

# SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

# **FORM 990 INCOME TAX RETURN**

FOR YEAR ENDED SEPTEMBER 30, 2021



Southeastern Mass Veterans Housing Program, Inc. 1297 Purchase Street New Bedford, MA 02740

Southeastern Mass Veterans Housing Program, Inc.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

#### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by August 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

#### MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed on or before August 15, 2022 to:

Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108

You have a balance due of \$500.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

https://www.paybill.com/maagocharities

The annual report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

## A few final reminders relating to your tax return filings:

There are substantial penalties for failure to properly disclose and report foreign financial
accounts and foreign activity. Please make sure you have informed us of any foreign financial
accounts or foreign activity so that we have the necessary information to complete any required
disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2020, or fiscal year beginning	OCT	1	, 2020, and ending	SEP	30	, 20 2
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

name of exempt organization or person subject to tax	Taxpayer identification number
SOUTHEASTERN MASS VETERANS HOUSING	11 110000
PROGRAM, INC.	11-1190035
Name and title of officer or person subject to tax	
JAMES A. REID EXECUTIVE DIRECTOR	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	om the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter	
return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.	
<b>1a Form 990</b> check here ▶ X b <b>Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b 1,838,019.
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)  Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	7b
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person sub	
(name of organization) , (EIN)	
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and l true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of th	belief, they are ne electronic return
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the reti	urn to the IRS and
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its definition of the transmission, (b) the reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its definition of the transmission (b) the reason for rejection of the transmission, (b) the reason processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its definition of the transmission (b) the transmission (c) the transmission (d) the transm	on for any delay in
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in th	ne tax preparation
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this a	account. To revoke
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of ta	to the payment
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a	personal
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic fund <b>PIN:</b> check one box only	ds withdrawal.
•	
X I authorize CLIFTONLARSONALLEN LLP	
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme	
PIN on the return's disclosure consent screen.	Titioned End to entermy
	on the tay year 2000
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature electronically filed return. If I have indicated within this return that a copy of the return is being filed with a	•
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	
Signature of officer or person subject to tax	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 69813755902	
Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicate	
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information	ation for Authorized
IRS e-file Providers for Business Returns.	
ERO's signature ► MICHELE PRATT Date ► 03/	02/22
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do	So
LHA For Paperwork Reduction Act Notice, see instructions.	Form <b>8879-EO</b> (2020)

023051 11-03-20

# Form **8868**

(Rev. January 2020)

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit. Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.	·							
Type or print	Name of exempt organization or other filer, see instruction of SOUTHEASTERN MASS VETERANS		NG	Taxpaye	xpayer identification number (TIN)						
File by the due date for filing your	PROGRAM, INC.  Number, street, and room or suite no. If a P.O. box, so 1297 PURCHASE STREET	ee instruct	cions.		11-119	0035					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW BEDFORD, MA 02740											
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1					
Applicati	on	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990	)-BL	02	Form 1041-A			08					
Form 472	20 (individual)	03	Form 4720 (other than individual)			09					
Form 990	)-PF	04	Form 5227			10					
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	O-T (trust other than above)  JASON STRIPINIS	06	Form 8870			12					
● If the o		Group Exe and atta	mption Number (GEN)	f this is fo	r the whole gr ers the extens	ion is for.					
the	quest an automatic 6-month extension of time until corganization named above. The extension is for the organization named above. The extension is for the organization calendar year or X tax year beginning OCT 1, 2020  The tax year entered in line 1 is for less than 12 months, clarification. Change in accounting period	anization's	return for: d ending SEP 30, 2021	Final retur	npt organization	n return for					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less											
_	nonrefundable credits. See instructions.	onter er:	refundable gradite and	3a	\$	0.					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•		3b	\$	0.					
	imated tax payments made. Include any prior year overp			30	) <b>3</b>	<u> </u>					
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$											
Caution:	If you are going to make an electronic funds withdrawal	(direct det	oit) with this Form 8868, see Form 84	453-EO an	d Form 8879-l	O for payment					

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2020)

instructions.

# EXTENDED TO AUGUST 15, 2022

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Common or organization   PROGRAM   INC	<u>A 1</u>	or th	e 2020 calendar year, or tax year beginning $OCTTT$ , $2020$ and $0$	enaing S	EP 30, 2021				
The components of the compon	<b>B</b> (		SOUTHERSTERN MASS AFTERWARD HOOSTING		D Employer identif	ication number			
Doing Dusiness as   Number and street (or P.O. box if mail is not delivered to street address)   1.297 PURCHASE STREET   1.									
Number and street (of P.U. Dot it flaul is for deliverable for street aboriess)   Soles = 992-5513   R. 338, 0.19.		chang	Doing business as		11-11900	35			
City or town, state or province, country, and 2/P or foreign postal code   Real MEW BEDFORD, MA 02740		return □Final	1207 סווס ראמ כד פייס דידיי	Room/suite					
NEW BEDFORD, MA 02740		termin	·						
SAME AS C ABOVE   Tax-exempt status.   Since   Same and address of principal difficier. JAMES A. REID   Holp has all autoritans intended.   Yes   No Holp has all autoritans   Yes   No Holp has a		□Amen			H(a) Is this a group				
SAME AS C ABOVE		Applie							
Tax-exempt status:									
J Webste: ► WWW . VETSHOUSE . ORG    K Form of organization: X   Corporation   Trust   Association   Other   L Year of tormation: 1990   M State of legal domicile: MA	1 1	Гах-ех	empt status: $X$ 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) c	or 527	1				
Part   Summary	J	Nebsi			1				
Part   Summary	KF	orm o	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990	M State of legal domicile: MA			
SERVICES TO HOMELESS AND NEEDY VETERANS.					•	<u> </u>			
8   Net unrelated business taxable income from Form 990-T, Part I, line 11   To   University	- 8	1		ROVIDE	SHELTER AN	D SOCIAL			
8   Net unrelated business taxable income from Form 990-T, Part I, line 11   To   University	nan	9		ed of more	than 25% of its net as	sets			
8   Net unrelated business taxable income from Form 990-T, Part I, line 11   To   University	ver	3	•			1 _			
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8   Net unrelated business taxable income from Form 990-T, Part I, line 11   To   University	cţi	7 a	* * * * * * * * * * * * * * * * * * * *			0.			
Prior Year   Current Year   1,509,414, 1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,649,647.   1,6	ď	b							
9						Current Year			
9	•	8	Contributions and grants (Part VIII, line 1h)		1,509,414.	1,649,647.			
12 Total revenue (Part VIII, column (A), lines 1, 6, 6, 2, 6, 10C, and 116)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 16)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses (Part IX, column (D), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total assets or fund balances. Subtract line 21 from line 20  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  30 Total	nue	9							
12 Total revenue (Part VIII, column (A), lines 1, 6, 6, 2, 6, 10C, and 116)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 16)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses (Part IX, column (D), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total assets or fund balances. Subtract line 21 from line 20  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  30 Total	eve	10							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď	11			-4,107.	0.			
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 .		12							
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
16a Professional fundraising fees (Part IX, column (A), line 11e)   58,660.     17 Other expenses (Part IX, column (D), line 25)   58,660.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,778,376.   1,779,485.     19 Revenue less expenses. Subtract line 18 from line 12   -115,193.   58,534.     20 Total assets (Part X, line 16)   760,906.   565,764.     21 Total liabilities (Part X, line 26)   760,906.   565,764.     22 Net assets or fund balances. Subtract line 21 from line 20   2,780,876.   2,839,411.     Part II   Signature Block		14	Benefits paid to or for members (Part IX, column (A), line 4)						
18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 18 from line 12  5 Total assets (Part X, line 26)  7 Total assets or fund balances. Subtract line 21 from line 20  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from	ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,078,548.			
18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 18 from line 12  5 Total assets (Part X, line 26)  7 Total assets or fund balances. Subtract line 21 from line 20  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		44,997.	58,660.			
18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  3 Total liabilities (Part X, line 26)  4 Revenue less expenses. Subtract line 18 from line 12  5 Total assets (Part X, line 26)  7 Total assets or fund balances. Subtract line 21 from line 20  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from line 20  2 Total liabilities (Part X, line 26)  8 Let assets or fund balances. Subtract line 21 from	ě	b	Total fundraising expenses (Part IX, column (D), line 25)   58,66	50.					
19 Revenue less expenses. Subtract line 18 from line 12  -115,193.  58,534.  Beginning of Current Year  3,541,782.  3,405,175.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906.  760,906	Ĥ	17			671,030.				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JAMES A REID, EXECUTIVE DIRECTOR		_	Revenue less expenses. Subtract line 18 from line 12			58,534.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JAMES A REID, EXECUTIVE DIRECTOR	S OF			Ве					
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  JAMES A. REID, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  MICHELE PRATT  MICHELE PRATT  O3/02/22  Firm's name  Check PTIN  if Date  PO0643742  PO0643742  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Phone no. (919) 781–3581					2,780,876.	2,839,411.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JAMES A. REID, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name MICHELE PRATT MICHELE PRATT O3/02/22  Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's address 4601 SIX FORKS ROAD, SUITE 350 RALEIGH, NC 27609  Phone no. (919) 781–3581									
Sign Here  JAMES A. REID, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  MICHELE PRATT  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Poate  Date  O3/02/22  Check  PTIN  03/02/22  Self-employed  PO0643742  Firm's EIN  41-0746749  Phone no. (919) 781-3581						y knowledge and belief, it is			
Here  JAMES A. REID, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  MICHELE PRATT  MICHELE PRATT  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Phone no. (919) 781-3581	true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh T .	ich preparer	nas any knowledge.				
Here  JAMES A. REID, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  MICHELE PRATT  MICHELE PRATT  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Phone no. (919) 781-3581	٠.		Signature of officer		Data				
Type or print name and title  Print/Type preparer's name  Preparer's signature  MICHELE PRATT  MICHELE PRATT  O3/02/22 self-employed P00643742  Preparer  Firm's name CLIFTONLARSONALLEN LLP  Firm's address 4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Phone no. (919) 781-3581			, -		Duto				
Print/Type preparer's name  Preparer's signature  MICHELE PRATT  MICHELE PRATT  O3/02/22  Self-employed P00643742  Firm's name CLIFTONLARSONALLEN LLP  Firm's address 4601 SIX FORKS ROAD, SUITE 350  RALEIGH, NC 27609  Phone no. (919) 781-3581	Her	е							
Paid         MICHELE         PRATT         MICHELE PRATT         03/02/22 self-employed         P00643742           Preparer         Firm's name         CLIFTONLARSONALLEN LLP         Firm's EIN ► 41-0746749           Use Only         Firm's address         4601 SIX FORKS ROAD, SUITE 350         Phone no. (919) 781-3581				T i	Date Check	PTIN			
Preparer Use Only    Firm's address   CLIFTONLARSONALLEN   LLP   Firm's EIN   41-0746749	Paid	1			if	<b>—</b>			
Use Only Firm's address 4601 SIX FORKS ROAD, SUITE 350 RALEIGH, NC 27609 Phone no. (919) 781-3581									
RALEIGH, NC 27609 Phone no. (919) 781-3581	-				I IIIII 3 LIIV	0,10,11			
		,			Phone no (S	19) 781-3581			
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	SOUTHEASTERN MASS VETERANS HOUSING
	990 (2020) PROGRAM, INC. 11-1190035 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE ORGANIZATION OF MISSION OF THE PANCET FOR HOMELEGG METERANGE IN
	THE ORGANIZATION'S MISSION IS TO PROVIDE HOPE FOR HOMELESS VETERANS IN A SAFE, SOBER, SUPPORTIVE RESIDENCE AND TO ASSIST THOSE WHO DESIRE TO
	ACHIEVE REHABILITATION, SELF-SUFFICIENCY, AND COMMUNITY INTEGRATION,
	WITH THE ULTIMATE GOAL OF TRANSITIONING INTO PERMANENT HOUSING
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 services? Yes X No.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 632,577. including grants of \$ ) (Revenue \$ 75,832.
4a	(Code:) (Expenses \$ 632,577. including grants of \$) (Revenue \$ 75,832. TRANSITION HOUSE - REACHES INTO COMMUNITIES OF SOUTHEASTERN
	MASSACHUSETTS SERVING HOMELESS VETERANS IN NEED OF SUPPORT AND
	ASSISTANCE. THE TYPES OF SERVICES INCLUDE, BUT ARE NOT LIMITED TO,
	INDEPENDENT LIVING SKILLS, REHABILITATION, AND RE-INTEGRATION INTO THE
	COMMUNITY.
	242 424
4b	(Code:) (Expenses \$342,184. including grants of \$) (Revenue \$\$
	GRADUATE HOUSE - THESE PROGRAMS PROVIDE LONG-TERM, SINGLE BEDROOM APARTMENTS IN HOUSES OWNED BY THE AGENCY. RESIDENTS OF THE GRADUATE
	APARTMENTS IN HOUSES OWNED BY THE AGENCY. RESIDENTS OF THE GRADUATE HOUSES ARE REQUIRED TO COMPLY WITH AGENCY REGULATIONS PERTAINING TO AN
	ALCOHOL AND DRUG FREE ENVIRONMENT.
	THEOREM IND BROOTENED DRVIRONMENT.
4c	(Code:) (Expenses \$
	SUPPORTIVE SERVICES - PROVIDES SUPPORTIVE SERVICES TO VERY LOW-INCOME
	VETERAN FAMILIES LIVING IN OR TRANSITIONING TO PERMANENET HOUSING.
	STAFF PROVIDE ELIGIBLE VETERAN FAMILIES WITH OUTREACH, CASE MANAGEMENT,
	AND ASSISTANCE IN OBTAINING VA AND OTHER BENEFITS.

Other program services (Describe on Schedule O.)

17,343.)

Form **990** (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2020) PROGRAM, INC.
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	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			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	,	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
<b>5</b> 4		34		x
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
02200	4 12 23 20	Eorm	990	(2020)

Form 990 (2020) PROGRAM, INC.

