Form 990

Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending		
Β	Check in applicat	le: C Name of organization		D Employer identific	cation number
X	Addr	REACHING HIGHER NEW HAMPSHIRE, INC.			
	Nam Chan			47-43978	33
	Initia		Room/suite	E Telephone number	
	Final	11 SOUTH MAIN STREFT	200	603-860-2	
	term ated			G Gross receipts \$	427,632.
	Ame retur	CONCORD, NH 03301		H(a) Is this a group re	turn
	Appl tion	F Name and address of principal officer. ADAM ROBDIG		for subordinates	? Yes X No
	penc	IO HIGHLAND STREET, PORTSMOUTH, NH 030	801	H(b) Are all subordinates in	cluded? Yes No
<u> </u>	Tax-e	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2015 N	State of legal domicile: NH
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities:			
ů U		TO PROVIDE ALL NEW HAMPSHIRE CHILDREN WIT			
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	_
Š	3				<u> </u>
			t voting members of the governing body (Part VI, line 1b)		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6
Activities &	6	Total number of volunteers (estimate if necessary)		11	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	k	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		432,375.	415,026.
ēn	9	Program service revenue (Part VIII, line 2g)		6,605.	10,905.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,701.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 438,980.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		438,980.	427,632.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		297,925.	307,209.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		297,925.	0.
Expenses	168	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)		123,147.	133,411.
_	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		421,072.	440,620.
	1	Revenue less expenses. Subtract line 18 from line 12		17,908.	-12,988.
- 9	19 a			ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		306,089.	291,924.
Asse	20			4,203.	3,026.
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		301,886.	288,898.
	art II			501,000.	200,000.
		I e griater a process alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, 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
ADAM RUEDIG, CO-CHAIR
Type or print name and title
Print/Type preparer's name
Preparer's signature
Date
Check
PTIN

Paid	SOLOMON	MARDAKHAEV	SOLOMON	MARDAKHAEV	08/24	/23 self-employed	P0180655	2
Preparer	Firm's name	WIPFLI LLP				Firm's EIN 39-	-0758449	
Use Only	Firm's address	170 N. RADNOR-CHE	STER RD,	SUITE 200				
		RADNOR, PA 19087				Phone no. 610 .	565.3930	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	In the separate instructions. For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) REACHING HIGHER NEW HAMPSHIRE, INC.	47-4397833 Page 2
		X
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: REACHING HIGHER NH'S MISSION IS TO PROVIDE ALL NEW	
	WITH THE OPPORTUNITY TO PREPARE FOR COLLEGE, FOR IM	MEDIATE CAREERS,
	AND FOR THE CHALLENGES AND OPPORTUNITIES OF LIFE IN	21ST CENTURY NH,
	BY SERVING AS A PUBLIC EDUCATION POLICY AND COMMUNI	· · · · · ·
2	Did the organization undertake any significant program services during the year which were not listed	
2		
	prior Form 990 or 990-EZ?	
	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 s If "Yes," describe these changes on Schedule O.	services? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	
		is to others, the total expenses, and
<u> </u>	revenue, if any, for each program service reported.	10 005
4a		_) (Revenue \$)
	PROVIDING CONTENT AND ANALYSIS ON POLICY AND LEGISL	
	PUBLIC EDUCATION, THROUGH STRAIGHTFORWARD, FACT-BAS	
	AND OTHER RESOURCES. SERVING AS A COMPREHENSIVE NEW	S RESOURCE BY
	PROVIDING GRANITE STATERS WITH THE LATEST HEADLINES	, RESEARCH, AND
	RESOURCES TO BECOME BETTER ENGAGED AND INFORMED ON	· · · · · · · · · · · · · · · · · · ·
	ISSUES AND HOW THOSE ISSUES MIGHT IMPACT THEIR COMM	
	AND PROMOTING POLICY AND PRACTICES THAT STRENGTHEN	
	IMPROVE EDUCATIONAL OUTCOMES FOR ALL NH STUDENTS. W	
	DIVERSITY OF STAKEHOLDERS TO FURTHER LOCAL INNOVATI	ON AND RAISE PUBLIC
	AWARENESS OF KEY PUBLIC EDUCATION POLICY INITIATIVE	S, OPPORTUNITIES,
	AND CHALLENGES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Lode:) (Expenses \$ Including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 282,076.	
		Form 990 (2022)
232002	12 12-13-22	· · · · ·
	3	

