it is the one agency that continues to provide a sliding fee scale so that the services they receive are affordable. We are able to do this because of your support and respectfully ask

for \$6,000 to help defray some of those uncompensated dollars. With the support of the Town of Raymond, we can continue to offer high quality and cost effective services to residents and attract other donors so that your citizens have access to all the programs and services available through CFS. By investing in our services, the community is saving dollars in its Human Services Budget.

Child and Family Services
 Proposal to the Town of Raymond
 Board Approved Operating Budget
 2018

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\$12,991,613

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Total Expenses

\$12,991,613

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE		D Employer identification number 02-0222164
	Doing business as		E Telephone number (603) 668-1920
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 28,449,462.
	464 CHESTNUT STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03105		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: BORJA ALVAREZ DE TOLEDO SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CFSNH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1914 M State of legal domicile: NH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT CHILDREN, PRESERVE FAMILIES, AND STRENGTHEN COMMUNITIES, SINCE 1850. (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	410
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,718,948.	9,050,702.
	9 Program service revenue (Part VIII, line 2g)	1,704,326.	2,532,862.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	671,923.	404,923.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	285,142.	371,438.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,380,339.	12,359,925.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	746,199.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,984,442.	8,461,095.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 397,992.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,119,994.	2,966,693.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,850,635.	12,236,917.	
19 Revenue less expenses. Subtract line 18 from line 12	-470,296.	123,008.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,552,392.	End of Year 24,609,280.
	21 Total liabilities (Part X, line 26)	6,592,372.	6,238,573.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,960,020.	18,370,707.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ANTHONY CHEEK, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SHERYL L. STEPHENS-BURKE,		03/21/18		P00085224
	Firm's name ▶ MELANSON HEATH AND COMPANY, PC	Firm's EIN ▶ 02-0354851			
	Firm's address ▶ 102 PERIMETER ROAD NASHUA, NH 03063-1301	Phone no. 603-882-1111			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

Form 990 (2017)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHILD AND FAMILY SERVICES IS DEDICATED TO ADVANCING THE WELL-BEING OF CHILDREN BY PROMOTING AN ARRAY OF SOCIAL SERVICES TO STRENGTHEN FAMILY LIFE AND BY PROMOTING COMMITMENT TO THE NEEDS OF CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,757,646.** including grants of \$ **390,953.**) (Revenue \$ **674,124.**)
CHILD ABUSE TREATMENT AND FAMILY STRENGTHENING - PROVIDED SERVICES TO 2,200 INDIVIDUALS AND FAMILIES. PROGRAMS ARE PRIMARILY ORDERED BY THE STATE OF NH FOR FAMILIES IN NEED OF SERVICES SUCH AS SUPERVISED VISITS BETWEEN A PARENT AND CHILD, AND EMOTIONAL SUPPORT AND PRACTICAL SOLUTIONS FOR MANAGING FAMILY LIFE. SERVICES ALSO INCLUDE FAMILY THERAPISTS AND CASE WORKERS WHO HELP FAMILIES IDENTIFY AND ACHIEVE TREATMENT GOALS, STABILIZE FAMILIES IN CRISIS, AND BUILD ON FAMILY STRENGTHS AND FACILITATE EFFECTIVE INTERACTION.

4b (Code:) (Expenses \$ **1,993,722.** including grants of \$ **138,033.**) (Revenue \$ **328,762.**)
CHILD ABUSE PREVENTION - PROVIDED SERVICES TO 2,800 INDIVIDUALS AND FAMILIES. SERVICES ARE PROVIDED IN FAMILY HOMES AND INCLUDE ASSISTING PARENTS WITH DEVELOPMENT OF SKILLS TO HELP THEIR CHILDREN, PROVIDE EMOTIONAL SUPPORT, ENCOURAGEMENT AND EMPOWERMENT, AND OFFER PRACTICAL SOLUTIONS TO HELP IN MANAGING FAMILY LIFE. SPECIALIZED PROGRAMS INCLUDE ASSISTANCE TO FAMILIES WITH CHILDREN WHO HAVE CHRONIC HEALTH CONDITIONS, AND FOR LOW INCOME PREGNANT WOMEN.

4c (Code:) (Expenses \$ **2,147,569.** including grants of \$ **2,431.**) (Revenue \$ **875,576.**)
HOMEMAKER SERVICES AND ADULT IN-HOME CARE - ASSISTS HANDICAPPED PERSONS IN THEIR HOMES WITH SHOPPING, PERSONAL LAUNDRY, PREPARATION OF MEALS, HOUSEKEEPING AND OTHER CARE.