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

	to a state ment of the state of				Vaa	Na.			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		Yes	No			
Zu	filed for the calendar year ending with or within the year covered by this return	2a	26						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х				
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions								
За	Did the constitution have an elected by the constitution of the co	,		За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			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		-	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	ccoun	ts (FBAR).						
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		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 orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
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).					37			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_ <u>X</u> _			
			does at	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		7.		Х			
٦	to file Form 8282?	1	I	7c					
d	,								
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f. Did the organization, during the year, pay premiums, directly, on a personal benefit contract?								
g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8									
	sponsoring organization have excess business holdings at any time during the year?			8					
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					
10	Section 501(c)(7) organizations. Enter:		1						
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							
11	Section 501(c)(12) organizations. Enter:	ı	ı						
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	1	? 	12a					
	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.  Is the organization licensed to issue qualified health plans in more than one state?			13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		<u> </u>			
	If "Yes," complete Form 4720, Schedule O.				000				
				Form	990	(2020)			

PROGRAM, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	_								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
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		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	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 reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v							
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	Х							
12	in Schedule O how this was done	12c	X							
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X							
	Did the process for determining compensation of the following persons include a review and approval by independent	17								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15b	X							
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		_							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JASON STRIPINIS - 508-992-5313									
	1297 PURCHASE ST, NEW BEDFORD, MA 02740									

<u> Page</u> **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(1) JAMES REID  EXECUTIVE DIRECTOR  (list any hours for related organizations below line)  (12) JASON STRIPINIS  (list any hours for related organizations below line)  (13) JAMES REID  EXECUTIVE DIRECTOR  (Ist any hours for related organizations below line)  (Ist any hours for related organizations (W-2/1099-MISC)  (Ist any hours for related organization (W-2/1099-MISC)  (Ist any hours for related organizations (W-2/1099-MISC)  (Ist any h	Check this box if neither the organizati  (A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
EXECUTIVE DIRECTOR  (2) JASON STRIPINIS  40.00  BUSINESS MANAGER & CFO  (3) DAVE PRENTISS  DIRECTOR  (4) DEVIN ROBITALLE  DIRECTOR  (5) CYNTHIA BAPTISTE  DIRECTOR  (6) JOHN REMEDIS  PRESIDENT  (7) WAYNE CARVALHO  VICE PRESIDENT  (8) ROSEMARIE LOPES  CLERK  (9) RICHARD BROWN   X		hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	organization		compensation from the organization and related organizations
A		40.00	_						0.7.0.5	•	
BUSINESS MANAGER & CFO		40.00	<u> </u>		X				97,955.	0.	0
3   DAVE PRENTISS   2.00		40.00	4						04 255	•	0 064
DIRECTOR   X		2 00		_	X				91,355.	0.	9,864
(4) DEVIN ROBITALLE       2.00         DIRECTOR       X         (5) CYNTHIA BAPTISTE       2.00         DIRECTOR       X         (6) JOHN REMEDIS       2.00         PRESIDENT       X         (7) WAYNE CARVALHO       2.00         VICE PRESIDENT       X         (8) ROSEMARIE LOPES       2.00         CLERK       X         (9) RICHARD BROWN       2.00		2.00	₩.							0	0
DIRECTOR		2 00	^						0.	0.	0
Column		2.00	v						n .	0	0
DIRECTOR		2.00	25						•	<b>U</b> •	<u> </u>
Column   C		2.00	x						0.	0.	0
X		2.00	<del></del>								-
(7) WAYNE CARVALHO       2.00         VICE PRESIDENT       X       X         (8) ROSEMARIE LOPES       2.00         CLERK       X       X         (9) RICHARD BROWN       2.00			Х		х				0.	0.	0
(8) ROSEMARIE LOPES  CLERK  (9) RICHARD BROWN  2.00  X X 0.  0.	(7) WAYNE CARVALHO	2.00									
CLERK         X         X         0.         0.           (9) RICHARD BROWN         2.00	VICE PRESIDENT		Х		Х				0.	0.	0
(9) RICHARD BROWN 2.00	(8) ROSEMARIE LOPES	2.00									
	CLERK		Х		Х				0.	0.	0
TREASURER X X 0. 0.	(9) RICHARD BROWN	2.00								_	_
	TREASURER		Х		X				0.	0.	0
			_								

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
(A)	(B)			(C Posi	•			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable	- 1		timate	
	week					s both or/trus		compensation	compensatio	- 1		ount o	o†
		(list any 🚊						from the	organization			other oensat	tion
	hours for	direct				- G			(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(	-/		anizati	
	organizations	trust	nal tru		oyee	om pe					and	l relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	nizatio	ons
	line)	lnd	Inst	0#i	Key	E Hig	Бог						
<del></del>													
1b Subtotal								189,310.		0.		9,86	54.
c Total from continuation sheets to Part V								0.		0.		,,,,	0.
d Total (add lines 1b and 1c)							<b>•</b>	189,310.		0.	9	9,86	
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	<del></del> -			
compensation from the organization											ı	Yes	0 <b>N</b> o
3 Did the organization list any <b>former</b> officer	director trust	ee k	ev e	mnl	OVE	e or	hia	ihest compensated empl	ovee on	Г		res	NO
line 1a? If "Yes," complete Schedule J for s			•	•	•		•	•	•		3		Х
4 For any individual listed on line 1a, is the si										····			
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or											-		
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	'-	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fro	m	
(A)								(B)			(C		
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Cc	mper	satior	1
2 Total number of independent contractors (i	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi				-5	C								
										F	orm 9	<b>990</b> (2	2020)

Form 990 (2020) PROGRAM
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Oncon in Contragno C Contagno a response		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>"</b>	_	Followed a community of the community of					00000010 0 12 0 1 1
ints	1 6	Federated campaigns 1a					
Gra	ı	Membership dues 1b					
ts, An	(	Fundraising events 1c	5,000.				
Contributions, Gifts, Grants and Other Similar Amounts	(	Related organizations 1d					
s, jimi	•	Government grants (contributions)	1,375,227.				
tio S	1	All other contributions, gifts, grants, and					
ipgi		similar amounts not included above <b>1f</b>	269,420.				
d tr	9	Noncash contributions included in lines 1a-1f 1g \$	17,787.				
a Su	I	Total. Add lines 1a-1f		1,649,647.			
			Business Code				
ø	2 8	PROGRAM FEES	623990	119,916.	119,916.		
, vic	ŀ	CASE MANAGEMENT FEES	624100	40,815.	40,815.		
Sei							
T S							
Be							
Program Service Revenue	ì	All other program service revenue					
		Total. Add lines 2a-2f	•	160,731.			
	3	Investment income (including dividends, intere					
	3	other similar amounts)	· ·	27,641.			27,641.
	4	Income from investment of tax-exempt bond pi		27,0114			
	4		ı				
	5	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
	6 a						
		Less: rental expenses 6b					
	•	, ,					
		Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
nue		and sales expenses					
ver		Gain or (loss) <b>7c</b>					
her Revenue	(	Net gain or (loss)	<b></b>				
Jer	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ŀ	Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
	•	Her income of hossy from sales of fivefitory	Business Code				
sn	44 -						
eo ne	11 a						
llar	'	)					
Miscellaneous Revenue	(		<del>                                     </del>				
Σ	(	All other revenue					
		• Total. Add lines 11a-11d		1 020 040	160 501		07.646
	12	Total revenue. See instructions	<b></b>	1,838,019.	160,731.	0.	27,641.
03200	9 12-2	3-20					Form <b>990</b> (2020)

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# Form 990 (2020) PROGRAM, INC. Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	se or note to any line in t		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 011		200 011	
	trustees, and key employees	208,911.		208,911.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	751 056	706 470	11 577	
7	Other salaries and wages	751,056.	706,479.	44,577.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	25 620	26 222	0.400	
9	Other employee benefits	35,630.	26,222.	9,408.	
)	Payroll taxes	82,951.	61,047.	21,904.	
1	Fees for services (nonemployees):				
а	Management	2 205		2 205	
b	Legal	2,285.		2,285.	
	Accounting	26,880.		26,880.	
d	Lobbying	F0 660			F0 66
е	Professional fundraising services. See Part IV, line 17	58,660.			58,66
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	01 604	01 604		
	column (A) amount, list line 11g expenses on Sch 0.)	91,694. 381.	91,694. 381.		
2	Advertising and promotion		381.	41 707	
3	Office expenses	41,787.		41,787.	
4	Information technology				
5	Royalties	005 201	100 000	F 401	
6	Occupancy	207,321.	199,920.	7,401.	
7	Travel	11,477.	11,477.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	00 000	45 000	4 405	
)	Interest	20,320.	15,833.	4,487.	
ı	Payments to affiliates	05 000	01 006	4 1 6 5	
2	Depreciation, depletion, and amortization	95,993.	91,826.	4,167.	
3	Insurance	37,224.	29,003.	8,221.	
1	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.)	CD D1F	CD 01 F		
	MEALS  DROCK AM EXPENSES	67,715.	67,715.		
b	PROGRAM EXPENSES	19,679.	19,679.		
С	BAD DEBT EXPENSE	14,846.	14,846.		
d	STAFF TRAINING	1,839.	1,839.		
	All other expenses	2,836.	2,836.	200 000	F0 65
<u> </u>	Total functional expenses. Add lines 1 through 24e	1,779,485.	1,340,797.	380,028.	58,66
6	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

Pal	IL A	balance Sneet					<del></del>
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			39,290.	1	92,314.
	2	Savings and temporary cash investments			9,431.	2	3,081.
	3	Pledges and grants receivable, net			367,620.	3	201,296.
	4	Accounts receivable, net	240,268.	4	263,886.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ξ	7	Notes and loans receivable, net			330,200.	7	330,200.
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			15,011.	9	24,915.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,204,200.			
	b	Less: accumulated depreciation	10b	715,023.	2,539,656.	10c	2,489,177.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			306.	15	306.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	3,541,782.	16	3,405,175.
	17	Accounts payable and accrued expenses			168,657.	17	78,498.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the	se perso	ons		22	455 405
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	581,357.	23	477,105.
	24	Unsecured notes and loans payable to unrelate			200.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	. Complete Part X	10 600		10 161
		of Schedule D			10,692.		10,161.
	26	Total liabilities. Add lines 17 through 25			760,906.	26	565,764.
S		Organizations that follow FASB ASC 958, che	ck here				
čě		and complete lines 27, 28, 32, and 33.			2 700 076		0 000 411
alar	27			·····	2,780,876.	27	2,839,411.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here  L			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 700 076	31	2 020 411
Ž	32	Total net assets or fund balances			2,780,876.	32	2,839,411.
	33	Total liabilities and net assets/fund balances			3,541,782.	33	3,405,175.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>			85.
3	Revenue less expenses. Subtract line 2 from line 1	3				34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>2,</u>	<u> 780</u>	),8	76.
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				1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,	839	, 41	11.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm !	9 <b>90</b> (	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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

Open to Public Inspection

SOUTHEASTERN MASS VETERANS HOUSING **Employer identification number** Name of the organization PROGRAM INC 11-1190035 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1257246.	1913292.	2131668.	1509414.	1649648.	8461268.
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	1257246.	1913292.	2131668.	1509414.	1649648.	8461268.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8461268.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1257246.	1913292.	2131668.	1509414.	1649648.	8461268.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17.	131.	868.	482.	27,641.	29,139.
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.)		30.	397,253.			397,283.
11	<b>Total support.</b> Add lines 7 through 10						8887690.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,758,386.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95 <b>.</b> 20 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	95.30 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			<b>&gt;</b>
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
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	nd see instructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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>b</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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		(2)==::	(=, == : =	(,	(-,	(7)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						-
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public						
15 Public support percentage for 2020 (lin			column (f))		15	%
Public support percentage from 2019 S					16	%
Section D. Computation of Invest					т т	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
<b>19a 33 1/3% support tests - 2020.</b> If the o						17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the co	-	-	•			
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	<b>▶</b> □
20 Private foundation. If the organization						▶ □

032023 01-25-21

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ju		
3b		
3с		
4a		
4b		
4c		
F-0		
5a		
<b></b>		
5b		_
5c		
6		
7		
8		
9a		
34		
9b		
35		
9с		
36		
10a		
401-		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sec	tion 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	_		
800	supervised, or controlled the supporting organization.	2		Щ
360	tion C. Type II Supporting Organizations		V-	A
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
а	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.5		
<b>L</b>	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction ever the policies, programs, and activities of each	3a		
D	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
<b>5</b> Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
<b>a</b> Average	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
<b>7</b> Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	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 (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## SOUTHEASTERN MASS VETERANS HOUSING

Part V. Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12; And T. Schot A. Ilines 12; A. 28, 64, 84, 96, 94, 96, 94, 11; but and 11; and 11; Part IV, Section D. Ilines 13; And 13; Part IV, Section D. Ilines 2, 65, 66, 98, 99, 96, 11; but 15, 94, 94, 94, 94, 94, 94, 94, 94, 94, 94	Schedule A	(Form 990 or 990-EZ) 2020	PROGRAM,	INC.	11-1190035 Page 8
	Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and section D.	<b>nation.</b> Provide 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations required by Part II, line 10; Part II, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
	-				
	-				

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

**Employer identification number** 

11-1190035

Organiz	ation type (check or	ne):
Filers of	<b>:</b>	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
SOUTHEASTERN MASS VETERANS HOUSING
PROGRAM, INC.

Employer identification number

11-1190035

	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF VETERANS SERVICES 600 WASHINGTON STREET BOSTON, MA 02111	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEPARTMENT OF VETERAN AFFAIRS  10770 N. 46TH STREET  TAMPA, FL 33617	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  NEW ENGLAND CENTER FOR HOMELESS  VETERANS  17 COURT ST  BOSTON, MA 02108	* \$ 154,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF NEW BEDFORD ESG	Total contributions	
	608 PLEASANT ST  NEW BEDFORD, MA 02740	\$\$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 57,142. (c) Total contributions	Payroll Noncash (Complete Part II for
	NEW BEDFORD, MA 02740 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
No.	NEW BEDFORD, MA 02740  (b)  Name, address, and ZIP + 4  CARNEY FAMILY FOUNDATION  2 LAKESHORE CTR	(c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for
No. 5	NEW BEDFORD, MA 02740  (b) Name, address, and ZIP + 4  CARNEY FAMILY FOUNDATION  2 LAKESHORE CTR  BRIDGEWATER, MA 02324  (b)	(c) Total contributions  \$ 50,000.	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
SOUTHEASTERN MASS VETERANS HOUSING
PROGRAM, INC.