Form 990 (2022)			NEW	HAMPSHIRE,
Part IV Checklist of F	Required Scheo	dules		

INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		x
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003	12-13-22		990 ((2022)

232003 12-13-22

4

Form	990	(2022)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	0.54		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Vac	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7		Yes	No
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22			(2022)
	F			、/

5

15290823 147695 134923

Form	990 (2022) REACHING HIGHER NEW HAMPSHIRE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	47-4397	833	P	age 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		L
8	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?				<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b	-		
с	Enter the amount of reserves on hand	13c			37
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				77
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		_	000	
232005	12-13-22		Form	990	(2022)

15290823 147695 134923

Form 990	(2022)
----------	--------

REACHING HIGHER NEW HAMPSHIRE, INC.

47-4397833 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. L	5		X
6	Did the organization have members or stockholders?				6		X
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?				7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?			Ŀ	8a	X	
b	Each committee with authority to act on behalf of the governing body?			.	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?			· [-1	0a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
					0b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	H	1a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			· [1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	, -				v	
40	on Schedule O how this was done				2c	X X	
13	Did the organization have a written whistleblower policy?				13	<u> </u>	X
14 15	Did the organization have a written document retention and destruction policy?			• -	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				50	Х	
a h	The organization's CEO, Executive Director, or top management official			. –	5a 5b		x
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			F	55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ient v	vith a				
100	taxable entity during the year?				6a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			F			
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NH						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)(3)s o	nlv) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.		. (-,	,), -		
	X Own website X Another's website Upon request Other (explain)	on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			ınd fi	nanc	ial	
	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 boo	ks an	d records				
	NICOLE HEIMARCK, EXECUTIVE DIRECTOR - 603-860-2389						
	11 SOUTH MAIN STREET UNIT #200, CONCORD, NH 03301						
232006	3 12-13-22				Form	990	(2022)
	7						,

Form 990 (2022)
Part VII	Cor

Т

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	d
	Employees, an	d Independe	ent Contrac	ctors				

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 the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Т

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do			ition		nne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NICOLE HEIMARCK	60.00			0	×	Ξœ	<u> </u>			
EXECUTIVE DIRECTOR		1		х				111,000.	0.	0.
(2) PAWN NITICHAN	2.00									
CO-CHAIR		Х		х				0.	Ο.	0.
(3) ADAM RUEDIG	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(4) ALAN L. REISCHE (RES. 2022)	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(5) THOMAS D. RATH (RES. 2022)	2.00									-
CO-CHAIR		Х		Х				0.	0.	0.
(6) ASHLEY MAJOR	2.00									•
TREASURER	1 00	Х		Х				0.	0.	0.
(7) HEIDI CRUMRINE	1.00								0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) SELMA NACCACH-HOFF BOARD MEMBER	1.00	x						0.	0.	0
(9) ELIZABETH LAHEY	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) LEWIS M. FELDSTEIN (RES. 2022)	1.00	Δ					<u> </u>		0.	<u>0.</u>
BOARD MEMBER	1.00	х						0.	0.	0.
(11) DR. MARK V. JOYCE (RES. 2022)	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) DAVID A. JUVET (RES. 2022)	1.00									
BOARD MEMBER		Х						0.	0.	0.
										Form 990 (2022)
232007 12-13-22										Form 330 (2022)

8

Form 990 (2022)