4d Other program services (Describe in Schedule O.)
(Expenses \$ **3,561,818.** including grants of \$ **277,712.**) (Revenue \$ **654,400.**)

4e Total program service expenses **10,460,755.**

**CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE**

Form 990 (2017)

02-0222164 Page 3

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			X

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

	Yes	No
10a	X	
b	X	
10b	X	
11a	X	
b		
11a	X	
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a	X	
15a	X	
b		X
15b		X
16a		X
b		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NH**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - (603) 668-1920**
464 CHESTNUT STREET, MANCHESTER, NH 03105

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

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

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

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM CONRAD CHAIRMAN	2.00	X						0.	0.	0.
(2) ELAINE BRODY 1ST VICE CHAIR	2.00	X						0.	0.	0.
(3) LOU KAUCIC 2ND VICE CHAIR	2.00	X						0.	0.	0.
(4) KIRK LEONI TREASURER	2.00	X						0.	0.	0.
(5) KEN SHELDON ASSISTANT TREASURER	2.00	X						0.	0.	0.
(6) PEGGY LAMBERT SECRETARY	2.00	X						0.	0.	0.
(7) MARILYN MAHONEY IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(8) LAUREN ADAMS TRUSTEE	2.00	X						0.	0.	0.
(9) SUZANNE BOULTER, MD TRUSTEE	2.00	X						0.	0.	0.
(10) MARIA DEVLIN TRUSTEE	2.00	X						0.	0.	0.
(11) TIFFANY DIAMOND TRUSTEE	2.00	X						0.	0.	0.
(12) BRAD KUSTER TRUSTEE	2.00	X						0.	0.	0.
(13) LYNDSEE PASKALIS TRUSTEE	2.00	X						0.	0.	0.
(14) STEPHANIE SINGLETON TRUSTEE	2.00	X						0.	0.	0.
(15) JENNIFER STEBBINS TRUSTEE	2.00	X						0.	0.	0.
(16) BORJA ALVAREZ DE TOLEDO CHIEF EXECUTIVE OFFICER	40.00			X				170,623.	0.	13,186.
(17) ANTHONY CHEEK CHIEF FINANCIAL OFFICER	40.00			X				100,827.	0.	6,356.

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	132,171.				
	b Membership dues					
	c Fundraising events	189,546.				
	d Related organizations					
	e Government grants (contributions)	6,979,130.				
	f All other contributions, gifts, grants, and similar amounts not included above	1,749,855.				
	g Noncash contributions included in lines 1a-1f: \$	159,343.				
	h Total. Add lines 1a-1f	9,050,702.				
	Program Service Revenue	2 a <u>HOMEMAKER SERVICES</u>	624100 875,576.	875,576.		
b <u>CHILD ABUSE TREATMENT AND FAMILY</u>		624100 674,124.	674,124.			
c <u>OTHER PROGRAMS</u>		624100 654,400.	654,400.			
d <u>CHILD ABUSE PREVENTION</u>		624100 328,762.	328,762.			
e						
f All other program service revenue						
g Total. Add lines 2a-2f		2,532,862.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				465,489.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	15,991,440.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	16,052,006.			
		c Gain or (loss)	-60,566.			
d Net gain or (loss)	-60,566.			-60,566.		
8 a Gross income from fundraising events (not including \$ 189,546. of contributions reported on line 1c). See Part IV, line 18	a	240,145.				
	b Less: direct expenses	37,531.				
	c Net income or (loss) from fundraising events	202,614.			202,614.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>MANAGEMENT FEES</u>	624410	136,800.			136,800.	
	b <u>OTHER REVENUE</u>	900099	32,024.		32,024.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		168,824.			
12 Total revenue. See instructions.		12,359,925.	2,532,862.	0.	776,361.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	64,831.	64,831.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	744,298.	744,298.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	403,022.	82,948.	320,074.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,552,923.	5,764,936.	522,857.	265,130.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	754,130.	674,317.	53,888.	25,925.
10 Payroll taxes	751,020.	646,231.	73,785.	31,004.
11 Fees for services (non-employees):				
a Management				
b Legal	27,320.		27,320.	
c Accounting	30,255.		30,255.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,771.		27,771.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	547,074.	485,786.	44,338.	16,950.
12 Advertising and promotion				
13 Office expenses	269,256.	202,036.	33,578.	33,642.
14 Information technology	154,946.	145,684.	3,950.	5,312.
15 Royalties				
16 Occupancy	698,568.	665,419.	24,954.	8,195.
17 Travel	480,812.	477,169.	2,542.	1,101.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,719.	29,850.	12,376.	3,493.
20 Interest	300,049.	229,449.	70,600.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,299.	709.	68,590.	
23 Insurance	74,678.	64,583.	7,550.	2,545.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN KIND CONTRIBUTIONS	159,403.	135,809.	23,594.	
b MISCELLANEOUS	40,917.	28,497.	10,129.	2,291.
c MEMBERSHIP DUES	40,626.	18,203.	20,019.	2,404.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,236,917.	10,460,755.	1,378,170.	397,992.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	932,764.	1	783,206.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	326,082.	3	516,748.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	201,052.	9	241,546.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,519,967.		
	b	Less: accumulated depreciation	879,721.	10c	640,246.
	11	Investments - publicly traded securities	15,900,471.	11	17,630,209.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,730,229.	15	4,797,325.
16	Total assets. Add lines 1 through 15 (must equal line 34)	22,552,392.	16	24,609,280.	
Liabilities	17	Accounts payable and accrued expenses	943,983.	17	831,231.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	4,480,005.	20	4,345,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,168,384.	25	1,062,342.
	26	Total liabilities. Add lines 17 through 25	6,592,372.	26	6,238,573.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	10,827,361.	27	12,588,907.
	28	Temporarily restricted net assets	1,998,996.	28	2,251,205.
	29	Permanently restricted net assets	3,133,663.	29	3,530,595.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,960,020.	33	18,370,707.	
34	Total liabilities and net assets/fund balances	22,552,392.	34	24,609,280.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,359,925.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,236,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	123,008.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,960,020.
5	Net unrealized gains (losses) on investments	5	2,287,679.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,370,707.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2017)