Employer identification number

11-1190035

ı artı	(See instructions). Ose duplicate copies of Fart	i ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
		<sup>Ψ</sup>	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		<u> </u>	
(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)		(2)	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		<del></del>   \$	

Name of organization **Employer identification number** SOUTHEASTERN MASS VETERANS HOUSING 11-1190035 PROGRAM, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

**Employer identification number** 11-1190035

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor ad	vised	l funds	(	<b>b)</b> Fun	ds 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 v	-					
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing	
Da	impermissible private benefit?						
Par				" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization		ly).				
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a coi	nserva	
	day of the tax year.						Held at the End of the Tax Year
a	Total number of conservation easements					2a	
b	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				re		
•	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year ▶ Number of states where property subject to conservation eas	oment is leasted					
5	Does the organization have a written policy regarding the peri		—	on handling of			
3	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons			
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year
-	<b>&gt;</b> \$			oromig comes rul			is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(	า)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	J					
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic 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 treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:			
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

032051 12-01-20

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

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 PROGRAM T III   Organizations Maintaining C		t. Histor	rical Tre	asures or	Other		Assets			ige Z
									(contin	uea)	
3	Using the organization's acquisition, accessi	on, and other record	is, crieck a	iny or the r	ollowing that	make sig	milicani i	ise of its			
	collection items (check all that apply):										
a	Public exhibition	C			hange prograi						
b	Scholarly research	6	• 🔲 0	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	y further th	ne organizatior	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical treas	sures, or other	r similar a	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "`	Yes" on F	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-					_	٦		1
	on Form 990, Part X?							L	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:							
									Amount		
С	Beginning balance						1c				
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, line	21, for es	crow or cu	ıstodial accou	ınt liabilit	y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on P	art XIII					
Pai	t V Endowment Funds. Complete	if the organization ar	nswered "\	es" on Fo	rm 990, Part I	IV, line 10	).				
		(a) Current year		or year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance			•							
b	Contributions										
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
	Other expenditures for facilities										
C											
	and programs										
	Administrative expenses										
g	End of year balance		/: 4		<u> </u>						
2	Provide the estimated percentage of the cur	•	e (line 1g,	column (a)	)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment										
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held ar	nd administere	ed for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	}
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land			31	4,140.				314	1,14	10.
	Buildings				9,703.	5	54,6	56.	2,095		
	Leasehold improvements								-	-	
	Equipment				7,392.		2,3	54.	F	5,02	28.
	Other				2,965.	1	57,9			9	
	Add lines 1a through 1e. (Column (d) must o	*	V oolumn				<u> </u>		2.489		<del></del>

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			TTJ CCC Tage
Complete if the organization answered "Yes" of			of voor morket value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		1	
(A) (B)		1	
(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" or	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			(2) 20011 14.40
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	•	<b>&gt;</b>	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	/h) Daalessales
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) OTHER LIABILITIES			10 161
(-)			10,161.
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	05.)	_	10,161.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			

Schedule D (Form 990) 2020

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,838,019.
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.)	2d		
е				0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,838,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII   Reconciliation of Expenses per Audited Financial	12.) Statementa With Evnena	5	1,838,019.
Ра		•	es per neturi	l.
	Complete if the organization answered "Yes" on Form 990, Part IV		1.1	1 770 /05
1	Total expenses and losses per audited financial statements		1	1,779,485.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d		· · · · · · · · · · · · · · · · · · ·	2e	0
3				1,779,485.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,775,405.
т э	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lir			1,779,485.
Pa	rt XIII Supplemental Information.	<u>(C 10.)</u>		, - , ,
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		, ,	, ,
		•		

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020** 

Open to Public Inspection

Name of the organization SO

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

Employer identification number 11-1190035

required to complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	es" or	ı Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f X Solicita g X Special  or oral agreement with any individual  Part VII) or entity in connection with p  viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundra have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
VANTAGE IN PHILANTHROPY - 36		Yes	No			
WALNUT STREET, NEWPORT, RI	FUNDRAISING		Х	254,475.	58,660.	195,815.
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		<b>▶</b> utions	254,475. or has been notified	58,660. it is exempt from req	195,815. gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

h	edule G	(Form 990 or 990-EZ) 2020	PROGRAM,	INC.		11-	1190035	Page
a	rt II	Fundraising Events.	Complete if the	organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,	000
		of fundraising event contrib						
				(a) Event #1	(b) Event #2	(a) Other events		

Covered type)   (event type)   (total number)			Ū Ū	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
2 Less: Contributions 3 Gross income (line 1 minus line 2)  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Market time 10 from line 9, column (d) 12 Cash prizes 13 Soncash prizes 14 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Full tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(e) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	Ф			(event type)	(event type)	(total number)	COI. (C))
3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 11 Gross revenue  1 Gross revenue  2 Cash prizes 3 Noncash prizes 3 Noncash prizes 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization incomes or the organization incomes revoked, suspended, or terminated during the tax year?  100 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization conducts gaming activities:  100 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization conducts gaming activities:  100 Vere any of the organization conducts gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization conducts gaming licenses revoked, suspended, or terminated during the tax year?  100 Vere any of the organization conducts gaming licenses revoked.	Revenu	1	Gross receipts				
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Set income summary. Subtract line 10 from line 3, column (d) 11 Gross revenue  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c) 11 Gross revenue 12 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 10 Were any of the organization licensed to conduct gaming activities in each of these states?  10 Yes N 1		2	Less: Contributions				
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3. column (d) 12 September 11 Net income summary. Subtract line 10 from line 3. column (d) 13 Net income summary. Subtract line 10 from line 3. column (d) 14 Set income summary. Subtract line 10 from line 3. column (d) 15 Set income summary. Subtract line 10 from line 3. column (d) 16 Set income summary. Subtract line 10 from line 3. column (d) 17 Column summary. Subtract line 10 from line 3. column (d) 18 Net gaming income summary. Subtract line 10 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 Set in the organization licensed to conduct gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 Yes N		3	Gross income (line 1 minus line 2)				
6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  12 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) Total gaming (add col. (a) through col. (c) through col. (c) through col. (c) other gaming (col. (a) through col. (c) through col. (c		4	Cash prizes				
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c)  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses  1 Yes		5	Noncash prizes				
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c)  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses  1 Yes	xpenses	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c)  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses  1 Yes	ect E	7	Food and beverages				
10 Direct expense summary. Add lines 4 through 9 in column (d)  Part III Set income summary. Subtract line 10 from line 3, column (d)  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:	Dir	_					
1 Net income summary. Subtract line 10 from line 3, column (d)		-		Q in column (d)			
Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming. Complete if the organization line 6a.    Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Caming. Caming. Complete if the organization line 6a.    Caming. Complete if the organization line 1, column (d)							
Color   Colo	Pa	rt I					•
1 Gross revenue bingo/progressive bingo col. (a) through col. (c) Uniter gaming col. (c)			\$15,000 on Form 990-EZ, line 6a.	Г			T
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	evenue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N	Ŗ	1	Gross revenue				
5 Other direct expenses	ses	2	Cash prizes				
5 Other direct expenses	Expens	3	Noncash prizes				
Yes%   Yes%   Yes%   Yes%   Yes%   Yes%   Yes%   No   No   No   No   No   No   No   N	Direct	4	Rent/facility costs				
Yes%   Yes%   Yes%   Yes%   Yes%   Yes%   Yes%   No   No   No   No   No   No   No   N		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N							
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N		7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N		8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N							
b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  1 Yes N				_	etatos?		Yes No
					sidies?		res NO
						ear?	Yes No
	_	_	· · -				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

## SOUTHEASTERN MASS VETERANS HOUSING

Schedule G (Form 990 or 990-EZ) 2020 PROGRAM, INC.	11-1190035 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
THE LITTLE THE HATTE AND ADDITES OF THE PERSON WHO PREPARES THE ORGANIZATION'S GATHING/SPECIAL EVENTS DOORS AND	records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and t	he amount
of gaming revenue retained by the third party  \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
- · · · · · · · · · · · · · · · · · · ·	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
organization's own exempt activities during the tax year  \$\$	spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v): and Part III, lines 0, 0b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and (v), and Part III, lines 9, 90, 100,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
CCUPNITE C DADM T ITHE 2D ITCM OF MEN UTCUECM DATH FIN	DDATCEDC.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS:
(I) NAME OF FUNDRAISER: VANTAGE IN PHILANTHROPY	
(1) Hall of Following the First Control of the Firs	
(I) ADDRESS OF FUNDRAISER: 36 WALNUT STREET, NEWPORT, RI	02840

### SOUTHEASTERN MASS VETERANS HOUSING

Schedule G (Form 990 or 990-EZ) PROGRAM, INC.  Part IV Supplemental Information (continued)	11-1190035 Page 4
Part IV Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·
· · ·	

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

**Employer identification number** 11-1190035

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PERMANENT SUPPORTIVE HOUSING - THE AGENCY CURRENTLY OWNS AND OPERATES 11 PERMANENT, SUPPORTIVE APARTMENTS, SIX AT 53 SOUTH SIXTH STREET IN NEW BEDFORD AND FIVE AT 7 COUNTY STREET IN NEW BEDFORD. THE AGENCY HAS BEEN PROVIDING SUPPORTIVE SERVICES TO VETERANS SINCE 1991, INCLUDING CASE MANAGEMENT INDIVIDUAL/GROUP COUNSELING, TRANSPORTATION, COMPUTER TRAINING, CAREER COUNSELING, MEALS, VOLUNTEER/COMMUNITY SERVICE FINANCIAL ASSISTANCE, AND RECREATIONAL ACTIVITIES. SERVICES ARE AVAILABLE TO QUALIFIED VETERAN RESIDENTS ON AN AS-NEEDED BASIS. THE PROGRAM WAS EXPANDED TO SERVE QUALIFIED VETERAN RESIDENTS AT 30 NEW UNITS AT THE WILLIS STREET APARTMENTS.

OUTREACH CENTER IS A RESOURCE TO ALL VETERANS AND THEIR FAMILIES SEEKING INFORMATION AND SERVICES THAT SUPPORT THEIR SAFETY, HEALTH AND THE OUTREACH CENTER IS STAFFED BY PROFESSIONAL LICENSED WELL-BEING. CLINICIANS WHO ARE DEDICATED TO WORKING WITH VETERANS. THE PROGRAM FOCUSES ON MAINTAING PERMANENT HOUSING STATUS AND OVERALL WELL-BEING OF VETERANS AND THEIR FAMILIES WHO ARE AT RISK OF LOSING THEIR HOUSING. ENABLING HOMELESS VETERANS TO ACQUIRE HOUSING AND INCREASE THEIR SELF-SUFFICIENCY, AND ALSO TO ASSIST VETERANS TO SUCCESSFULLY SHIFT FROM TRANSITIONAL HOUSING TO PERMANENT HOUSING AND SELF-SUFFICIENCY. EXPENSES \$ 144,676. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,343.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED IT'S BY-LAWS IN 2021 TO REFLECT CHANGES IN THE

DATE OF THE ANNUAL MEETING.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.	Employer identification number 11-1190035
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD TREASU	JRER OR DESIGNEE. A
COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PE	RIOR TO ITS FILING
WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS DISCLOSE ANY CONFLICTS OF INTEREST THRO	OUGH A DISCLOSURE
FORM TO THE AGENCY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE MEMBERS OF THE BOARD DETERMINE, DOCUMENT, AND APPROVE	THE SALARY OF TOP
MANAGEMENT AND OTHER OFFICERS OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	UPON REQUEST. THE
ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC THROUGH
THE OSD WEBSITE SINCE THEY FILE UFR. ALSO THROUGH AG OFFI	CE WHEN FILE WITH
THE FORM PC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING DIFFERENCE	1.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTHEASTERN MASS VETERANS HOUSING

Employer identification number 11-1190035

PROGRAM, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) VTH BEACON, LLC - 83-2865319 SOUTHEASTERN 1297 PURCHASE ST MASSACHUSETTS VETERANS NEW BEDFORD, MA 02740 HOUSING PROGRAM DEVELOPMENT ACTIVITIES MASSACHUSETTS Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) **(g)** Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	
					1b	
С	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organ				11	
	Performance of services or membership or fundraising solicitations by related organ				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	
					10	
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s					1s	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.		
	(a)	(b)	(c)	(d)		
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved	
		type (a-s)				
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
32163	3 10-28-20			Schedule I	R (Form 990	0) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
•		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	<del>-</del>
							+			$\vdash$	+
							$\Box$				
							+-			$\vdash$	
							1 1				
							$\sqcup$			$\sqcup \!\!\!\! \perp$	
							+			$\vdash$	+

### SOUTHEASTERN MASS VETERANS HOUSING

Schedule R	(Form 990) 2020	PROGRAM,	INC.			11-1190035	Page 5
Part VII	(Form 990) 2020  Supplemental	Information					
		information for responses	to questions on S	Schedule R. See instructi	ions.		



Southeastern Mass Veterans Housing Program, Inc. 1297 Purchase Street New Bedford, MA 02740

Southeastern Mass Veterans Housing Program, Inc.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

#### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by August 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

#### MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed on or before August 15, 2022 to:

Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108

You have a balance due of \$500.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

https://www.paybill.com/maagocharities

The annual report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

### A few final reminders relating to your tax return filings:

There are substantial penalties for failure to properly disclose and report foreign financial
accounts and foreign activity. Please make sure you have informed us of any foreign financial
accounts or foreign activity so that we have the necessary information to complete any required
disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Office Use Only: Fiscal Year

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

### Form PC

Report for the Fiscal Period: 10/01/20 to 09/30	/21			Check all items atta	ached
report for the riscal Period: 10701720 to 05750	/ 4 1			(if applicable) Filing Fee or P	rintout of
AG Account #: 27968 Federal ID #:	11-11	90035		Electronic Pay Confirmation	ment
Electronic Payment Confirmation #:				X Copy of IRS R	eturn
Attach printout of electron				X Audited Finance Statements/Re	cial
Electronic Payment Date:				X Amended Artic By-Laws	cles/
When did the organization first engage in				X Schedule A-1	
charitable work in Massachusetts? 10/31/1990				X Schedule A-2	
				X Schedule RO	
Has the organization applied for or been granted		<b>T7</b>		Schedule VCC	
IRS tax exempt status?		X Yes	No No	Probate Accou	unt
If yes, date of application <b>OR</b> date of determination letter:		02/11/2	2000		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organizatio tax deductible as charitable contributions?	n	X Yes	☐ No		
Organization Data					
Name: SOUTHEASTERN MASS VETERANS HO	NISTNO	PROGRAM	TNC.		
Name. Doornamble in the very service and the s	JUDING	inodiani,	1110.		
Mailing Address: 1297 PURCHASE STREET					
City: NEW BEDFORD	S	tate: MA	ZIP:	02740	
Phone Number: 508-992-5313		Fax Number:			
Email: INFO@VETSHOUSE.ORG		Website: WWW.	/ETSHOUSE.OR	G	
In the table below, please enter the appropriate codes from the content of the co		ing tables found in th	e instructions.  Category		Code
Cutogory	Ocac		Guiogory		
County (Table 1)	3	Organization Purpo	ose Code 1		40
Type of Organization (Table 2)	12	Organization Purpo	ose Code 2		52
Please check box if final return prior to dissolution:					
			Office Use Only: Pa	avment Received	
Form PC 078001 10-07-20 Rev. 09/2020	Page	1 of 15	Smoo ooo oniy.		