	990 (2022) REACHING	HIGHER	NE	W	HA	MP	SH	IR	E, INC.	47-43	3978	333	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(0)			(D)	(E)			(F)	
	Name and title	Average			Posi				Reportable	Reportable		Es	timate	ed
		hours per					than o s both		compensation compensatio			amount of		
		week					r/trust		from	from related			other	
		(list any	ctor						the	organizations		compensation		tion
		hours for	· dire				-pg		organization	(W-2/1099-MISC/		from the		е
		related	ee 01	Istee			insati		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	ndividual trustee or director	nstitutional trustee		yee	90 m De		1099-NEC)			and	d relat	ed
		below	idual	tutior	er	Key employee	est ci loyee	ıer				orga	inizati	ons
		line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former						
											\rightarrow			
											$ \rightarrow $			
	• • • • •								111,000.		0.			
	Subtotal													0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								111,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable				
	compensation from the organization													1
											-		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	higl	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a											-		
•	rendered to the organization? If "Yes," com					-			-			5		Х
Sect	ion B. Independent Contractors		2010	JI SU	CIT	10/50	<u> </u>					v		
1	Complete this table for your five highest co	monsated ind		ndor	nt co	ntro	otor	c th	at received more than \$	100 000 of comp	oncat	ion fro	m	
											CIISALI		,,,,,	
	the organization. Report compensation for t	ne calendar ye	eare	nuin	g wi	un o	or wit	<u>nın</u> 		ear.		(0		
	(A) Name and business	address	NIC		,				(B) Description of s	ervices	C	C) Dmner	') nsatio	n
		2001035	INC	ONE				_	Description of s			Sinper	154110	
								_						
	T-1-1	L I												
2	Total number of independent contractors (ir		στ lin	nited	ιτοt	hos 0		ed	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	Lalion				0	,						000	

Form **990** (2022)

232008 12-13-22

Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O o	contains a	response	or note to any line		(D)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
S, Amo G		с	Fundraising events		1c					
ar J		d	Related organizations		1d					
imi i			Government grants (contri		1e					
er S		f	All other contributions, gifts,			44 5 000				
ţ			similar amounts not included		1f	415,026.				
onti		-	Noncash contributions included in		1g \$		41E 006			
<u>o</u> e		h	Total. Add lines 1a-1f				415,026.			
						Business Code 541610	10,905.	10,905.		
Program Service Revenue	2		SERVICE FEES			541010	10,905.	10,905.		
erv ue		b								
ven S		с С								
gra Re		d e								
Pro			All other program service	revenue						
			Total. Add lines 2a-2f				10,905.			
	3		Investment income (incluc							
							1,701.			1,701.
	4		Income from investment o							
	5		Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses \dots	6b						
		С	Rental income or (loss)	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Revenue		_	and sales expenses	7b 7c		+				
eve			Gain or (loss)	· · ·						
<u> </u>			Net gain or (loss) Gross income from fundraisin							
Othe	0	a	including \$							
U			contributions reported on							
			Part IV, line 18	-						
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamin	g activities	s. See					
			Part IV, line 19		98	1				
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming act	tivities					
	10	а	Gross sales of inventory, I							
			and allowances		10	a				
		b	Less: cost of goods sold		10	b				
		С	Net income or (loss) from	sales of inv	ventory .					
S						Business Code				
leot	11									
llan (en		b								
Miscellaneous Revenue		C d								
Ë			All other revenue							
	12		Total. Add lines 11a-11d Total revenue. See instruction				427,632.	10,905.	0.	1,701.
23200							,	,		Form 990 (2022

REACHING HIGHER NEW HAMPSHIRE, INC.

232009 12-13-22

Form 990 (2022)

Page **9**

47-4397833

REACHING HIGHER NEW HAMPSHIRE, Part IX Statement of Functional Expenses

INC.