CHILD AND FAMILY SERVICES OF

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

CHILD AND FAMILY SERVICES OF

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,932,903.	8,947,520.	9,522,304.	8,718,948.	9,050,702.	46,172,377.
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	2,178,807.	1,665,760.	1,673,930.	1,704,326.	2,532,862.	9,755,685.
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	12,111,710.	10,613,280.	11,196,234.	10,423,274.	11,583,564.	55,928,062.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						55,928,062.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	12,111,710.	10,613,280.	11,196,234.	10,423,274.	11,583,564.	55,928,062.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	432,258.	414,352.	252,075.	308,541.	465,489.	1,872,715.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	432,258.	414,352.	252,075.	308,541.	465,489.	1,872,715.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,543,968.	11,027,632.	11,448,309.	10,731,815.	12,049,053.	57,800,777.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	96.76 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	96.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	3.24 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	3.06 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

CHILD AND FAMILY SERVICES OF

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) 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.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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 (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 in 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 in 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 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		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

CHILD AND FAMILY SERVICES OF

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

CHILD AND FAMILY SERVICES OF

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

CHILD AND FAMILY SERVICES OF

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE	Employer identification number 02-0222164
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Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE	Employer identification number 02-0222164
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF NEW HAMPSHIRE 129 PLEASANT STREET CONCORD, NH 03301	\$ 4,146,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 330 C STREET SW WASHINGTON, DC 20201	\$ 707,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STATE OF NEW HAMPSHIRE 29 HAZEN DR CONCORD, NH 033016527	\$ 836,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ONE SKY COMMUNITY SERVICES, INC. 755 BANFIELD RD, SUITE 3 PORTSMOUTH, NH 03801	\$ 463,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SALLY ADDISON C/O MCLANE MIDDLETON, 11 SOUTH MAIN STREET CONCORD, NH 03301	\$ 249,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARY GALE FOUNDATION C/O C/O NH CHARITABLE FOUNDATION, 37 PLEASANT STREET CONCORD, NH 03301	\$ 197,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE	Employer identification number 02-0222164
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GREEN MOUNTAIN FOUNDATION P.O. BOX 1014 YORKTOWN HEIGHTS, NY 10598	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE	Employer identification number 02-0222164
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE** Employer identification number **02-0222164**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

CHILD AND FAMILY SERVICES OF

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

CHILD AND FAMILY SERVICES OF

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		34,175.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			34,175.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION HAS ONE PAID STAFF MEMBER WHO DEVOTES APPROXIMATELY 25% OF THEIR TIME TO LOBBYING ACTIVITIES. THEIR TIME IS CAPTURED VIA MONTHLY REPORTS FILED WITH THE STATE OF NEW HAMPSHIRE. THEIR ACTIVITIES CONSIST OF DIRECT CONTACT WITH LEGISLATORS, TESTIFYING AT PUBLIC HEARINGS, PREPARING BACKGROUND AND POSITION PAPERS, DRAFTING

CHILD AND FAMILY SERVICES OF

Part IV Supplemental Information (continued)

LEGISLATION, WORKING WITH LEGISLATIVE SUBCOMMITTEES, AND CONTACT WITH
CITIZENS INTERESTED IN THE ISSUES BEING FOLLOWED BY THE ORGANIZATION.
THESE ISSUES INCLUDE: DIVORCE, CHILD SUPPORT, CHILD CUSTODY, JUVENILE
JUSTICE, CHILD ABUSE AND NEGLECT, FUNDING FOR HUMAN SERVICES, FOSTER
CARE AND ADOPTION, AND GENERAL NONPROFIT ISSUES.