2

### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

11-1190035

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? IO/JI/IJJ	1.	On what date was the organization created?	10/31/1990
---------------------------------------------------------	----	--------------------------------------------	------------

2. Where was the organization created? MASSACHUSETTS	
------------------------------------------------------	--

3. What is the form of organization? (check one)

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	
Other (please describe):			

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	1,649,647.
В.	Gross support and revenue	1,838,019.
C.	Program services and similar amounts paid out	1,340,797.
D.	Fundraising expenses	58,660.
E.	Management and general expenses	380,028.
F.	Payments to affiliates	0.
G.	Total expenses	1,779,485.
Н.	Net assets or fund balances at the end of the year	2,839,411.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	JAMES REID				
1.	EXECUTIVE DIRECTOR	40.00	99,346.	0.	0.
	JASON STRIPINIS				
2.	BUSINESS MANAGER	40.00	98,934.	0.	10,631.
	LEAH BERG				
3.	CLINICAL PROGRAMS DIRECTOR	40.00	71,550.	0.	0.
	CATHERINE BUCKLEY				
4.	CLINICAL TRMT/OUTREACH CLINICIAN	40.00	64,875.	0.	0.
	MELISSA MANN				
5.	OPERATIONS MANAGER	40.00	64,169.	0.	0.

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response	nse to 6?	If yes, pleas	se
	provide explanation (attach separate sheet)	Yes	X No	

Form PC 078002 10-07-20

### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

11-1190035

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CLIFTONLARSONALLEN	36,753.	AUDIT & TAX
2.	STUDIO2SUSTAIN	7,895.	ARCHITECT
3.	RICHARD BENNET	2,285.	LEGAL
4.	DAVIN TECHNOLOGY GROUP		INFORMATION TECHNOLOGY
5	VANTAGE IN PHILANTHROPY, INC.		PROFESSIONAL FUNDRAISER

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address		Phone Number
FIRST CITIZENS FEDERAL CRED	271 UNION STREET, NEW 02740		508-979-4745
	79 NORTH MAIN STREET, MA 02720		774-888-6100
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	the organization's full street address:		
Address:			
City:	St	tate: ZIF	Code:
12. Contact Person Name: JASON STRIPI	NIS		
Street Address: 1297 PURCHASE ST			
City: NEW BEDFORD	St	tate: MA ZIF	Code: 02740
Phone Number: 508-993-5313			

Form PC 078003 10-07-20

### SOUTHEASTERN MASS VETERANS HOUSING

	PROGRAM, INC	•	11-1190035	
13.	During the fiscal year reported here, d solicited on its behalf?	lid your organization solicit contributions or have funds	X Yes	☐ No
14.	acting on its behalf, solicit contribution	wing the year reported here, will your organization, or others ns? : 14, you must complete Schedule A-1 and/or Schedule A-2 u	X Yes	☐ No
	the solicitation certificate requirement.	•	,	
15.	If you are claiming an exemption from to identify which exemption applies to	the solicitation certificate requirement, please indicate by cho your organization.	necking the box to the right	
	a religious organization			
	an organization which: (a) does n	not raise more than \$5,000 during a calendar year OR does n	ot receive contributions from	
	more than ten persons during a d	calendar year; AND (b) carries out all of its activities, including	g fundraising, through unpaid	
	volunteers. (The conditions at bo	th (a) and (b) must be met for your organization to qualify for	this exemption.)	
16.	Attach a list of names, addresses (stre	eet and/or mailing), and telephone numbers of other offices/o	chapters/branches/affiliates.	
17.	Attach a list of names, titles, and addr	resses (street and/or mailing) of officers, directors, trustees, a	and the principal salaried executives	
	of organization. STATEMENT 2			
18.	· ·	resses (street and/or mailing) of any individual(s) authorized t tribution of funds; fundraising; and custody of financial record	• • • • • • • • • • • • • • • • • • • •	
19.	Has this organization or any of its office other state?	cers, directors, employees or fundraisers solicited funds in ar	Yes	X No
	•	ation was conducted, including registered agency, dates of reation was/is registered, and the dates and type (mail, telephor	, , ,	

the solicitation conducted.

Form PC 078004 10-07-20

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FORM PC NAME, ADDRESS, PHONE OF OTHER OFFICES STATEMENT 1

NAME AND ADDRESS

NONE

PHONE NUMBER

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND EXECUTIVES STATEMENT 2
NAME AND ADDRES	S			TITLE
WAYNE CARVALHO 1297 PURCHASE S NEW BEDFORD, MA				VICE PRESIDENT
ROSEMARIE LOPES 1297 PURCHASE S NEW BEDFORD, MA	T			TREASURER
RICHARD BROWN 1297 PURCHASE S NEW BEDFORD, MA				CLERK
JOHN REMEDIS 1297 PURCHASE S NEW BEDFORD, MA				PRESIDENT
DEVIN ROBITALLE 1297 PURCHASE S NEW BEDFORD, MA	T			DIRECTOR
CYNTHIA BAPTIST 1297 PURCHASE S NEW BEDFORD, MA	T			DIRECTOR
DAVID PRENTISS 1297 PURCHASE S NEW BEDFORD, MA				DIRECTOR
JAMES REID 1297 PURCHASE S NEW BEDFORD, MA				EXECUTIVE DIRECTOR
JASON STRIPINIS 1297 PURCHASE S NEW BEDFORD, MA	T			BUSINESS MANAGER

FORM PC	PAGE 4, LINE 18 STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILITY
JASON STRIPINIS 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR CUSTODY OF FUNDS
JAMES REID 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR CUSTODY OF FUNDS
JASON STRIPINIS 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JAMES REID 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JASON STRIPINIS 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR FUNDRAISING
JAMES REID 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR FUNDRAISING
JASON STRIPINIS 1297 PURCHASE ST NEW BEDFORD, MA 02740	CUSTODY OF FINANCIAL RECORDS
JAMES REID 1297 PURCHASE ST NEW BEDFORD, MA 02740	CUSTODY OF FINANCIAL RECORDS
JASON STRIPINIS 1297 PURCHASE ST NEW BEDFORD, MA 02740	AUTHORIZED TO SIGN CHECKS
JAMES REID 1297 PURCHASE ST NEW BEDFORD, MA 02740	AUTHORIZED TO SIGN CHECKS
RICHARD BROWN 1297 PURCHASE ST NEW BEDFORD, MA 02740	RESPONSIBLE FOR CUSTODY OF FUNDS

RICHARD BROWN 1297 PURCHASE ST NEW BEDFORD, MA 02740 RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RICHARD BROWN 1297 PURCHASE ST NEW BEDFORD, MA 02740 CUSTODY OF FINANCIAL RECORDS

RICHARD BROWN 1297 PURCHASE ST NEW BEDFORD, MA 02740 AUTHORIZED TO SIGN CHECKS

RICHARD BROWN 1297 PURCHASE ST NEW BEDFORD, MA 02740 RESPONSIBLE FOR FUNDRAISING

### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

20. Has this organization or any of its officers, directors, or employees:

11-1190035

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Parl	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	red	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	•	ou answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, state ount of any payments made or value transferred, and describing the terms of each agreement.	ing the	

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### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

11-1190035

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
	During the year.		
_			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		▼
	related party?	Yes Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	Yes Yes	X No
C.	Has your organization been indebted to a related party?	Yes Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	X Yes	☐ No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
	The four organization fairness goods, convisces, or received pairty.	1	
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation		
u.	or other value in return?	Yes	X No
	or other value in return?	res	ZI NO
١			X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes Yes	A No
		<u></u>	\
l.	Has your organization transferred income or assets to or for use by a related party?	Yes Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		
	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns		
	more than 10% of the outstanding shares?	Yes	X No
L.	   Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	Yes	X No
М.	Did your organization make a grant award or contribution to any other organization in which any of this organization's		
IVI.	officers, directors or trustees has a relationship?	Yes	X No
	Tomocra, un cotora or truateca maa a relationaliip:	res	I L42 INU

STATEMENT 4

FORM PC PAGE 6, LINE 24 STATEMENT 4

NAME AND ADDRESS

WILLIS ST LLC 861A BROAD ST PROVIDENCE, RI 02907

NATURE OF TRANSACTION AMOUNT INVOLVED

SELLER LOAN RECEIVABLE 330,200.

PROCEDURE FOLLOWED

BOARD APPROVED

NAME AND ADDRESS

WILLIS ST LLC 861A BROAD ST PROVIDENCE, RI 02907

NATURE OF TRANSACTION AMOUNT INVOLVED

DELVEOPMENT FEES RECEIVABLE 237,708.

PROCEDURE FOLLOWED

BOARD APPROVED

gnature:	 Date:
inted Name: JAMES A. REID	
tle: EXECUTIVE DIRECTOR	
ame of Preparer: CLIFTONLARSONALLEN LLP	
dress 4601 SIX FORKS ROAD, SUITE 350	
ty RALEIGH	 ZIP Code 27609

## Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

VETERANS TRANSITION HOUSE					
Types of solicitation activities in which you expect to engage (check all that	at apply	·):			
Mass Mailing	X	Via the Internet			
Door-to-door		Raffle, beano, bingo or gaming e	event		
Entertainment event	X	Sale of goods other than by tele	phone		
Telemarketing without sale of goods or ads		Individual Mailings			X
Telemarketing with sale of goods		Corporate solicitations			X
Telemarketing with sale of ads		Grant Proposals			X
Other (specify):					
(4) )/					
dentify the method or methods you expect to use for the fundraising ( che		hat and h			
definity the method of methods you expect to use for the fundraising ( che	ск ан т	пат арріу).			
Professional solicitor*	X	Own employees			X
Professional fundraising counsel*		Own employees Volunteers			X
Commercial co-venturer*	$\exists$	Volunteers			
Commercial co-venturer					
Dravida applicable pames and addresses					
Provide applicable names and addresses:					
Professional Solicitor Name: VANTAGE IN PHILANTH	ים מחם:	7			
Professional Solicitor Name: VANTAGE IN FITTIANTIE	KOF 1	<u> </u>			
Address 36 WALNUT ST					
Address 50 WALLOT DI					
City NEWPORT	c	vioto PT	ZID Codo	02840	
City MEWFORT	— °	state KI	ZIP Code	02040	
D ( ) 15 1 1 1 0 1 1 1					
Professional Fundraising Counsel Name:					
Address					
	_				
City	_ s	State	ZIP Code		
Commercial Co-Venturer Name:					
Address					
City	s	State	ZIP Code		

11-1190035

### Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS Name and Title: SEE LISTING Address 1297 PURCHASE ST City NEW BEDFORD \_\_\_\_\_ State MA \_\_\_\_ ZIP Code 02740 Name and Title: City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_ Identify the individuals who will have final responsibility for the charity's distribution of contributions: BOARD OF DIRECTORS Name and Title: SEE LISTING Address 1297 PURCHASE ST City NEW BEDFORD \_\_\_\_\_\_ State <u>MA</u>\_\_\_\_\_ ZIP Code 02740 Name and Title: 
 City
 \_\_\_\_\_\_
 State
 \_\_\_\_\_\_
 ZIP Code
 \_\_\_\_\_\_
 City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_

11-1190035

### Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

VETERANS TRANSITION HOUSE				
Types of solicitation activities in which you expect to engage <i>(che</i>	eck all that apply	<i>ı</i> ):		
Mass Mailing	X	Via the Internet		
Door-to-door		Raffle, beano, bingo or gam	ning event	
Entertainment event	X	Sale of goods other than by	/ telephone	
Telemarketing without sale of goods or ads		Individual Mailings		X
Telemarketing with sale of goods		Corporate solicitations		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):				
dentify the method or methods you expect to use for the fundrais				
Professional solicitor*	X	Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*				
Provide applicable names and addresses:  Professional Solicitor Name: VANTAGE IN PHII	амтнкор	Y		
FIGURESSIONAL SOURCE INTEREST FOR THE FITTER	221111111111111111111111111111111111111	<b>-</b>		
Address 36 WALNUT ST				
City NEWPORT		State RI	ZIP Code 02840	
Professional Fundraising Counsel Name:				
Address				
City		State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City	5	State	ZIP Code	

#### Schedule A-2 ctd.

### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS Name and Title: SEE LISTING Address 1297 PURCHASE ST City NEW BEDFORD \_\_\_\_\_ State MA ZIP Code 02740 City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_ Identify the individuals who will have final responsibility for the charity's distribution of contributions: BOARD OF DIRECTORS Name and Title: SEE LISTING Address 1297 PURCHASE ST City NEW BEDFORD \_\_\_\_\_\_ State <u>MA</u> \_\_\_\_\_ ZIP Code <u>0 274 0</u> Name and Title: City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_

### **Certification by Organization**

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: JAMES A. REID	
Title: EXECUTIVE DIRECTOR	
Signature:	Date:
Printed Name: JASON STRIPINIS	
Title: BUSINESS MANAGER	

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### **Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. ( If you have more than five Related Organizations, please attach a list.)

Name: VTH BEACON,	LLC	Drimon ( pumpos or optivity)	DEVELOPMENT A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FYE SERCON,	A. Donor restricted funds (·) liabilities	Primary purpose or activity:  B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
09/30/21	0.	0.		0.
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
	l		l	
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (·) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

#### Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( see instructions). Use additional lines below to itemize by compensation source.