	Check if Schedule O contains a respons ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схрензез	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	111,000.	44,400.	66,600.	
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	144,499.	131,170.	13,329.	
8	Pension plan accruals and contributions (include	, == = •	,		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,190.	21,432.	9,758.	
0	Payroll taxes	20,520.	14,101.	6,419.	
1	Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting	13,263.		13,263.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	65,155.	65,155.		
2	Advertising and promotion				
13	Office expenses	17,532.	5,818.	11,714.	
4	Information technology	,	,		
5	Royalties				
6	Occupancy	29,845.		29,845.	
7	Travel	,			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	6,933.		6,933.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LICENSES AND FEES	683.		683.	
b					
c					
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	440,620.	282,076.	158,544.	0
6	Joint costs. Complete this line only if the organization	,	,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

15290823 147695 134923

REACHING HIGHER	NEW	HAMPSHIRE,	INC.
-----------------	-----	------------	------

47-4397833 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		237,896.	1	288,869.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		68,193.	3	0.
	4	Accounts receivable, net			4	3,055.
	5	Loans and other receivables from any current or f				
		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualified	ed persons (as defined			
		under section 4958(f)(1)), and persons described i	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ą	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	306,089.	16	291,924.	
	17	Accounts payable and accrued expenses	4,203.	17	3,026.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
iabi		controlled entity or family member of any of these	e persons		22	
_	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,203.	26	3,026.
		Organizations that follow FASB ASC 958, chec	khere 🛛 🛛			
ces		and complete lines 27, 28, 32, and 33.				
llan	27			224,522.	27	288,898.
Ba	28			77,364.	28	0.
pun		Organizations that do not follow FASB ASC 95	8, check here			
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ			30	
tA₅	31	Retained earnings, endowment, accumulated inco			31	
Ne	32	Total net assets or fund balances		301,886.	32	288,898.
	33	Total liabilities and net assets/fund balances		306,089.	33	291,924.

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

	990 (2022) REACHING HIGHER NEW HAMPSHIRE, INC.	47-43	97833	Pag	_{ge} 12
Par	t 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		7,6:	
2	Total expenses (must equal Part IX, column (A), line 25)	2),6	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	301	L,8	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	288	3,8	98.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Т

Name of the organization

Name	ame of the organization Employer identification number									
		REAC	HING HIGHE	R NEW HAMPSH	IRE,]	INC.			7-4397833	
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(⁻	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)					
3 [A hospital or a cooperative					-			
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
-		city, and state:								
5		An organization operated for		lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7 [X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in	
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
г		university:								
10 [An organization that norma						-	•	
		activities related to its exem							-	
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
г		See section 509(a)(2). (Cor	• •							
11		An organization organized a	-	•	•					
12 [An organization organized a	-	-	-			•		
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that o	• •					-		
а		Type I. A supporting orga		-	•	-				
		the supported organization			majority o	f the direc	ctors or truste	es of the su	upporting	
		organization. You must c	-							
b		Type II. A supporting org	-				-		•	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus								
С		Type III functionally inte						ly integrate	ed with,	
		its supported organization		-						
d		Type III non-functionally						-		
		that is not functionally int			•		-	an attentiv	/eness	
		requirement (see instructi		-						
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]	
		r the number of supported o	•							
g		vide the following information Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetany	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)	
				above (see instructions))	Yes	No				
Total										

Schedule A (Form 990) 2022 REACHING HIGHER NEW HAMPSHIRE, INC. 47-4397 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

47-4397833 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	431,460.	551,869.	335,683.	432,375.	415,026.	2166413.
2	Tax revenues levied for the organ-						
	ization'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	431,460.	551,869.	335,683.	432,375.	415,026.	2166413.
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)						
	Public support. Subtract line 5 from line 4.						2166413.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	431,460.	551,869.	335,683.	432,375.	415,026.	2166413.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots					1,701.	1,701.
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						2168114.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	380,331.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage			r - r	
	Public support percentage for 2022 (I		-			14	<u>99.92 %</u>
	Public support percentage from 2021						100.00 %
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circl						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	1		-	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
0	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I		•	.,,		15	<u>%</u>
<u>16</u>	Public support percentage from 2021					16	%
	ction D. Computation of Inves					47	
17	Investment income percentage for 20		B			17	<u>%</u>
18	Investment income percentage from			on line 14 and line		18	%
198	33 1/3% support tests - 2022. If the	-					
μ.	more than 33 1/3%, check this box ar	-					
	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•					·
20	-						
	23 12-09-22	In dia not check a	50X 011 III 14, 19		113 DUN AITU SEE IIIS		ule A (Form 990) 2022

Schedule A (Form 990) 2022 REACHING HIGHER NEW HAMPSHIRE, 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

Section A. Public Support

qualify under the tests listed below, please complete Part II.)