THE ORGANIZATION ALSO MAINTAINS A VOLUNTEER COMMITTEE KNOWN AS THE NH
CHILDREN'S LOBBY COMMITTEE. IN ADDITION TO PROVIDING ADVICE AND
GUIDANCE TO THE PAID STAFF, VOLUNTEER MEMBERS OF THIS COMMITTEE ALSO
HAVE DIRECT CONTACT WITH LEGISLATORS THROUGH TESTIFYING AT PUBLIC
HEARINGS, WORKING WITH LEGISLATIVE SUBCOMMITTEES, TELEPHONE, EMAIL AND
LETTERS. THE VOLUNTEERS ARE NEITHER PAID FOR THEIR TIME NOR REIMBURSED
FOR THEIR EXPENSES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2017 Open to Public Inspection

Name of the organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE Employer identification number 02-0222164

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,900,471.	15,530,019.	16,910,992.	16,978,687.	14,955,171.
b Contributions	323,262.	32,233.	402,240.	105,399.	240,040.
c Net investment earnings, gains, and losses	2,426,336.	1,156,056.	-866,823.	544,412.	2,602,476.
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,020,000.	-817,837.	-916,390.	-717,506.	-819,000.
f Administrative expenses					
g End of year balance	17,630,209.	15,900,471.	15,530,019.	16,910,992.	16,978,687.

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

- a Board designated or quasi-endowment 87.00 %
- b Permanent endowment 9.00 %
- c Temporarily restricted endowment 4.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		437,886.	50,713.	387,173.
d Equipment		796,686.	583,514.	213,172.
e Other		285,395.	245,494.	39,901.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				640,246.

**CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE**

Schedule D (Form 990) 2017

02-0222164 Page 3

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM CHILD AND FAMILY REALTY CORP.	2,929,419.
(2) BENEFICIAL INTEREST HELD IN TRUSTS	1,867,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,797,325.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	1,062,342.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,062,342.

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

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

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

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

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

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

Part XIII Supplemental Information (continued)

INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION'S FEDERAL FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER FILING.

CHILD AND FAMILY SERVICES OF

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SLEEP OUT (event type)	XMAS RADIOT (event type)	2 (total number)		
Revenue	1	137,601.	197,943.	94,147.	429,691.	
	2	5,000.	134,538.	50,008.	189,546.	
	3	132,601.	63,405.	44,139.	240,145.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9	7,077.	10,550.	19,904.	37,531.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				37,531.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				202,614.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

CHILD AND FAMILY SERVICES OF

Schedule G (Form 990 or 990-EZ) 2017 NEW HAMPSHIRE

02-0222164 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

**CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE**

Employer identification number
02-0222164

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND FAMILY REALTY CORP. 464 CHESTNUT STREET MANCHESTER, NH 03105	02-0438589	501(C)(25)	64,831.	0.			TO OFFSET EXPENSES OF AFFILIATE THAT HOLDS REAL ESTATE USED BY THE ORGANIZATION.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (2017)

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

Schedule I (Form 990)

02-0222164

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EARLY INTERVENTION	3.	1,505.	0.		
ADOPTIONS AND PREGNANCY COUNSELING	1.	500.	0.		
SUMMER CAMP	60.	8,026.	0.		

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) BORJA ALVAREZ DE TOLEDO	170,623.	0.	0.	0.	13,186.	183,809.	0.
(ii) CHEF EXECUTIVE OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

**CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE**

Employer identification number
02-0222164

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NHHEFA	02-02798666	44614SM2	07/31/09	5,450,000.	BUILDING IMPROVEMENTS		X		X		X
B											
C											
D											

Part II Proceeds

	A		B	C	D
	Yes	No			
1 Amount of bonds retired					
2 Amount of bonds legally defeased					
3 Total proceeds of issue		5,285,000.			
4 Gross proceeds in reserve funds					
5 Capitalized interest from proceeds					
6 Proceeds in refunding escrows		1,405,000.			
7 Issuance costs from proceeds		200,000.			
8 Credit enhancement from proceeds					
9 Working capital expenditures from proceeds		4,500.			
10 Capital expenditures from proceeds		3,840,500.			
11 Other spent proceeds					
12 Other unspent proceeds					
13 Year of substantial completion					

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

02-0222164

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>						
b Exception to rebate?		<input checked="" type="checkbox"/>						
c No rebate due?		<input checked="" type="checkbox"/>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>							
b Name of provider	RBS CITIZENS							
c Term of hedge	21.0000000							
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>						
e Was the hedge terminated?		<input checked="" type="checkbox"/>						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE** Employer identification number **02-0222164**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>CLIENT ITEMS</u>)	X	2,800	159,343.	FAIR MARKET VALUE
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHILD AND FAMILY SERVICES OF
NEW HAMPSHIRE

Employer identification number

02-0222164

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE BELIEVE: EVERY CHILD IS ENTITLED TO NURTURANCE, PROTECTION, AND A
CHANCE TO DEVELOP THEIR FULL POTENTIAL; CHILDREN NEED STRONG FAMILIES
AND CARING COMMUNITIES--THE WELL-BEING OF FUTURE GENERATIONS DEPENDS ON
THE QUALITY OF CARE PROVIDED TO EACH CHILD TODAY; WE ADVANCE THEIR
WELL-BEING BY PROVIDING AN ARRAY OF SOCIAL SERVICES TO STRENGTHEN
FAMILY LIFE AND PROMOTING COMMITMENT TO THEIR NEEDS.

