Form,	990-T	E	Exempt Orgai						ı	OMB No 1545-0047
			-	nd proxy tax und			. ,,	2006	ا ۱	2040
•	•	Forca	lendar year 2019 or other tax yea						<u>u</u>	ZU 19
Interna	tment of the Treasury al Revenue Service	<b>•</b>	Do not enter SSN number	irs.gov/Form990T for in rs on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A [2	Check box if address changed		Name of organization (	Check box if name c	hanged	and see i	nstructions.)		(Emp	oyer identification number loyees' trust, see actions)
B Ex	empt under section	Print	Community Co	ouncil of N	<u>ashı</u>	ıa NH	, Inc.		0	2-0222121
X	] 501(c)(3 U)	Type	Number, street, and room	or suite no. If a P.O. box	x, see II	structions	S.			ated business activity code nstructions)
	408(e) 220(e)	Туре	100 West Pea	arl Street					, , , ,	·· ,
	408A530(a) 529(a)		City or town, state or prov	vince, country, and ZIP o	r foreig	n postal c	ode			
C Boo	ok value of all assets and of year		F Group exemption numb	er (See instructions.)	<b>&gt;</b>					
	· · · · · · · · · · · · · · · · · · ·	0.	<b>G</b> Check organization type	<b>X</b> 501(c) corp	oration	۱ 🗆	501(c) trust	401(a)	trust	Other trust
H En	ter the number of the	organiza	tion's unrelated trades or b	usinesses.	1		Describe	the only (or first) un	related	
	de or business here 🕽							complete Parts I-V.		
des	cribe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pa	rts I an	d II, comp	lete a Schedule	M for each additions	al trade	or
	siness, then complete									
			oration a subsidiary in an a		nt-subsi	idiary conf	rolled group?	▶ [	Ye	es No
			ifying number of the paren							
			Bettejean Nev					one number > 6		
سيسكا			le or Business Inc	ome		(A)	Income	(B) Expenses	3	(C) Net
	Gross receipts or sale		-							
	Less returns and allow			c Balance	1c			and the same in the		
	Cost of goods sold (S				2					,
	Gross profit. Subtract				3					
	Capital gain net incon		· ·	4707)	4a					
			art II, line 17) (attach Form	4797)	4b					
	Capital loss deduction				4c					
	, ,	•	thip or an S corporation (at	tach statement)	5					
	Rent income (Schedu Unrelated debt-financ		na (Sahadula E)		7					
			nd rents from a controlled o	rganization (Schadulo E)	8		<del></del>			
	-		n 501(c)(7), (9), or (17) or	-	9	/		···	-	
	Exploited exempt activ		, , , , , , , , , , , , , , , , , , , ,	ganization (Schedule d)	10	-				
	Advertising income (S				11					
	Other income (See ins		•		12					
	Total: Combine lines		•		13		0.			<del></del>
100 Table			t Taken Elsewher	See instructions for		ations on				<u> </u>
	(Deductions	must h	e directly connected with	th the unrelated husin	ace inc	ome )	ř			
14	Compensation of off	cers, dir	ectors, and trustees (Sche						14	
15	Salaries and wages			RECEIV	ピロ				15	
16	Repairs and mainten	ance		8	 กา+	၂ၓ္တု			16	
17	Bad debts			FEB <b>2 5</b> 21	UZI	S-08			17	
18	Interest (attach sche	dule) (se	ee instructions)	. · L		그쯨			18	
19	Taxes and licenses	/	′	OGDEN,	UT	I			19	. ,
20	Depreciation (attach						20			
21	*	upled or	Schedule A and elsewhere	on return			21a		21b	<del></del>
22	Depletion	7							22	
23	Contributions to defe		npensation plans						23	
24	Employee benefit pro								24	
25	Excess exempt exper								25	
26	Excess readership co	•	· ·						26	
27	Other reductions (at								27	
28	,	elated business taxable income before net operating loss deduction. Subtract line 28 from line 13							28	0.
29	/						13		29	0.
30		erating l	oss arısıng ın tax years beg	inning on or after Januar	ry 1, 20	18				^
./	(see instructions)		one Cubbert III 00 f	l 00				:	30	0.
<u>31</u>			come. Subtract line 30 from		-				31	Form <b>990-T</b> (2019)

	0-T (2019) Community Council of Nashua NH, Inc.	02-	0222121 Page 2
Per			<del></del>
32	Total of unrelated business taxable income computed from all unrelated trades or business (see instructions)	32	<u> </u>
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
Dari	enter the smaller of zero or line 37	39	0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	40	
71	Tax rate schedule or Schedule D (Form 1041)	141	
42	Proxy tax. See instructions	41	
	·	42	-
43	Alternative minimum tax (trusts only)  Tax on Noncompliant Facility Income See instructions	43	
44 45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	44	0.
	That Add this 42, 43, and 44 to this 40 to 41, whichever applies	45	<u> </u>
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	1	
b	Other credits (see instructions)	1 1	
C	General business credit. Attach Form 3800	1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1	
_	Total credits. Add lines 46a through 46d	460	
e 47	Subtract line 46e from line 45	46e	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a		30	
-	•	1	
		1 1	
		1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	1	
	Backup withholding (see instructions)  51e	1	
	Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments; Form 2439	1 1	
y			
<b>5</b> 2	Form 4136	50	2,281.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	2,201.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,281.
54	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	2,281.
Part	Statements Regarding Certain Activities and Other Information (see instructions)	1 00 1	2,201.
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here •		
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		x
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	ige and bel	ief, it is true
Sign	correst, and complete Declaration of exeparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	IN VERMINIOUN VIVINIUN I COMPAND Chain	-	discuss this return with shown below (see
			X Yes No
	Print/Type preparer's name Preparer's signature Date Check		
Paid	Bombons T McCuon Bombons T McCuon		
	Oarer CPA CPA 01/14/21	P0	0219457
	Only Firm's name ▶ Berry Dunn McNeil & Parker, LLC Firm's EIN ▶		-0523282
USE	1000 Elm Street, 4th Floor		
		603)	669-7337
23711	01-27-20		Form <b>990-T</b> (2019)
			(2010