INC. 47-4397833 Page 3

15290823 147695 134923

¹⁶ 2022.04030 REACHING HIGHER NEW HAMPS 134923_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

Schedule A (Form 990) 2022 REACHING HIGHER NEW HAMPSHIRE, INC. 47-4397833 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c 11c

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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	2		

Section C. Type II Supporting Organizations

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(a)	1

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have 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	3		

Section E. Type III Functionally Integrated Supporting Organizations

nstructions	S).
15	truction

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" 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.*

Schedule A (Form 990) 2022

Yes No

232025 12-09-22

15290823 147695 134923

18

Sche	edule A (Form 990) 2022 REACHING HIGHER NEW HAN			47-4397833 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
<u>a</u>	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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

REACHING	HIGHER	NEW	HAMPSHIRE,	IN
----------	--------	-----	------------	----

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	· · · · · · · · · · · · · · · · · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive)		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 11; Part IV, Section D, line 12, 30, 30, 40, 40, 60, 80, 99, 95, 41, 41, but and 11; Part IV, Section D, line 12, and 3; Part IV, Section C, line 1; Part IV, Section D, line 2, and 3; Part IV, Section D, line 1; Part V, Section D, line 2, and 3; Part IV, Section D, line 1; Part V, Section D, line 2, and 3; Part IV, Section D, line 2, and 3; Part IV, Section D, line 1; Part V, Section D, line 2, and 3; Part IV, Section D, line 2, and 3; Part IV, Section D, line 3, and 3, Part IV, Section D, line 2, and 3; Part IV, Section D, line 3, and 3, Part IV, Section C, line 3, and 3	Schedule A	(Form 990) 2022	REACHING H	IGHER NEW	HAMPSHIRE,	INC.	47-4397833 Page 8
	Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a,), lines 2 and 3; Part IV, 5	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c	ired by Part II, line 10; 11b, and 11c; Part IV , 2a, 2b, 3a, and 3b; P	Part II, line 17a or , Section B, lines 1 art V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
20228 12-02-21 Schedule A (Form 990) 2022							
Schedula A (Form 990) 2022							
22022 1:09:22 Schedule A (Form 990) 202							
22020 1/2 09-22 Schedule A (Form 990) 202							
22022 12-09-22 Schedule A (Form 990) 202							
22002 12-09-22 Schedule A (Form 990) 202							
22006 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202:							
232028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202							
222028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 2022							
232028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202							
232028 12-09-22 Schedule A (Form 990) 202							
21	232028 12-09-2	22					Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

RE	ACHING HIGHER NEW HAMPSHIRE, INC.	47-4397833
Organization type (check or	le):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

47-4397833

REACHING HIGHER NEW HAMPSHIRE, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 NELLIE MAE EDUCATION FOUNDATION X Person Payroll 1250 HANCOCK STREET, SUITE 205N 100,000. Noncash \$ (Complete Part II for QUINCY, MA 02169 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 NEW HAMPSHIRE CHARITABLE FOUNDATION X Person Payroll **37 PLEASANT STREET** 251,000. Noncash (Complete Part II for CONCORD, NH 03301 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 NATIONAL PUBLIC EDUCATION SUPPORT FUND X Person Payroll 1825 K STREET, NW, SUITE 400 60,000. Noncash \$ (Complete Part II for WASHINGTON, DC 20006 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.04030 REACHING HIGHER NEW HAMPS 134923_1

15290823 147695 134923

223453 11-15-22

24

2022.04030 REACHING HIGHER NEW HAMPS 134923_1

REACHING HIGHER NEW HAMPSHIRE, INC.