CFS HAS BEEN ADDRESSING HUMAN NEED AT EVERY AGE AND STAGE OF LIFE FOR
166 YEARS. USING A COLLABORATING NETWORK OF MORE THAN 200 PROVIDERS,
THE AGENCY OFFERS 28 PROGRAMS STATEWIDE. LAST YEAR 12,500 INDIVIDUALS
PARTICIPATED FROM 16 SITES, AND 93% LIVED IN POVERTY. ACCESS IS MADE
POSSIBLE USING A LIBERAL SLIDING FEE SCALE AVAILABLE.

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

THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING. ALL BOARD MEMBERS ARE
PROVIDED A COPY OF THE 990 BEFORE FILING.

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

BOARD MEMEBERS ARE REQUIRED TO SIGN A STATEMENT ANNUALLY THAT THEY HAVE
DISCLOSED ANY POTENTIAL CONFLICTS.

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

THE TREASURER PREPARES A REPORT FOR THE COMPENSATION COMMITTEE THAT
INCLUDES THE USE OF COMPENSATION SURVERYS. THE COMPENSATION COMMITTEE

Name of the organization CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE	Employer identification number 02-0222164
---	--

REVIEWS THE INFORMATION PROVIDED ALONG WITH THE INFORMATION OBTAINED BY COMMITTEE MEMBERS FROM OTHER NON-PROFIT ORGANIZATIONS. BASED ON THIS INFORMATION, THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD FOR THEIR CONSIDERATION. THE BOARD THEN DETERMINES AND APPROVES THE FINAL COMPENSATION AMOUNT.

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

THE ORGANIZATION RELEASES AN ANNUAL REPORT EACH YEAR. THE REPORT INCLUDES INSTRUCTIONS ON HOW TO OBTAIN A COPY OF THE AUDIT. OTHER DOCUMENTS AND POLICIES ARE PROVIDED UPON REQUEST.

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	CHILD AND FAMILY SERVICES REALTY CORP	K	272,000.	FAIR MARKET VALUE		X
(2)	CHILD AND FAMILY SERVICES REALTY CORP	L	136,800.	FAIR MARKET VALUE		X
(3)	CHILD AND FAMILY SERVICES REALTY CORP	B	64,831.	FAIR MARKET VALUE		X
(4)						
(5)						
(6)						

Board of Trustees 2018

Borja Alvarez de Toledo

464 Chestnut Street
Manchester, NH 03105

Work: (603) 518-4300
Cell: (603) 782-6442
Bus. Fax: (603) 668-6260

Email: AlvarezdetoledoB@cfsnh.org
Employer: Child and Family Services of NH
Job Title: President/CEO

Lauren Adams

Trustee since: September 2014

96 Elm Street
Norwich, VT 05055

Home: (802) 649-7122
Work: (603) 225-0477
ext. 300

E-mail: lgadams2012@gmail.com
Employer: Hess Gehris Solutions
Job Title: Mediator and Conflict Resolution Consultant

Suzanne Boulter, MD

Trustee since: May 2012

PO Box 402
Waterville Valley, NH 03215

Cell: (603) 496-1511

E-mail: drs Boulter@yahoo.com
Employer: Dartmouth Medical School
Job Title: Doctor/Professor Pediatrics

Elaine Brody

1st Vice Chair

Trustee since: May 2005

148 Webster Street
Hudson, NH 03051

Home: (603) 883-2842
Cell: (603) 860-3586
Bus. Fax: (678) 536-1361

E-mail: epbrody@gmail.com

Bill Conrad

Chair

Trustee since: May 1994

76 Plummer Road
Bedford, NH 03110

Home: (603) 666-0072
Work: (603) 263-1643
Cell: (603) 703-7841

E-mail: billc@ppne.biz
Employer: Poultry Products Northeast
Job Title: Chief Operating Officer

Maria Devlin

Trustee since: May 2014

70 Bean Road
Merrimack, NH 03054

Cell: (603) 545-7841

E-mail: maria.devlin@redcross.org
Employer: Red Cross
Job Title: Chief Executive Officer

Tiffany Diamond

Trustee since: May 2015

5 Harvey Drive
Goffstown, NH 03045

Cell: (603) 661-8690

E-mail: tiffanyd7194@gmail.com
Employer: Paradigm Health Plans
Job Title: Vice President of Operations