Name:

Title:

Income Source:

Salary and Other Income:

Benefits Plan:

Other Compensation

Name:		Title:		
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation	

Title:

Benefits Plan:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Salary and Other Income:

Yes	X	No

Other Compensation

Form PC - Schedule RO 078014 10-07-20

Name:

Income Source:

### EXTENDED TO AUGUST 15, 2022

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A</u>	or th	e 2020 calendar year, or tax year beginning $OCT 1$ , $2020$ and	ending S	EP 30, 2021	
В	Check if applicab	SOUTHEASTERN MASS VETERANS HOUSING		D Employer identific	cation number
	Addre	PROGRAM, INC.			
Name change Doing business as				11-11900	35
	Initial returr Final returr	1297 DIDCHACE CEDEET	Room/suite	E Telephone number 508-992-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,838,019.
	Amer	ded NEW PEDEODD MA 02740		H(a) Is this a group re	
	Appli tion				? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
		te: ► WWW.VETSHOUSE.ORG		H(c) Group exemptio	
K	orm o	forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990 N	■ State of legal domicile: MA
	art I	Summary	•	•	V
	1	Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	SHELTER ANI	SOCIAL
Governance		SERVICES TO HOMELESS AND NEEDY VETERANS.			
na.	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Ve	3			3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
ø Ø	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			26
iţi	6	Total number of volunteers (estimate if necessary)			6
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		1,509,414.	1,649,647.
ğ	9	Program service revenue (Part VIII, line 2g)		157,394.	160,731.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		482.	27,641.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,107.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,663,183.	1,838,019.
	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)		0.	0.
v	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,062,349.	1,078,548.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		44,997.	58,660.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)   58,66			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		671,030.	642,277.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,778,376.	1,779,485.
	19	Revenue less expenses. Subtract line 18 from line 12		-115,193.	58,534.
Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,541,782.	3,405,175.
ASS	21	Total liabilities (Part X, line 26)		760,906.	565,764.
Feet	22	Net assets or fund balances. Subtract line 21 from line 20		2,780,876.	2,839,411.
Pá	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	JAMES A. REID, EXECUTIVE DIRECTOR			
		Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	MICHELE PRATT MICHELE PRATT	<u> </u> C	3/02/22 self-employ	
	oarer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	<u>41-0746749</u>
Use	Only	Firm's address > 4601 SIX FORKS ROAD, SUITE 350			
		RALEIGH, NC 27609		Phone no. (9	
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
0330	01 12 0	220 I HA For Panerwork Reduction Act Notice see the separate instruction	ne		Form <b>990</b> (2020)

. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE ORGANIZATION'S MISSION IS TO PROVIDE HOPE FOR HOMELESS VETERANS IN	<u> </u>
	A SAFE, SOBER, SUPPORTIVE RESIDENCE AND TO ASSIST THOSE WHO DESIRE TO	
	ACHIEVE REHABILITATION, SELF-SUFFICIENCY, AND COMMUNITY INTEGRATION,	
	WITH THE ULTIMATE GOAL OF TRANSITIONING INTO PERMANENT HOUSING	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	₹ No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	r INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No 2
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	<u>(2.</u> )
	TRANSITION HOUSE - REACHES INTO COMMUNITIES OF SOUTHEASTERN	
	MASSACHUSETTS SERVING HOMELESS VETERANS IN NEED OF SUPPORT AND	
	ASSISTANCE. THE TYPES OF SERVICES INCLUDE, BUT ARE NOT LIMITED TO,	
	INDEPENDENT LIVING SKILLS, REHABILITATION, AND RE-INTEGRATION INTO THE COMMUNITY.	
	COMMONITI.	
4b	(Code:) (Expenses \$ 342,184. including grants of \$) (Revenue \$	<u>(0.</u> )
	GRADUATE HOUSE - THESE PROGRAMS PROVIDE LONG-TERM, SINGLE BEDROOM	
	APARTMENTS IN HOUSES OWNED BY THE AGENCY. RESIDENTS OF THE GRADUATE HOUSES ARE REQUIRED TO COMPLY WITH AGENCY REGULATIONS PERTAINING TO AN	
	ALCOHOL AND DRUG FREE ENVIRONMENT.	
	ADCOROL AND DRUG FREE ENVIRONMENT:	
	004 060	
4c	(Code:) (Expenses \$ 221,360 • including grants of \$) (Revenue \$ 26,53	<u>(6.</u> )
	SUPPORTIVE SERVICES - PROVIDES SUPPORTIVE SERVICES TO VERY LOW-INCOME	
	VETERAN FAMILIES LIVING IN OR TRANSITIONING TO PERMANENET HOUSING. STAFF PROVIDE ELIGIBLE VETERAN FAMILIES WITH OUTREACH, CASE MANAGEMENT	
	AND ASSISTANCE IN OBTAINING VA AND OTHER BENEFITS.	
	AND ADDIDIANCE IN ODIAINING VA AND OTHER DENEFTID:	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ 144,676 · including grants of \$ ) (Revenue \$ 17,343 · )	
4e	Total program service expenses ► 1,340,797.	(2020)
	Form 930	(CUZU)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	_ <u> </u>		
•	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? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2020) PROGRAM, INC.
Part IV Checklist of Required Schedules (continued)

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  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	X
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  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  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>x</u> <u>x</u> <u>x</u> <u>x</u>
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23  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  24b  24b  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  25c 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  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>x</u> <u>x</u> <u>x</u> <u>x</u>
Schedule J  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  24b  24b  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>x</u> <u>x</u> <u>x</u> <u>x</u>
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  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>x</u> <u>x</u> <u>x</u> <u>x</u>
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  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24a  24a  24b  24c  24c  24c	x _x
Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24a  24b  24b  24b  24c  24c  24c	x _x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24b  24c  24c	x _x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  24d	<u>x</u>
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  24d	<u>x</u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>x</u>
	<u>x</u>
25a Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>x</u>
	<u>x</u>
The state of the s	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
, , , , , , , , , , , , , , , , , , ,	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	X
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	
instructions, for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	
	Х
	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	
	Х
100, 0011/2/100 001100010 2) 1 01111	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
	Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
	Х
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	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
	<u>X</u>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
The state of the s	<u>X</u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
	<u>X</u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
n roo, complete concessing the re-	<u>X</u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule 0  Part V Statements Regarding Other IRS Filings and Tax Compliance	
	_
Check if Schedule O contains a response or note to any line in this Part V	
	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
(gambling) winnings to prize winners?   1c   032004 12-23-20   Form 990 (2	020)

Form 990 (2020) PROGRAM, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	to a state ment of the state of				Vaa	Na.
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		Yes	No
Zu	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions					
За	Did the constitution have an elected by the constitution of the co	,		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			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		-	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	ccoun	ts (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 transaction	ction?		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 orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
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).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_ <u>X</u> _
			does at	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		7.		Х
٦	to file Form 8282?	7d	I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		l +2	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7 <del>6</del>		<u>x</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
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		
10	Section 501(c)(7) organizations. Enter:		1			
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				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
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	1	? 	12a		
	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.  Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.				000	
				Form	990	(2020)

PROGRAM. INC. 11-1190035 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u> </u>	tion C Displacemen			

17	List the states with which a copy of this Form 990 is required to be filed	►MA
----	----------------------------------------------------------------------------	-----

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	Own website	Another's website	X Upon reques	t Other (explain on Schedule (
--	-------------	-------------------	---------------	--------------------------------

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JASON STRIPINIS - 508-992-5313
	1297 PURCHASE ST, NEW BEDFORD, MA 02740

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(1) JAMES REID  EXECUTIVE DIRECTOR  (list any hours for related organizations below line)  (12) JASON STRIPINIS  (list any hours for related organizations below line)  (13) JAMES REID  EXECUTIVE DIRECTOR  (Iist any hours for related organizations below line)  (I) JAMES REID  EXECUTIVE DIRECTOR  (Iist any hours for related organizations below line)  (I) JAMES REID  EXECUTIVE DIRECTOR  (I) JASON STRIPINIS	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				) than (	one n an	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
EXECUTIVE DIRECTOR		hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	organization		compensation from the organization and related organizations
A		40.00	4						0.7.0.5		
BUSINESS MANAGER & CFO  (3) DAVE PRENTISS  DIRECTOR  (4) DEVIN ROBITALLE  DIRECTOR  (5) CYNTHIA BAPTISTE  DIRECTOR  (6) JOHN REMEDIS  PRESIDENT  (7) WAYNE CARVALHO  VICE PRESIDENT  (8) ROSEMARIE LOPES  CLERK  (9) RICHARD BROWN   2.00  X  91,355.  0.  9,  91,355.  0.  9,  91,355.  0.  9,  0.  0.  0.  0.  0.  0.  0.  0.  0.  0		40.00	-		X				97,955.	0.	0
3   DAVE PRENTISS   2.00		40.00	-						04 255		0 064
DIRECTOR   X		2.00	-	_	X				91,355.	0.	9,864
(4) DEVIN ROBITALLE       2.00         DIRECTOR       X         (5) CYNTHIA BAPTISTE       2.00         DIRECTOR       X         (6) JOHN REMEDIS       2.00         PRESIDENT       X         (7) WAYNE CARVALHO       2.00         VICE PRESIDENT       X         (8) ROSEMARIE LOPES       2.00         CLERK       X         (9) RICHARD BROWN       2.00		2.00							_	_	0
DIRECTOR   X		2 00	Λ						0.	0.	0
Column		2.00	v						n .	n	0
DIRECTOR		2.00	25						•	•	<u> </u>
Column   C		2.00	x						0.	0.	0
X		2.00	<del> </del>								-
(7) WAYNE CARVALHO       2.00         VICE PRESIDENT       X       X         (8) ROSEMARIE LOPES       2.00       X         CLERK       X       X         (9) RICHARD BROWN       2.00       0.			Х		х				0.	0.	0
(8) ROSEMARIE LOPES         2.00           CLERK         X         X         0.         0.           (9) RICHARD BROWN         2.00         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(7) WAYNE CARVALHO	2.00									
CLERK         X         X         0.         0.           (9) RICHARD BROWN         2.00         .         .	VICE PRESIDENT		Х		Х				0.	0.	0
(9) RICHARD BROWN 2.00	(8) ROSEMARIE LOPES	2.00									
	CLERK		Х		Х				0.	0.	0
TREASURER X X 0. 0.	(9) RICHARD BROWN	2.00									
	TREASURER		Х		X				0.	0.	0
			-								
			-								
			$\vdash$								

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C						
(A)	(B)			(C Posi	•			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck i	more	than o		Reportable	Reportable	- 1		timate	
	week					s both or/trus		compensation	compensatio	- 1		ount o	o†
	(list any	tor						from the	organization			other oensat	tion
	hours for	direct				- G			(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(	-/		anizati	
	organizations	trust	nal tru		oyee	om pe					and	l relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	nizatio	ons
	line)	lnd	Inst	0#i	Key	E Hig	Бог						
<del></del>													
1b Subtotal								189,310.		0.		9,86	54.
c Total from continuation sheets to Part V								0.		0.		,,,,	0.
d Total (add lines 1b and 1c)							<b>•</b>	189,310.		0.	9	9,86	
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	<del></del> -			
compensation from the organization											ı	Yes	0 <b>N</b> o
3 Did the organization list any <b>former</b> officer	director trust	ee k	ev e	mnl	OVE	e or	hia	ihest compensated empl	ovee on	Г		res	NO
line 1a? If "Yes," complete Schedule J for s			•	•	•		•	•	•		3		Х
4 For any individual listed on line 1a, is the si										····			
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or											-		
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	'-	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fro	m	
(A)								(B)			(C		
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Cc	mper	satior	1
2 Total number of independent contractors (i	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi				-5	C								
										F	orm 9	<b>990</b> (2	2020)

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 5,000. c Fundraising events ..... 1c d Related organizations 1d 1,375,227. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 269,420 1f 17,787 g Noncash contributions included in lines 1a-1f 1,649,647. h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM FEES 623990 119,916. 119,916. Program Service Revenue CASE MANAGEMENT FEES 624100 40,815. 40,815 С f All other program service revenue ..... 160,731. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 27,641 27,641 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 0. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 160,731, 27,641. 1,838,019. Total revenue. See instructions 12

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	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			, , ,	
۰ ۱	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	208,911.		208,911.	
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	751,056.	706,479.	44,577.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25 622	25 222	2 422	
)	Other employee benefits	35,630.	26,222.	9,408.	
)	Payroll taxes	82,951.	61,047.	21,904.	
I	Fees for services (nonemployees):				
а	Management	2 225			
b	Legal	2,285.		2,285.	
С	Accounting	26,880.		26,880.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	58,660.			58,66
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24 624	24 524		
	column (A) amount, list line 11g expenses on Sch O.)	91,694.	91,694.		
2	Advertising and promotion	381.	381.	44 505	
3	Office expenses	41,787.		41,787.	
ļ	Information technology				
5	Royalties	225 221	100 000		
•	Occupancy	207,321.	199,920.	7,401.	
•	Travel	11,477.	11,477.		
,	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	20.220	15 022	4 407	
)	Interest	20,320.	15,833.	4,487.	
	Payments to affiliates	05 002	01 006	A 1 C 17	
	Depreciation, depletion, and amortization	95,993.	91,826.	4,167.	
}	Insurance	37,224.	29,003.	8,221.	
ļ	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.)	67,715.	67,715.		
	MEALS DDOCDAM EXPENSES	19,679.	19,679.		
b	PROGRAM EXPENSES				
C	BAD DEBT EXPENSE	14,846.	14,846.		
d	STAFF TRAINING	1,839.	1,839. 2,836.		
	All other expenses	2,836.	1,340,797.	380,028.	E0 66
<u>.                                      </u>	Total functional expenses. Add lines 1 through 24e	1,779,485.	1,340,/9/•	300,020.	58,66
6	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2020)

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Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			39,290.	1	92,314
	2	Savings and temporary cash investments	9,431.	2	3,081		
	3	Pledges and grants receivable, net	367,620.	3	201,296		
	4	Accounts receivable, net			240,268.	4	263,886
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			330,200.	7	330,200
Assets	8	Inventories for sale or use				8	
As	9	B			15,011.	9	24,915
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,204,200.			
	b	Less: accumulated depreciation		715,023.	2,539,656.	10c	2,489,177
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	306.	15	306		
	16	Total assets. Add lines 1 through 15 (must equ			3,541,782.	16	3,405,175
	17	Accounts payable and accrued expenses			168,657.	17	78,498
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		l l		21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
<u>i</u> tie		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unrela	ated thire	d parties	581,357.	23	477,105
	24	Unsecured notes and loans payable to unrelate	d third p	arties	200.	24	0 .
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			10,692.	25	10,161.
	26	Total liabilities. Add lines 17 through 25			760,906.	26	565,764
		Organizations that follow FASB ASC 958, che	eck here	• <b>▼</b> X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,780,876.	27	2,839,411.
Ва	28	Net assets with donor restrictions				28	
ဋ		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🔲			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Red	32	Total net assets or fund balances			2,780,876.	32	2,839,411.
	33	Total liabilities and net assets/fund balances			3,541,782.	33	3,405,175.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,83		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,77	9,4	<u>.85.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	5	8,5	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,78	80,8	76.
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			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,83	9,4	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	ar guidite, explain why an Cahadula O and describe any stand taken to undergo quah audite		ا م		1

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

Open to Public Inspection

SOUTHEASTERN MASS VETERANS HOUSING **Employer identification number** Name of the organization PROGRAM INC 11-1190035 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,,
	membership fees received. (Do not						
	include any "unusual grants.")	1257246.	1913292.	2131668.	1509414.	1649648.	8461268.
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	1055046	1012000	0121660	1500414	1640640	0.4.6.1.0.6.0
	Total. Add lines 1 through 3	1257246.	1913292.	2131668.	1509414.	1649648.	8461268.
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)						8461268.
	Public support. Subtract line 5 from line 4.						8401208.
		(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in)  Amounts from line 4	(a) 2016 1257246.	(b) 2017 1913292.	(c) 2018 2131668.	(d) 2019 1509414.	(e) 2020 1649648.	(f) Total 8461268.
	Gross income from interest,	123/240•	1913292.	2131000.	1303414.	1049040.	0401200.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	17.	131.	868.	482.	27,641.	29,139.
۵	Net income from unrelated business	<u> </u>	131.	000.	402.	27,041.	20,130.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		30.	397,253.			397,283.
11	Total support. Add lines 7 through 10			001,72001			8887690.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,758,386.
	<b>First 5 years.</b> If the Form 990 is for th	· ·	,				, ,
	organization, check this box and stop					- · (-)(-)	
Sec	tion C. Computation of Publi	c Support Per	centage				,
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	95.20 %
15	5.111					15	95.30 %
16a	33 1/3% support test - 2020. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	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	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, ched	ck this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
<u>18</u>	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 PROGRAM, INC.