Part II Noncash Property (see instructions) Use duplicate conies of Part II if additional space is needed

Part II Nonc	cash Property (see instructions). Use duplicate copies of Pa	art II II additional space is needed.	<u>.</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	

Name of organization

47-4397833

Employer identification number

Schedule B (Form 990) (2022)

	B (Form 990) (2022) rganization			Pag				
	ganzaton							
REACH: Part III	from any one contributor. Complete columns (a)	through (e) and the following lincharitable, etc., contributions of \$1,00	ne entry. For organ	47-4397833 (7), (8), or (10) that total more than \$1,000 for the yea nizations ear. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-	Transferee's name, address, a	(e) Transfer		tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer	Isfer of gift Relationship of transferor to transferee					
(a) No.								
(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, a	nd ZIP + 4	Rela	tionship 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, a	nd ZIP + 4	Rela	tionship of transferor to transferee				
223454 11-15	-22			Schedule B (Form 990) (20				

SCHEDULE C	Po	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)		2022				
	-	anizations Exempt From Income if the organization is described I				Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for in	structions and the la	test information.		Inspection
If the organization answ • Section 501(c)(3) org • Section 501(c) (othe • Section 527 organiz If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (See separate inst	wered "Yes," on ganizations: Com r than section 50 ations: Complete wered "Yes," on ganizations that h ganizations that h wered "Yes," on tructions), then), or (6) organizat	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com 11(c)(3)) organizations: Complete F Part I-A only. Form 990, Part IV, line 4, or For have filed Form 5768 (election unc have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy ions: Complete Part III.	m 990-EZ, Part V, lin plete Part I-C. arts I-A and C below. m 990-EZ, Part VI, lin ler section 501(h)): Co n under section 501(h Tax) (See separate in	ne 46 (Political Camp Do not complete Par ne 47 (Lobbying Act Implete Part II-A. Do I)): Complete Part II-B Instructions) or Forn	t I-B. ivities), th not compl . Do not c n 990-EZ, Employe	ivities), then ete Part II-B. complete Part II-A. Part V, line 35c (Proxy er identification number
Part I-A Compl		G HIGHER NEW HAMP anization is exempt unde				47-4397833
 Provide a description Political campaign Volunteer hours for 	activity expendit					
Part I-B Compl	ete if the ora	anization is exempt under	r section 501(c)(3	3).		
		incurred by the organization unde		·	\$	
2 Enter the amount o	of any excise tax i	incurred by organization manager	s under section 4955		\$	
		n 4955 tax, did it file Form 4720 fo	or this year?			
4a Was a correction m						Yes No
b If "Yes," describe in Part I-C Compl	ete if the org	anization is exempt under	r section 501(c),	except section {	501(c)(3).
-	-	by the filing organization for sect		-		,
		ization's funds contributed to othe				
exempt function ac	tivities				\$	
•	•	. Add lines 1 and 2. Enter here and				
						Yes No
5 Enter the names, a made payments. For contributions received	ddresses and em or each organizat ved that were pro	1120-POL for this year? poloyer identification number (EIN) ion listed, enter the amount paid pomptly and directly delivered to a sadditional space is needed, provide	from the filing organizations for the filing organization organiz	itical organizations to ation's funds. Also er mization, such as a s	which th nter the ar	e filing organization mount of political
(a) Nama	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, en	on's co	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	ion Act Notice	soo the Instructions for Form 00	 0 or 990- 57	1	 6ab	adula C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	REACH	NG HI	GHER NEW HAN	MPSHIRE, INC	2. 47-4	397833 Page 2
Part II-A Complete if the organized section 501(h)).	anizatio	n is exerr	ipt under section	501(c)(3) and file	a Form 5768 (ele	ction under
	-		• • •	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share		, .	• •			
B Check if the filing organizat	tion checke	ed box A an	d "limited control" pro	visions apply.	(a) Filing	(b) Affiliated areas
		ying Exper eans amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1. Total Johnwing expanditures to influ			raceracta labbying)		0.	
1a Total lobbying expenditures to influb Total lobbying expenditures to influ	-				0.	
c Total lobbying expenditures (add lin	-		• • • •		0.	
d Other exempt purpose expenditure					440,620.	
e Total exempt purpose expenditures					440,620.	
f Lobbying nontaxable amount. Ente	•				88,124.	
If the amount on line 1e, column (a) or			oying nontaxable amo			
Not over \$500,000			he amount on line 1e.			
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exce	ass over \$500.000		
Over \$1,000,000 but not over \$1,50	/		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exces			
Over \$17,000,000	500,000	\$1,000,0		33 0001 \$1,000,000.		
		φ1,000,0				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			22,031.	
h Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	-					
reporting section 4911 tax for this			· · · · · ·			Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations th	nat made a	section 50	1(h) election do not h	nave to complete all o	of the five columns be	low.
	See	the separa	te instructions for lin	es 2a through 2f.)		
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	11(),805.	105,392.	84,214.	88,124.	388,535.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						582,803.
c Total lobbying expenditures						
d Grassroots nontaxable amount	27	7,701.	26,348.	21,054.	22,031.	97,134.
e Grassroots ceiling amount			,	,		,
(150% of line 2d, column (e))						145,701.
						-
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