Kara Dougherty*Trustee since: December 2017*4 Homestead Circle
Hampton, NH 03842Cell: (312) 550-1721
Work: (603) 628-1268Email: kara.dougherty@mclane.com
Employer: McLane Middleton
Job Title: Corporate Attorney**Gwendolyn Gladstone***Trustee since: October 2017*24 Greenleaf Drive
Exeter, NH 03833

Home: (603) 475-5779

Email: WAGladstone@comcast.net
Employer: Children's Hospital at Dartmouth**Lou Kaucic***2nd Vice Chair**Trustee since: May 2012*31 Lower Smith Road
Sanbornton, NH 03269Home: (603) 527-1910
Cell: (913) 636-7474E-mail: lkaucic@mac.com
Employer: Coaches Collective International
Job Title: Founder/Executive Director**Brad Kuster***Trustee since: May 2005*331 Gould Hill Road
Hopkinton, NH 03229Home: (603) 746-3245
Cell: (603) 491-4769
Work: (603) 226-1919E-mail: bradkuster@gmail.com
Employer: Conservation Law Foundation
Job Title: Attorney**Peggy Lambert***Secretary**Trustee since: May 2007*654 Raymond Road
Auburn, NH 03032Home: (603) 483-5143
Work: (603) 663-6408
Cell: (603) 540-6387E-mail: peglamb@comcast.net
Employer: Catholic Medical Center
Job Title: Director of Critical Care Services**Kirk Leoni***Treasurer**Trustee since: May 2012*114 Reservoir Drive
Weare, NH 03281Work: (603) 410-2736
Home: (603) 529-7730E-mail: kleoni@nathanwechsler.com
Employer: Nathan Wechsler & Company
Job Title: CPA/President**Marilyn Mahoney***Trustee since: May 1998*51 High Street
Manchester, NH 03104Work: (603) 668-0359
Home: (603) 497-2160
Cell: (603) 494-9673
Bus. Fax: (603) 624-2364E-mail: mmahoney@harveymahoney.com
Employer: Harvey & Mahoney Law Offices
Job Title: Attorney, Founding Member/Partner**Lyndsee Paskalis***Trustee since: May 2016*45 Nathan Cutler Drive
Bedford, NH 03110

Cell: (978) 290-2893

E-mail: lpaskalis@slvlaw.com
Employer: Stebbins, Lazos & Van Der Beken
Job Title: Attorney

Jeffrey Seifert*Trustee since: December 2017*14 Dartmouth Circle
Bedford, NH 03110

Work: (603) 695-3475

E-mail: jeffrey.seifert@td.com

Employer: TD Bank, N.A.

Job Title: Regional Vice President

Ken Sheldon*Assistant Treasurer**Trustee since: May 2012*32 Blueberry Hill Road
Amherst, NH 03031

Home: (603) 647-7936

Work: (603) 494-0762

E-mail: kenneth.r.sheldon@baml.com

Employer: Bank of America

Job Title: NH President, SVP/SR Client Manager

Stephanie Singleton*Trustee since: February 2016*PO Box 916
Hanover, NH 03755

Cell: (603) 667-0731

E-mail: stephanielsingleton@hotmail.com

Employer: Press Ganey Associates

Job Title: Advisor, Patient-Reported Outcomes

Jennifer Stebbins*Trustee since: May 2016*24 Worcester Square #3
Boston, MA 02118

Cell: (603) 759-1958

E-mail: jnstebbins@gmail.com

Employer: XSS Hotels

Job Title: Financial Strategist

COUNSELING, INTERVENTION & TREATMENT

BEHAVIORAL / MENTAL HEALTH COUNSELING-- For children, youth, adults, couples and families. Help with child behavior challenges, problems in school, divorce, step-family adjustment, family violence, relationship conflicts, emotional complaints, stress, self-defeating behaviors, addictive behaviors, loss, trauma, anxiety, phobias, and compulsions. Offers a full program of family life education groups.

Our professional team of licensed therapists have specialized training in working with children and families. Supervision meets the highest standards of the National Association of Social Workers and the American Association for Marriage and Family Therapy.

Court-ordered supervised visitation for children and their non-custodial parent: PARENT AIDE (CHILD HEALTH SUPPORT SERVICES)-- On and off-site supervised visits to help maintain the parent-child bond, provide emotional support, community resources, parenting education, and strategies for families who are involved in child protective services. Designed to improve family dynamic.

SAFE VISITATION & EXCHANGE PROGRAM: Located in West Lebanon, NH, our center provides a structured and secured environment for children to interact with a parent in the presence of a neutral third party. Allows for comfortable transfer of child from one parent to another without parental interaction. Serves families involved with Vermont Protective Services and NH and VT courts.

Court-referred youth: THERAPEUTIC DAY TREATMENT PROGRAM—Intensive daily programs and treatment services for adjudicated youth, ages 13-18, and their families. Designed to prevent costly residential placement.

TRACKING— Provides therapeutic community services. Includes intensive tracking, supervision, and mentoring of youth (ages 11-17).