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

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

Section A. Public	Support	now, piedee comp	note i uit ii.j				
Calendar year (or fiscal y		(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, cont membership fees include any "unus	received. (Do not						
2 Gross receipts fro merchandise sold formed, or facilitie any activity that is organization's tax	or services per- es furnished in related to the						
3 Gross receipts fro are not an unrelat- iness under section	ed trade or bus-						
4 Tax revenues levie ization's benefit at or expended on it	nd either paid to						
5 The value of service furnished by a government the organization was a service of the control o	ces or facilities vernmental unit to						
6 Total. Add lines 1	through 5						
7a Amounts included 3 received from di	on lines 1, 2, and squalified persons						
<b>b</b> Amounts included on lin from other than disqualit exceed the greater of \$5 amount on line 13 for the	fied persons that						
c Add lines 7a and	7b						
8 Public support. (Section B. Total S							
Calendar year (or fiscal y	rear beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 10a Gross income fror dividends, payme securities loans, re	e 6 m interest, nts received on	(1)	12/2	(2)	(4)	(7)	(7)
<b>b</b> Unrelated business t	taxable income kes) from businesses						
c Add lines 10a and 11 Net income from u activities not inclu whether or not the regularly carried o	unrelated business ided in line 10b, business is						
12 Other income. Do or loss from the sa	not include gain						
13 Total support. (Add I						1	
14 First 5 years. If th		•		•	•	. , . ,	. —
check this box an Section C. Comp	d stop here						<b>&gt;</b>
				(0)		145	
15 Public support pe	•		•	.,,		15	<u>%</u>
16 Public support pe Section D. Comp			•			16	%
				ing 12 galuman (f)\		47	0/
17 Investment incom						17	%
18 Investment incom	•			on line 14, and line		18   23 1/3% and line 1	% %
19a 33 1/3% support						42	▶ □
b 33 1/3% support	%, check this box and tests - 2019. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	e than 33 1/3%, chec						<b>&gt;</b>
20 Private foundation	n If the organization	a did not check a	hox on line 14 19	a or 19h check th	nie hay and see ing	structions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
- U		
4c		
40		
5a		
- Ou		
<b></b>		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
500	tion 6. Type it oupporting organizations		<b>V</b>	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	,	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2020 PROGRAM, INC.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mi			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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-function		d Type III supporting orga	nization (see
	instructions).	,	71 1/1-1 1/19	· · · · ·

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	es of supported organizations	3	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 (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u> _	Carryover from 2015 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### SOUTHEASTERN MASS VETERANS HOUSING

Schedule A	(Form 990 or 990-EZ) 2020 PROGRAM, INC.	11-1190035 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any and 10 are 10 are 11 are 12 are 12 are 13 are 13 are 14 are 15 are	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

**Employer identification number** 11-1190035

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i anas c	Complete if the
	organization answered tes on Form 990, Part IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year	(1.)		(2)
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 w		eld in donor advise	d funds
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	a historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on	a historic structure	e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	erminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	• •	tion, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and er	forcing conservation	on easements during the year
	Dana and a serious serious assessment and an line O(4) bloom			\/4\/\D\/3\
8	Does each conservation easement reported on line 2(d) above			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ote to the organization s	ililariciai staterriei	its that describes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance			·
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	•		
	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 trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			

032051 12-01-20

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

Schedule D (Form 990) 2020

	t III Organizations Maintaining Co		t. Histo	orical Tre	easures. o	r Other			contin		age Z
3	Using the organization's acquisition, accessio								(CONUIN	uea)	
J	collection items (check all that apply):	ii, and other records	s, criccit	arry or the	ionowing that	i make sig	riiioarit u	30 01 113			
а	Public exhibition	d		l oon or ove	change progra	am					
	Scholarly research										
b	,	е		Other							
C 4	Preservation for future generations	lastians and avalain	how th	av frutbarth		n'a avam	nt n	o in Dort	VIII		
4	Provide a description of the organization's col							e in Part	AIII.		
5	During the year, did the organization solicit or								7 v		1
Pai	to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be main to be main to be sold to raise funds rather than to be main to be ma								_ Yes		No
ı aı	reported an amount on Form 990, Part		ete ii trie	organizatio	n answered	res on r	-01111 990,	, Part IV,	irie 9, or		
	Is the organization an agent, trustee, custodia		iany for c	contribution	s or other ass	sats not in	cluded				
ıu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 103	ш	, 110
	ii res, explain the arrangement iiii art xiii a	ind complete the for	lowing to	abic.					Amount		
c	Beginning balance						1c		711100111		
	Additions during the year										
f	Distributions during the year						1f				
	Ending balance  Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.		,						_		] <b>NO</b>
	t V Endowment Funds. Complete if										
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year		rior year	(c) Two yea		<b>d)</b> Three ye	nare back	(a) Four	voore h	hack
10	Paginning of year balance	•	(D) F	Tioi yeai	(C) TWO yea	15 Dack	<b>uj</b> mies y	cais back	(e) i oui	ytais i	Jack
_	Beginning of year balance										
b	Contributions					+					
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs					-					
						-					
g	End of year balance		<i>.</i>		<u> </u>						
2	Provide the estimated percentage of the curre	ent year end balance	•	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment 9	=									
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that	t are held ar	nd administer	red for the	organiza	tion	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	_	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered										
	Description of property	(a) Cost or o		` ,	t or other		cumulate	d	(d) Book	value	;
		basis (investn	nent)		(other)	dep	reciation		24.4	- 4 4	
	Land				4,140.					,14	
	Buildings			2,64	9,703.	5	54,66	06.	2,095	, 03	57.
	Leasehold improvements				<b>T</b> 222		0 0 1				
	Equipment				7,392.		2,36		5	,02	<u> 18.</u>
	Other				2,965.		57,99			.,97	
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colum	nn (B), line 1	0c.)				2,489	,17	17.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h 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 en	d-of-year market value
(1) Financial derivatives	(1)		,
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(r) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	5 000 B 1 11/11	11 0 F 000 B 1 V II 10	
Complete if the organization answered "Yes" o  (a) Description of investment			d of year market value
, , .	(b) Book value	(c) Method of valuation: Cost or en	u-or-year market value
(1)		<u> </u>	
(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" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15 \	_	
Part X Other Liabilities.	10.)		I
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of liability.	on on one of the order	THE OF THE OCC FORM 550, THE ZE	(b) Book value
(1) Federal income taxes			(2) 2501 14140
			10,161.
			10,101
(3)			
(4)			
(5)			
(0)			
(6)			
(7)			
(7) (8)			
(7)			10,161

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PROGRAM, INC. 11-1190035 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part.

SOUTHEASTERN MASS VETERANS HOUSING

1 Indicate whether the organization rais						
a X Mail solicitations				overnment grants		
<b>b</b> X Internet and email solicitations	s <b>f</b> X Solicitat	tion of	gover	nment grants		
c Phone solicitations	g X Special					
d X In-person solicitations	<b>5</b> — .		Ŭ			
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ina of	ficere directore true	toos or	
					X Yes	□ Na
	Part VII) or entity in connection with pr					∟ No
<b>b</b> If "Yes," list the 10 highest paid indi		ant to	agreer	nents under wnich tr	ne tundraiser is to be	
compensated at least \$5,000 by the	organization.					
		/iii\	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity	have con	trol of	from activity	fundraiser	organization
		contribu			listed in col. (i)	
YANTAGE IN PHILANTHROPY - 36		Yes	No			
MALNUT STREET, NEWPORT, RI	FUNDRAISING		Х	254,475.	58,660.	195,815.
	<del> </del>					
	<del>                                     </del>					
	<u> </u>					
otal				254,475.	58,660.	195,815.
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from reg	gistration
or licensing.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Ш	Fundraising Events	Complete if the	ragnization anew	orod "Vos" on Form 000	Dart IV line 19	or reported more than	15 N	_
ule G	G (Form 990 or 990-EZ) 2020	PROGRAM,	INC.			11-119003	5	Ρ

		(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
1	Gross receipts				
2	Less: Contributions				
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
•					
6	Rent/facility costs				
7	Food and beverages				
8					
9		•			
11 rt l					
		answered res on ron	11 330, 1 art 14, iii c 13,	or reported more than	
	* · · · , · · · · · · · · · · · · · · ·	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add
		(a) Bingo		0 (c) Other gaming	col. (a) through col. (c)
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
_	Other direct evenence				
5	Other direct expenses	Voc. 9/	Voc.	)/ Vac 0/	
6	Volunteer labor				
Ü	volunteer labor	140	I NO	140	
7	Direct expense summary, Add lines 2 through	n 5 in column (d)		•	
-					
		from line 1, column (d)		<b>&gt;</b>	
8	Net gaming income summary. Subtract line /				
8	Net gaming income summary. Subtract line 7				
	er the state(s) in which the organization condu	ıcts gaming activities:			
Ent		•	states?		Yes No
Ent	er the state(s) in which the organization condu	ctivities in each of these	states?		Yes No
Ent	er the state(s) in which the organization condu	ctivities in each of these	states?		Yes No
Ent	er the state(s) in which the organization condune organization licensed to conduct gaming action." explain:	ctivities in each of these			
Entitle Is to	er the state(s) in which the organization conducted organization licensed to conduct gaming action," explain:  The any of the organization's gaming licenses results.	evoked, suspended, or t			
Entitle Is to	er the state(s) in which the organization condune organization licensed to conduct gaming action." explain:	evoked, suspended, or t			
	2 3 4 5 6 7 8 9 10 11 11 11 2 3 4 5 6	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from line 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(event type)  1 Gross receipts  2 Less: Contributions  3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses  10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  11 Gaming. Complete if the organization answered "Yes" on Forr \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	(event type) (event type)  (full type) (event type)  (full type) (event type)  (full type) (full tabs/instant bingo/progressive bing  (full type) (full tabs/instan	(event type)   (event type)   (total number)

46

### SOUTHEASTERN MASS VETERANS HOUSING

Schedule G (Form 990 or 990-EZ) 2020 PROGRAM, INC.	11-1190035 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
THE LITTLE THE HATTE AND AUDITESS OF THE PERSON WHO PREPARES THE ORGANIZATION'S GATHING/SPECIAL EVENTS DOORS AND I	ecolus.
Name ▶	
Address	_
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and th	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
- ·· · · · · · · · · · · · · · · · · ·	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year > \$	pent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	nd (v): and Part III lines Q Qh 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ild (v), and Fait III, lines 9, 90, 100,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
CCUPNITE C DADM T LINE OR LICH OF MEN LICURAM DAIN FIND	DATCEDC.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	KAISEKS:
(I) NAME OF FUNDRAISER: VANTAGE IN PHILANTHROPY	
127	
(I) ADDRESS OF FUNDRAISER: 36 WALNUT STREET, NEWPORT, RI	02840

### SOUTHEASTERN MASS VETERANS HOUSING

Schedule G (Form 990 or 990-EZ) PROGRAM, INC.  Part IV Supplemental Information (continued)	11-1190035 Page 4
Part IV Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·
· · ·	

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

**Employer identification number** 11-1190035

PART III, LINE 4D, OTHER PROGRAM SERVICES: PERMANENT SUPPORTIVE HOUSING - THE AGENCY CURRENTLY OWNS AND OPERATES 11 PERMANENT, SUPPORTIVE APARTMENTS, SIX AT 53 SOUTH SIXTH STREET IN NEW BEDFORD AND FIVE AT 7 COUNTY STREET IN NEW BEDFORD. THE AGENCY HAS BEEN PROVIDING SUPPORTIVE SERVICES TO VETERANS SINCE 1991, INCLUDING CASE MANAGEMENT INDIVIDUAL/GROUP COUNSELING, TRANSPORTATION, COMPUTER TRAINING, CAREER COUNSELING, MEALS, VOLUNTEER/COMMUNITY SERVICE FINANCIAL ASSISTANCE, AND RECREATIONAL ACTIVITIES. SERVICES ARE AVAILABLE TO QUALIFIED VETERAN RESIDENTS ON AN AS-NEEDED BASIS. THE PROGRAM WAS EXPANDED TO SERVE QUALIFIED VETERAN RESIDENTS AT 30 NEW UNITS AT THE WILLIS STREET APARTMENTS.