REACHING HIGHER NEW HAMPSHIRE, INC.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(t)
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)((ō), or sec	tion	
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-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).				
а	Current year		2a		
	Carryover from last year				
с	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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par	t IV Supplemental Information				
Provi	de 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 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

PART II-A

THE ORGANIZATION HAS AN ELECTION UNDER SECTION 501(H).

Schedule C (Form 990) 2022

SCHEDU	ILE D
--------	-------

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.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.Open to PublicAttach to Form 990.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection

Name of the organization

REACHING HIGHER NEW HAMPSHIRE, INC.

Employer identification number 47 - 4397833

OMB No. 1545-0047

L

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
_			
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
_	· · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
•	Does each conservation easement reported on line 2(d) above	a actisfy the requirements of eastion 170	
8		• • •	
9	In Part XIII, describe how the organization reports conservati	on accoments in its revenue and expanse	
9	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements.		ents that describes the
Par	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and t	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	···· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022
	1 09-01-22		
		29	

9					
	^	^		<i>ATTTNTA</i>	

		G HIGHER 1						47-43			age 2
Par	t III Organizations Maintaining C	ollections of A	Art, Hist	torical Tre	easures, o	or Other	Simila	r Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other reco	rds, chec	k any of the	following tha	it make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition		d	Loan or exc	change progr	ram					
b	Scholarly research		e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain how t	hey further th	ne organizati	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	s of art, h	istorical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		plete if th	e organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	following	table:							
									Amount		
С	Beginning balance						<u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, Iir	ne 21, for	escrow or c	ustodial acco	ount liabili	ty?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization a									
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balan	ice (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	•	%	0, (,,						
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		zation th	at are held a	nd administe	red for th	e				
	organization by:						-		[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								0.0	I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 9	90, Part I	V, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	cumulate	ed	(d) Book	value	e
		basis (inves			(other)	1	preciation		, 2000		
1 a	Land	· · ·									
b	Buildings										
	Leasehold improvements										
	Equipment							<u> </u>			
	Other										
	Add lines 1a through 1e. (Column (d) must e		rt V aali	mn (P) line 1		<u> </u>					0.
Total	i nad milos ra tribugir re. (Columni (a) must e	<u>iqual FUITT 990, Pa</u>		uii (D). IIIIE I	UC.J			Schedule	D (Form	gan	-
								Jonsuale		550)	

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	J-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		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-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"		11d. See Form 990, Part X, line 15.	(h) De alexador
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	47.5		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASE ASC /40. Check he	ere il the text of the foothote has been pro	vided in Part XIII 🔜 🔼 🗛

REACHING HIGHER NEW HAMPSHIRE, INC.