Court-referred family interventions: INTEGRATED HOME BASED / INTENSIVE FAMILY BASED SERVICES (NH/VT) Short-term services designed to restore positive functioning in families that need multiple interventions. Services include family therapy, youth tracking, family skill building, resource development, and parent education and support.

PERMANENCY SOLUTIONS / FOSTER CARE - (INDIVIDUALIZED SERVICE OPTIONS)--A high intensity, multi-faceted program designed to facilitate permanence for at-risk youth. Tailors a variety of therapeutic, social and community-based services to the specific needs of a child and his/her family and endeavors to create a safe, stable, positive home environment for each child. Specializes in foster care placement and foster parent recruitment, training, and support.



HOMELESS YOUTH SERVICES

RUNAWAY AND HOMELESS YOUTH PROGRAM—Crisis intervention for run-away & homeless youth, and those at risk of running away.

STREET OUTREACH—A street team canvasses the community serving as a life-line to young people who are experiencing homelessness.

TRANSITIONAL LIVING PROGRAM—Safe, stable housing and support services to homeless youth, ages 18-21. *Specialty TLP for those who are pregnant or parenting.*

YOUTH RESOURCE CENTER --Located on 326 Lincoln Street, Manchester, the YRC is a drop-in center where youth who are experiencing homelessness can access basic needs such as food, clothing, showers, and laundry, and benefit from other life-changing services such as substance abuse treatment, mental health counseling, job training, educational advocacy, and more.

COMMUNITY OUTREACH

HUMAN TRAFFICKING PROGRAM— Services and support for individuals who have experienced or are experiencing sexual exploitation or exploitation in their work. Serves people of all ages, genders, nationalities, and socio-economic statuses throughout New Hampshire. Services are provided in the community, where it is most convenient and safe for those with whom we work.

SCHOOL-BASED SERVICES

SCHOOL BASED PROGRAMS— Dedicated to ensuring positive academic and social outcomes. Focuses on substance abuse prevention, violence prevention, successful home and school partnerships, life skills training, positive peer leadership and goal development. Provides counseling and case management. K – 12.

COMMUNITY GROUPS: PARENT ED /SUPPORT

VARIOUS -- CFS offers a variety of groups for parents throughout NH. Each series focuses on a specific area of interest such as, divorce, special needs, teens, finances, fatherhood, substance misuse, etc., and follows a different curriculum. cfsnh.org.

EARLY CHILDHOOD / FAMILY SUPPORT

ADOPTIVE PARENT SERVICES—

Homestudies for domestic adoptions; consultation; mediation; and post adoption search and reunion coordination, including counseling and support for birth parents, adoptees, and siblings.

PREGNANCY COUNSELING/BIRTHPARENT SERVICES—

Unbiased, confidential counseling for parents facing unplanned pregnancy. Expert adoption planning services available.

For children who have developmental concerns:

EARLY INTERVENTION (EARLY SUPPORTS & SERVICES)—Family centered early supports & services and therapies to infants and toddlers (birth to three) who have developmental disabilities, developmental delays, or who are at risk of delays. Services are provided in the child's natural environment.

Empowers families and ensures a good start for babies:

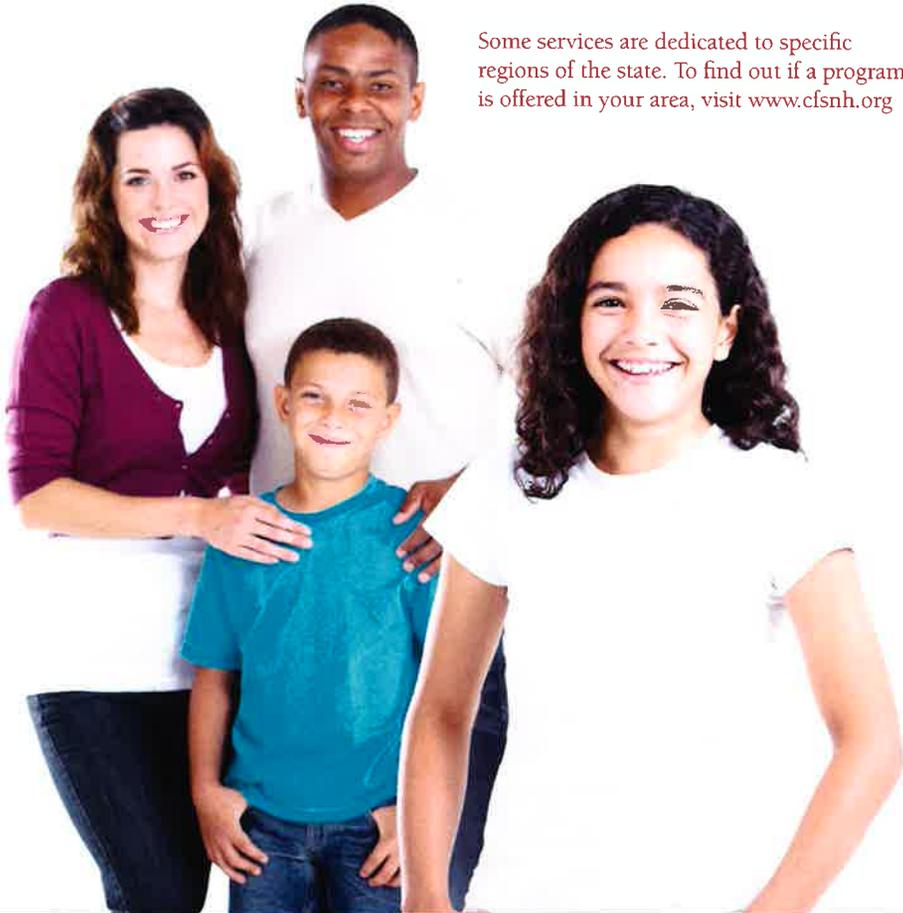
FAMILY SUPPORT PROGRAMS — A variety of services designed to assist families with children ages 0-21. Provides emotional support and practical solutions in managing family life. In-home education and support helps to develop skills in areas of child development, communication, healthy choices, budgeting, nutrition, conflict resolution, discipline, and resourcefulness. The Home Visiting team includes nurses, social workers, developmental specialists, and health educators who provide an array of services to families to ensure good prenatal care, successful birth outcomes, positive early parent/child relationships, optimal early childhood development, and on-going family success.