OUTREACH CENTER IS A RESOURCE TO ALL VETERANS AND THEIR FAMILIES SEEKING INFORMATION AND SERVICES THAT SUPPORT THEIR SAFETY, HEALTH AND THE OUTREACH CENTER IS STAFFED BY PROFESSIONAL LICENSED WELL-BEING. CLINICIANS WHO ARE DEDICATED TO WORKING WITH VETERANS. THE PROGRAM FOCUSES ON MAINTAING PERMANENT HOUSING STATUS AND OVERALL WELL-BEING OF VETERANS AND THEIR FAMILIES WHO ARE AT RISK OF LOSING THEIR HOUSING. ENABLING HOMELESS VETERANS TO ACQUIRE HOUSING AND INCREASE THEIR SELF-SUFFICIENCY, AND ALSO TO ASSIST VETERANS TO SUCCESSFULLY SHIFT FROM TRANSITIONAL HOUSING TO PERMANENT HOUSING AND SELF-SUFFICIENCY. EXPENSES \$ 144,676. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,343.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED IT'S BY-LAWS IN 2021 TO REFLECT CHANGES IN THE

DATE OF THE ANNUAL MEETING.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.	Employer identification number 11-1190035
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD TREASU	JRER OR DESIGNEE. A
COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PE	RIOR TO ITS FILING
WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS DISCLOSE ANY CONFLICTS OF INTEREST THRO	OUGH A DISCLOSURE
FORM TO THE AGENCY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE MEMBERS OF THE BOARD DETERMINE, DOCUMENT, AND APPROVE	THE SALARY OF TOP
MANAGEMENT AND OTHER OFFICERS OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE	UPON REQUEST. THE
ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC THROUGH
THE OSD WEBSITE SINCE THEY FILE UFR. ALSO THROUGH AG OFFI	CE WHEN FILE WITH
THE FORM PC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING DIFFERENCE	1.

### **SCHEDULE R** (Form 990)

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

**Employer identification number** 11-1190035

(a)	(b)	(c)	(d)	(e)		(	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incor	me End-of-year	assets	1	Direct controlling entity	
VTH BEACON, LLC - 83-2865319						SOUTHEASTERN	ſ	
1297 PURCHASE ST	1					MASSACHUSETT	S VETE	RANS
NEW BEDFORD, MA 02740	DEVELOPMENT ACTIVITIES	MASSACHUSETTS				HOUSING PROG	RAM	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization an	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more	related tax-exen	npt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	c charity Direct cont entity		ontrolling Section 512(b)(13)	
-				501(c)(3))			Yes	No

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

Schedule R (Form 990) 2020

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	of Disproportiona		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	No	

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
					1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
-	•						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
1	Performance of services or membership or fundraising solicitations for related organization(	(s)			11		
	Performance of services or membership or fundraising solicitations by related organization(s				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	is line, including covered re	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	· · · · · · · · · · · · · · · · · · ·	nsaction	Amount involved	Method of determining amount invo	olved		
	tyr	pe (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	3 10-28-20	F 2		Schedule F	R (Form	990)	2020

RAM, INC. 11-1190035

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

## SOUTHEASTERN MASS VETERANS HOUSING

Schedule R	R (Form 990) 2020	PROGRAM,	INC.	11-1190035	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation			
	Provide additional inform	nation for response	s to questions on Schedule R. See instructions.		
	<u> </u>				

032165 10-28-20 Schedule R (Form 990) 2020

## SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY

# CONSOLIDATED UNIFORM FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEAR ENDED SEPTEMBER 30, 2021 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED SEPTEMBER 30, 2020)



WEALTH ADVISORY | OUTSOURCING AUDIT, TAX, AND CONSULTING

# SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY TABLE OF CONTENTS

### YEAR ENDED SEPTEMBER 30, 2021

(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED SEPTEMBER 30, 2020)

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### INDEPENDENT AUDITORS' REPORT

Board of Directors Southeastern Mass Veterans Housing Program, Inc. and Subsidiary New Bedford, Massachusetts

### Report on the Consolidated financial statements

We have audited the accompanying consolidated financial statements of Southeastern Mass Veterans Housing Program, Inc. and Subsidiary (a Massachusetts nonprofit organization), which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated financial statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Southeastern Mass Veterans Housing Program, Inc. and Subsidiary as of September 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Matters

### Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying UFR Organization Supplemental Information Schedule A and UFR Program Supplemental Information Schedule B, is presented for purposes of additional analysis as required by the Commonwealth of Massachusetts Operational Services Division, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion on it.

### Report on Summarized Comparative Information

We have previously audited Southeastern Mass Veterans Housing Program, Inc. and Subsidiary 2020, consolidated financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 11, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 9, 2022, on our consideration of Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters.

Board of Directors Southeastern Mass Veterans Housing Program, Inc. and Subsidiary

The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Southeastern Mass Veterans Housing Program, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's internal control over financial reporting and compliance.

CliftonLarsonAllen LLP

Clifton Larson Allen LLP

New Bedford, Massachusetts February 9, 2022

UNIFORM FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT		COVER PAGE - Page 1 of			deral Employer Identification Number (FEIN) for Filing Entity - 9 digit		
				Other corporate names 8		cable: VTH Beacon LLC	832865319
	For the Year Ended : 9/30/2021	Filed Electronically? (Y/N): Y	, <del>-</del>	(Use for consolidated finance	cial statements.)		
	(M/D/YYYY)						
	Filing Organization: Southeastern Massachu	usetts Veterans Housing Program, Inc.	Veterans Transition House				
	(legal name)		(Doing Business As name, if applicable	)			
						Massachusetts Vendor Code Number	er
A.G.	Public Charities Acct.#	Business Address:	1297 Purchase Street	New Bedford	MA 0274		
			(Street)	(City)	(State) (Zip	•	
	CEO or CFO : Jason	Stripinis	Business Manager & CFO	508-992-5313 x 13	E-mail add	dress: jason.stripinis@vetshouse.org	
	(First Name)	(Last Name)	(Title)	(Phone : Area Code / Number)			
	CPA: CliftonLarsonAllen LLP		CPA Firm's Current Mass. License	e #: 901	PA's E-mail Add	dress: michele.pratt@claconnect.com	
	-		PA Firm's Federal Employer Id. (FEIN	)#: 410746749		A-133 Audit Submitted? (Y/N): 1	V
Manage	ement Company Name:					Have basic F/S been audited? (Y/N):	Y
Ü	• • • • • • • • • • • • • • • • • • • •					UFR Exemption/Exception Code	#
	Organization Type Code : C	For-Profit Organization		Date of Org./Incorp.:	10/31/1990		
	- 3 /1 · - <u>-</u>	_			(M/D/YYYY)	Principal Purch. Agenc	v: VET
	501(c)(3) Federal Tax Exempt (Y/N): Y	If Yes, Date of Exemption	: 10/31/1990	Cost Allocation Method Code :	MD	Program Performance Report (Internet system) is not required:	· ——
		<u> </u>	(M/D/YYYY)			Primary Contractor(s	s):
Duaguana				ogram Address		, , ,	MMARS
Program	Drawen Name	Subcontractor Name	Street		State Zip Co	- Drawan Dassistian	
Number	Program Name	Subcontractor Name		City	-	- · · · · · · · · · · · · · · · · · · ·	Prog.Code
01-R	Veterans Transition House		1060 Pleasant Street	New Bedford	MA 0274		1133
3	Veterans Graduate House		1066 Pleasant Street	New Bedford	MA 0274		
6	Veterans Transition Program		1297 Purchase Street	New Bedford	MA 0274		
9	Outreach Center		1297 Purchase Street	New Bedford	MA 0274	40 Veterans Outreach	
7	SSVF		1297 Purchase Street	New Bedford	MA 0274	40 Supportive Services to Veteran Families	
8	Permanent Supportive Housing		See Supplemental Schedule	New Bedford	MA 0274	40 Permanent Supportive Housing	
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Note	e: If your agency is exempt from filling this re	eport (see instructions) complete this cove	er page only and submit it along with	i accumentation to support the	e nasis of the e	exemption.	

ST	ATEMENT OF FINANCIAL POSITION AS OF	09/30/2021	WIT	H COMPARATIVE	TOTALS AS OF	9/30/2020	
	(BALANCE SHEET)						
		CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TO LAS
	ASSETS	OPERATIONS	PLANT	ENDOWNENT	COSTODIAN	I IIIS I EAR	LAS
1	Cash and Cash Equivalents	95,395				95,395	
2	Accounts Receivable, Program Services	126,553				126,553	
3	Allowance for Doubtful Accounts	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	Net Accounts Receivable, Program Services	126,553				126,553	
5	Contributions Receivable	33,333				33,333	
6	Notes Receivable	,					
7	Prepaid Expenses	24,915				24,915	
8	Other Accounts Receivable	111,988				111,988	
9	Other Current Assets	306				306	
10	Short-Term Investments	000					
11	TOTAL CURRENT ASSETS	392,490				392.490	
12	Land, Buildings, and Equipment	552, 155	3,204,200			3,204,200	3
13	Accumulated Depreciation		(715,023)			(715,023)	
14	Net Land, Buildings and Equipment		2,489,177			2,489,177	2
15	Long-Term Investments		2,100,111			2,100,111	
16	Other Assets	523,508				523,508	-
17	Due From Other Funds	020,000				020,000	-
18	TOTAL ASSETS	915,998	2,489,177			3,405,175	3
	LIABILITIES AND NET ASSETS						
19	Accounts Payable	15,341				15,341	
20	Subcontract Payable						
21	Accrued Expenses	61,018				61,018	
22	Current Notes Payable	100,000				100,000	
23	Current Portion Long-Term Debt		33,544			33,544	
24	Deferred Revenue					· ·	
25	Other Current Liabilities						
26	TOTAL CURRENT LIABILITIES	176,359	33,544			209,903	
27	Long-Term Notes & Mortgage Payable		343,561			343,561	
28	Other Liabilities	12,300				12,300	
29	Due to Other Funds						
30	TOTAL LIABILITIES	188,659	377,105			565,764	
	NET ASSETS						
31	Without Donor Restrictions	727,339	2,112,072			2,839,411	2
32	With Donor Restrictions						
33							
34	TOTAL NET ASSETS	727,339	2,112,072			2,839,411	3
35	TOTAL LIABILITIES AND NET ASSETS	915,998	2,489,177			3,405,175	

ORGANIZATION : Southeastern Massac	chusetts Veterans F	<b>FEIN</b> :111	190035	
STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	09/30/2021 /IT	H COMPARATIVE TOTAL	S FOR THE YEAR ENDED	09/30/2020
REVENUES, GAINS, AND OTHER SUPPORT	Without Donor Restrictions	With Donor Restrictions	TOTAL THIS YEAR	TOTAL LAST YEAR
1 Contributions, Gifts, Legacies, Bequests & Special Events	254,475	Restrictions	254,475	175,849
2 In-Kind Contributions	17,787		17,787	64,629
3 Grants	2,159		2,159	
4 Program Service Fees	1,415,637		1,415,637	1,382,773
5 Federated Fundraising Organization Allocation	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,,,,,,	, , , , ,
6 Investment Revenue	27,641		27,641	482
7 Revenue from Commercial Products & Services				
8 Other	120,320		120,320	101,307
9 Net Assets Released From Restrictions:				
10 Satisfaction of Program Restrictions				
11 Satisfaction of Equipment Acquisition Restrictions				
12 Expiration of Time Restrictions				
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT	1,838,019		1,838,019	1,725,040
EXPENSES AND LOSSES				
14 Administration (Management & General)	380,028		380,028	403,940
15 Fundraising	58,660		58,660	49,103
16 Total Program Services	1,340,797		1,340,797	1,387,190
17 TOTAL EXPENSES	1,779,485		1,779,485	1,840,233
18 Losses				
19 TOTAL EXPENSES AND LOSSES	1,779,485		1,779,485	1,840,233
CHANGES IN NET ASSETS:				
20 Property & Equipment Acquisitions from Unrestricted Funds				
21 Transfer of Realized Endowment Fund Appreciation				
22 Return to Donor				
23 Other Increases (Decreases)				
24 TOTAL CHANGES IN NET ASSETS	58,535		58,535	(115,193)
25 NET ASSETS AT BEGINNING OF YEAR	2,780,876		2,780,876	2,896,069
26 NET ASSETS AT END OF YEAR	2,839,411		2,839,411	2,780,876
See Accompanying Notes to Financial Statements				

ORGANIZATION: Southeastern Massachusetts Veterans Housing Progra FEIN: 111190035

Statement of Functional Expenses for the Year Ended: 09/30/2021

		SUPPORTING	G SERVICES	PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
Employee Compensation & Related Expenses	1,078,548	284,801		793,747
2. Occupancy	207,321	7,401		199,920
3. Other Program / Operating Expense	117,482	15,177		102,305
4. Subcontract Expense	58,660		58,660	
5. Direct Administrative Expense	210,458	64,714		145,744
6. Other Expenses	11,024	3,768		7,256
7. Depreciation of Buildings and Equipment	95,993	4,167		91,826
8. TOTAL EXPENSES	1,779,485	380,028	58,660	1,340,797

See Accompanying Notes to Financial Statements

ORGANIZATION: Southeastern Massachusetts Veterans Housing Progr. FEIN: 111190035

Statement of Functional Expenses for the Year Ended: 09/30/21

	PROGRAM #				
	01-R	3	6	9	7
4. Employee Commoncation 9 Deleted European	270 250	040,000	0.007	CO 202	420.002
Employee Compensation & Related Expenses	378,259	216,906	8,227	60,392	129,963
2. Occupancy	72,080	45,019	2,825	7,902	52,923
3. Other Program / Operating Expense	52,911	11,170	15	24,415	9,881
4. Subcontract Expense					
5. Direct Administrative Expense	66,913	41,721	1,534	8,341	17,757
6. Other Expenses	4,235	1,577	60	439	945
7. Depreciation of Buildings and Equipment	43,270	25,791	2,249	6,107	9,891
8. TOTAL EXPENSES	617,667	342,184	14,910	107,596	221,360

See Accompanying Notes to Financial Statements

ORGANIZATION: Southeastern Massachusetts Veterans Housing Progra FEIN: 111190035 **Statement of Functional Expenses for the Year Ended:** 09/30/21 PROGRAM # PROGRAM # PROGRAM # PROGRAM # PROGRAM# 1. Employee Compensation & Related Expenses 2. Occupancy 19,171 3. Other Program / Operating Expense 3,913 4. Subcontract Expense 5. Direct Administrative Expense 9,478 6. Other Expenses 7. Depreciation of Buildings and Equipment 4,518 8. TOTAL EXPENSES 37,080 See Accompanying Notes to Financial Statements