47-4397833 Page 3

Schedule D (Form 990) 2022

_	dule D (Form 990) 2022 REACHING HIGHER NEW HAMPSE			3 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	<u>_</u>	
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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Ex	kpenses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t 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 X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD WHICH REQUIRES
DECOGNITION OF THE TAY DENEETT OF AN INCEDMAIN TAY DOCTOTON ONLY TE
RECOGNITION OF THE TAX BENEFIT OF AN UNCERTAIN TAX POSITION ONLY IF
MANAGEMENT DETERMINES THAT IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITION WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES BASED
ON THE TECHNICAL MERIT OF THE POSITION. MANAGEMENT BELIEVES THAT IT HAS
APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN. MANAGEMENT HAS
DETERMINED THAT THROUGH DECEMBER 31, 2022, THE ORGANIZATION DID NOT TAKE
ANY MATERIAL TAX POSITIONS WHICH DO NOT MEET THE CRITERIA FOR RECOGNITION.

232054 09-01-22

Schedule D (Form 990) 2022 REACHING HIGHER NEW HAMPSHIRE, INC. 47-43 Part XIII Supplemental Information (continued)	97833 _{Pa}	age 5
Part XIII Supplemental Information (continued)		

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



47-4397833

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

REACHING HIGHER NEW HAMPSHIRE

PREPARE FOR COLLEGE, FOR IMMEDIATE CAREERS, AND FOR THE CHALLENGES AND

OPPORTUNITIES OF LIFE IN 21ST CENTURY NH, BY SERVING AS A PUBLIC

EDUCATION POLICY AND COMMUNITY ENGAGEMENT RESOURCE FOR NEW HAMPSHIRE

FAMILIES, EDUCATORS, AND ELECTED OFFICIALS.

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

RESOURCE FOR NEW HAMPSHIRE FAMILIES, EDUCATORS, AND ELECTED OFFICIALS.

SUPPORTING AND PROMOTING POLICY AND PRACTICES THAT STRENGTHEN PUBLIC

EDUCATION AND IMPROVE EDUCATIONAL OUTCOMES FOR ALL NH STUDENTS. WE WORK

WITH A DIVERSITY OF STAKEHOLDERS TO FURTHER LOCAL INNOVATION AND RAISE

PUBLIC AWARENESS OF KEY PUBLIC EDUCATION POLICY INITIATIVES,

OPPORTUNITIES, AND CHALLENGES.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT CAN ACT ON BEHALF OF THE BOARD MEMBERS.

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

THE BOARD OF DIRECTORS INDEPENDENTLY REVIEWS THE FORM 990 AND SUBMITS A

VOTE TO FILE THE COMPLETED FORM 990.

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

THE POLICY IS REVIEWED ANNUALLY AT A BOARD OF DIRECTORS' MEETING.

POTENTIAL CONFLICTS ARE BROUGHT TO THE GOVERNANCE COMMITTEE WHICH EVALUATES

THE CONFLICT AND DETERMINES A COURSE OF ACTION. DECISIONS OF THE

GOVERNANCE COMMITTEE ARE REPORTED TO THE FULL BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

34

Name of the organization

REACHING HIGHER NEW HAMPSHIRE, INC.

65,155.

65,155.

0.

0.

Employer identification number 47 - 4397833

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

SALARY WAS DETERMINED BASED ON COMPARABLE ENTITIES BY REVIEWING OTHER FORM

990'S AND COMPENSATION REPORTS PREPARED BY THIRD PARTIES.

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

REQUESTS FOR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE BY REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 65,155.

FORM 990, PART XII, LINE 2A:

WIPFLI LLP PREPARES COMPILED FINANCIAL STATEMENTS FOR REACHING HIGHER

NEW HAMPSHIRE, INC. BUT IS NOT INDEPENDENT WITH RESPECT TO REACHING

HIGHER NEW HAMPSHIRE, INC.

232212 10-28-22