For children who have chronic health conditions:

PARTNERS IN HEALTH — Assists families who have a child (birth to 21) with a chronic health condition. Family-centered. Helps families to identify and access resources, and assists with school, insurance companies, medical providers and other resources/services.

CFS OVERVIEW: Child and Family Services of NH is a private, nonprofit that works to advance the well-being of children, youth, families, and seniors, through an array of social services that includes following: child abuse prevention, intervention, treatment; mental health counseling; home-based family strengthening & support; runaway & homeless youth services; senior/eldercare; transitional & independent living; foster care; human trafficking response; in-school social work; early intervention for children with developmental concerns; after-school programs; pregnancy counseling and prenatal supports; support for families with children who have chronic health conditions; adoption; summer camp; and a child advocacy program that works at the legislative level to protect the best interests of children. Through direct service practice and public policy initiatives, CFS is unique in its ability to guard the rights and serve the needs of New Hampshire children.

Some services are dedicated to specific regions of the state. To find out if a program is offered in your area, visit www.cfsnh.org



ADVOCACY

Improves the lives of children and families through legislative, judicial, and public policy initiatives. Our advocacy work is guided by the **NH CHILDREN'S LOBBY** advisory committee, which is comprised of representatives from the CFS board, and child advocates from various organizations throughout NH.

SUMMER CAMP

CAMP SPAULDING (in partnership with the **YMCA of Greater Nashua**)—An overnight summer camp for boys and girls ages 7-15. Camp activities include arts & crafts, horseback riding, archery, canoeing, fishing, swimming lessons, hiking, field trips, activity days, campfires, and high and low ropes courses.

SENIOR & INDEPENDENT LIVING

HOME CARE—Helps seniors, individuals with disabilities, and those recovering from illness or injury, to maintain quality of life and independence in their own home. Skilled, caring professionals including personal care service providers, licensed nursing assistants, a registered nurse, homemakers and companions, work to meet clients' physical, emotional, and environmental needs. Assists with ambulation, nutrition, personal care, medication reminders and household maintenance.



CHILD AND FAMILY SERVICES - PROGRAM QUICK -GUIDE

**Manchester Office
Statewide Headquarters**
464 Chestnut St.
Manchester, NH
800-640-6486 or
603-518-4000
www.cfsnh.org
Email: info@cfsnh.org

Youth Resource Center
326 Lincoln St.
Manchester, NH
603-518-4170

Keene Office
29 Center St.
Keene, NH
603-357-8772

Concord Office
103 No. State St.
Concord, NH
603-224-7479

Dover
279 Locust St. Ste. B
Dover, NH
603-742-5662

Exeter Office
9 Hampton Rd.
Exeter, NH
603-772-3786

Lakes Region
719 North Main St.
Laconia, NH
603-524-5835

Lancaster
25 Main St.
Lancaster, NH
603-788-4172

Littleton Office
28 Lafayette Ave
Littleton, NH
603-444-0418

Nashua Office
113 West Pearl St.
Nashua, NH
603-889-7189

Upper Valley Office
63 Hanover St.
Lebanon, NH
603-298-8237

Camp Spaulding
210 Bog Road
Penacook, NH
603-753-9337
www.campspaulding.org



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CHANGING LIVES

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STATEWIDE QUICK GUIDE TO CFS PROGRAMS & SERVICES 2018



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Child and Family Services