**ORGANIZATION**: Southeastern Massachusetts Veteran **FEIN**: 111190035

#### STATEMENT OF CASH FLOWS for the YEAR ENDED 09/30/2021

#### **INDIRECT METHOD**

1	Cash Flows from Operating Activities: Changes in Net Assets	<b>TOTAL</b> 58,535
'	Adjustments to Reconcile Change In Net Assets to Net	00,000
	Cash provided by/(used in) Operating Activities:	
2	Depreciation	95,993
3	Losses	
4	Increase/Decrease in Net Accounts Receivable	96,594
5	Increase/Decrease in Prepaid Expenses	(9,904)
6	Increase/Decrease in Contributions Receivable	27,950
7	Increase/Decrease in Accounts Payable	(110,832)
8	Increase/Decrease in Accrued Expenses	20,538
9	Increase/Decrease in Deferred Revenue	
10	Increase/Decrease in Subcontract Payable	
11	Contributions Restricted for Long-Term Investment	
12	Net Unrealized and Realized Gains on Long-Term Investments	
13	Other Cash Used in/Provided by Operating Activities	17,566
14	Net Cash Provided by/(used in) Operating Activities	196,440
	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(45,514)
17	Proceeds from Sale(s) of Investments	
18	Purchase(s) of Investments	
19	Purchase(s) of Assets Restricted To Long-Term Investment	
20	Other Investing Activities	
21	Net Cash Provided by/(used in) Investing Activities	(45,514)
	Cash from Financing Activities:	
	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	
	Other Financing Activities:	
25	Contributions Restricted for Long-Term Investment	
26	Interest and Dividends Restricted for Reinvestment	
27	Payments on Notes Payable	(125,000)
28	Payments on Long-Term Debt	(29,252)
29	Other Finance Payments/Reciepts	50,000
30	Net Cash Provided by/(used in) Financing Activities	(104,252)
	See Accompanying Notes to the Financial Statements	

	ORGANIZATION : Southeastern Massachusetts Veterar	FEIN:	111190035
	STATEMENT OF CASH FLOWS for the YEAR ENDED	09/30/2021	
	INDIRECT METHOD		
31 32 33	Net Increase/(Decrease) in Cash and Cash Equivalents Cash and Cash Equivalents at Beginning of Year Cash and Cash Equivalents at End of Year	- - -	46,674 48,721 95,395
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	20,320	
36 37 38 39 40	Supplemental Data for Noncash Investing and Financing Activities: Gifts of Equipment Other Noncash Investing and Financing Activities		
	See Accompanying Notes to the Financial Statements		

#### NOTE 1 ORGANIZATION AND NATURE OF OPERATIONS

Southeastern Mass Veterans Housing Program, Inc. and Subsidiary (the Agency), is a Massachusetts nonprofit corporation organized and incorporated in 1990. The Agency provides social services primarily to veterans in the Southeastern area of Massachusetts.

The Agency provides the following programs:

Transitional Housing — This program reaches into communities of Southeastern Massachusetts serving homeless veterans in need of support and assistance. The types of services include, but are not limited to, independent living skills, rehabilitation, and reintegration into the community.

*Graduate Houses* — These programs provide long-term, single bedroom apartments in houses owned by the Agency. Residents of the graduate houses are required to comply with Agency regulations pertaining to an alcohol and drug free environment.

Supportive Services to Veteran Families (SSVF) — The SSVF Program provides supportive services to very low-income Veteran families living in or transitioning to permanent housing. Staff provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which include:

- Health Care Services
- Daily Living Services
- Personal Financial Planning Services
- Transportation Services
- Fiduciary and Payee Services
- Legal Services
- Child Care Services
- Housing Counseling Services

Permanent Supportive Housing — The Agency currently owns and operates permanent, supportive apartments in New Bedford. The Agency has been providing supportive services to veterans since 1991, including case management, individual/group counseling, transportation, computer training, career counseling, meals, volunteer/community service programs, financial assistance, and recreational activities. These services are available to qualified veteran residents of our permanent, supportive apartments on an as-needed basis. The program was expanded to serve qualified veteran residents at 30 new units at the Willis Street Apartments.

Southeastern Mass Veterans Housing Program, Inc. and Subsidiary also helps participant's access time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed childcare providers) from the primary SSVF grantee, New England Center for Homeless Veterans, in order to help Veteran families stay in or acquire permanent housing on a sustainable basis.

#### NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied in the preparation of the consolidated financial statements follows:

#### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared on an accrual basis and in accordance with the reporting principles of nonprofit accounting as defined by professional standards.

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of VTH Beacon, LLC which is a 100% owned subsidiary. The entities are related through common governance and control. All inter-entity accounts and transactions have been eliminated.

#### **Donated Goods**

Donated marketable securities and other noncash donations are recorded as contributions at their estimated fair value at the date of donation.

Donated services are recognized as contributions in accordance with professional standards, if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Agency. Volunteers also provided services throughout the year that are not recognized as contributions in the consolidated financial statements since the recognition criteria under Professional Standards was not met.

During the year ended September 30, 2021, the Agency received in-kind donations of food totaling \$17,787.

#### Display of Net Assets by Class

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when received and released from restrictions when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

#### NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Display of Net Assets by Class (Continued)**

Grants, which are limited to the use of various Agency programs, are reflected as unrestricted revenue if these funds are received and spent during the same year and if they support the activities of the Agency within the limits of the Agency's articles of organization.

#### **Summarized Comparative Data**

The consolidated financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Agency's financial statements for the year ended September 30, 2020, from which the summarized information was derived.

#### **Cash and Cash Equivalents**

The Agency considers all highly liquid investments with a maturity of three months or less to be cash equivalents.

#### **Accounts Receivable**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides probable uncollectible amounts through a provision of bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts, or upon move-out of the client, are written off through a charge to the valuation allowance and a credit to accounts receivable. As of September 30, 2021, management estimated all receivables were collectible and therefore there was no provision for uncollectible accounts.

The Agency does not have a policy to accrue interest or to require collateral or other security to secure accounts receivable.

#### **Unconditional Promises**

The Agency records unconditional promises to give expected to be collected within one year at net realizable value. Unconditional promises to give expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the consolidated statement of activities. The Agency determines the allowance for uncollectable promises to give based on historical experience, an assessment of economic conditions, and a review of subsequent collections.

#### NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Property and Equipment**

The Agency's policy is to capitalize assets whose cost individually (or if part of a related group of assets, cost in the aggregate) is in excess of \$5,000.

Property and equipment are stated at cost if purchased, or fair estimated market value if donated. In the absence of original cost records, appraisals of historical cost or fair market value at the date of gift have been recorded. Additions, improvements, and expenditures that significantly extend the economic life of the assets are capitalized. Expenditures for repairs and maintenance are charged to operations in the year the costs are incurred.

Depreciation is computed using the straight-line method over the following estimated useful lives:

Buildings 30 to 40 Years
Building Improvements 16.5 to 27.5 Years
Furniture and Fixtures 5 Years
Equipment 3 to 5 Years
Motor Vehicles 5 Years

Long-lived assets to be held and used are reviewed for impairment whenever events or changes in circumstances indicate the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the assets' carrying amount over the fair value of the asset.

#### **Expense Allocation**

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies, licensed capacity, square footage, etc. Management and general include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Agency.

#### Tax Exempt Status

The Agency qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no tax provision for income taxes is reflected in the accompanying consolidated financial statements.

#### NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Advertising**

The Agency expenses advertising costs when they are incurred. Advertising expense for the year ended September 30, 2021 was \$381.

#### **Use of Estimates**

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates and assumptions.

#### **Deferred Financing Costs**

Deferred financing costs totaling \$29,658 incurred for bank financing have been accounted for as a reduction in the related outstanding loans and are being amortized, using the straight-line method, over the life of the loan to interest expense. Amortization expense charged to interest expense for the year ended September 30, 2021 totaled \$2,784.

#### **Revenue Recognition**

To determine revenue recognition for the arrangements that the Agency determines are within scope of Topic 606, the Agency performs the following five steps: (1) identify the contract(s) with a customer, (2) identify the performance obligation(s) in the contract, (3) determine the transaction price, (4) allocate the transaction price to the performance obligation(s) in the contract, and (5) recognize revenue when the Agency satisfies a performance obligation. Client rental income of \$79,507 recognized in accordance with Topic 606 is included in Other revenue in the accompanying statement of activities.

The Agency recognizes revenue from conditional cost reimbursement state contracts and grants based on certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Agency has incurred expenditures in compliance with specific contract or grant provisions. The Agency received cost-reimbursement grants of \$506,848 which have not been recognized at September 30, 2021 because qualifying expenditures have not yet been incurred.

Contributions restricted by donors are recorded as increases in net assets without donor restrictions of the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

#### NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Subsequent Events**

Subsequent events have been evaluated through February 9, 2022, the date the consolidated financial statements were available to be issued. No such events requiring disclosure subsequent to year-end were noted as of February 9, 2022.

#### NOTE 3 CONCENTRATIONS OF CREDIT RISK

The majority of the Agency's activities and revenues are as a result of contracts with the Commonwealth of Massachusetts and the federal government. The Agency's operations are concentrated in the human services provider field. As such, the Agency operates in a heavily regulated environment. The operations of the Agency are subject to administrative directives, rules, and regulations of federal, state, and local regulatory agencies, including, but not limited to the Department of Veterans Services.

Such administrative directives, rules, and regulations are subject to change by an act of Congress, act of the state legislature or an administrative change mandated by the Department of Veterans Services. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change. Additionally, contractual funding may decrease or be withdrawn with little notice.

The following is a summary of the sources of revenue and monies owed to the Agency as of September 30, 2021:

		Accounts
	Revenue	Receivable
Commonwealth of Massachusetts	55%	39%
Federal - Direct or Passed Through	28%	23%
Private Fees	2%	0%
Contributions and Other	15%	38%
Totals	100%	100%

The Agency maintains its cash in deposits at local financial institutions insured by the Federal Deposit Insurance Corporation (FDIC). Deposits at FDIC insured institutions are insured up to \$250,000 per depositor. At September 30, 2021, there were \$195,738 of uninsured balances.

#### NOTE 4 PROMISES TO GIVE

Unconditional promises to give at September 30, 2021 are from the Agency's capital campaign and are collectible over the next five years. Management believes that's all promises to give are collectible. Accordingly, no allowance has been recorded.

Unconditional promises to give consist of the following:

Receivable in Less than One Year	\$ 33,333
Receivable in One to Three Years	39,950
Total Unconditional Promises to Give	73,283
Less: Unamortized Discount	 _
Net Unconditional Promises to Give	\$ 73,283

Management believes the unconditional promises to give due in more than one year, which are included in other assets in the consolidated statement of financial position, are reflected at the present value of estimated future cash flows. No discount rate has been applied due to immateriality.

#### NOTE 5 PROPERTY AND EQUIPMENT

The following is a summary of land, building, and equipment by major category at September 30, 2021:

Land	\$ 314,140
Building and Improvements	2,649,703
Furniture and Fixtures	100,760
Equipment	7,392
Vehicles	132,205
Total	 3,204,200
Less: Accumulated Depreciation	(715,023)
Total Land, Building, and Equipment	\$ 2,489,177

Depreciation expense for the year ended September 30, 2021 was \$95,993.

#### NOTE 6 MORTGAGES AND NOTES PAYABLE

The Agency's long-term debt consists of the following at September 30:

Description	 Amount
Note payable - bank, payable in monthly installments of interest only at 7.2% until March 2008, a principal reduction of no less than \$184,950 will be required in the initial year of the loan, thereafter, 168 monthly installments of principal and interest of \$1,331, interest at 7.2%, secured by property at 98 Arnold Street, New Bedford, MA, due March 2022.	\$ 13,124
Note payable - bank, payable in monthly installments of principal and interest of \$1,480 including interest at 3.77% for first five years and reviewed / adjusted at each year anniversary of the loan secured by property at 1311 Purchase Street, New Bedford, MA, due May 2035.	187,201
Note payable - bank, payable in 300 monthly installments of principal and interest of \$1,129, interest at 4.25%, secured by properties at 717 Country Street, New Bedford, MA, and 53 South Sixth Street, New Bedford, MA, renewable and interest rate adjusted every five years through July 2039.	167,144
Note payable - HAND Corporation, payable in 360 monthly installments of principal and interest of \$126, interest at 3% secured by a second mortgage at 717 Country Street, New Bedford, MA, due January 2029.	9,723
Total	377,192
Less: Current Maturities of Mortgages and Notes Payable Less: Unamortized Deferred Financing Costs	(33,544) (87)
Total	\$ 343,561

The future minimum principal payments for mortgages and notes payable are as follows:

Year Ended September 30,	 Amount
2022	\$ 33,544
2023	19,165
2024	19,941
2025	20,748
2026	21,589
Thereafter	 262,205
Total	\$ 377,192

Interest expense on mortgages and notes payable for the year ended September 30, 2021 totaled \$16,975.

#### NOTE 6 MORTGAGE AND NOTES PAYABLE (CONTINUED)

The Agency is required to meet certain ratio covenants as detailed in the loan documents. The Agency was in default of the debt service ratio as of September 30, 2021. A waiver has been issued by the bank.

#### NOTE 7 LINE OF CREDIT

The Agency has a revolving line of credit for working capital with a limit of \$125,000 that is renewable annually through August 2026. The line of credit is secured by a second position security interest in 98 Arnold St, New Bedford and all tangible and intangible business assets and bears interest at Wall Street Journal Prime rate plus 0.50% (4.00% as of September 30, 2021). The outstanding balance on the line of credit was \$100,000 as of September 30, 2021.

The Agency has a second revolving line of credit for working capital with a limit of \$125,000 that is renewable annually through February 2023. The line of credit is secured by a second position security interest in 1311 Purchase St, New Bedford and all tangible and intangible business assets and bears interest at Wall Street Journal Prime rate plus 0.50% (4.00% as of September 30, 2021). The outstanding balance on the line of credit was \$- as of September 30, 2021.

Interest expense on the line of credit totaled \$3,345 for the year ended September 30, 2021.

#### NOTE 8 COMMITMENTS AND CONTINGENCIES

The Agency entered into an agreement with Community Economic Development Assistance Corporation (CEDAC) in the amount of \$312,533 to provide funding for a building located at 1074 Pleasant Street, New Bedford, Massachusetts prior to fiscal year 2006. The note originally accrued interest at 5% per year simple interest and was to be assessed on a pro rata basis at the end of each month during the first 20 years. On March 16, 2006, the agreement was revised to change the interest rate to 0%.

However, should the lender exercise the right to declare the entire indebtedness due and payable, or if the indebtedness evidenced by the Note which is due on the maturity date is not paid on the maturity date, then in addition to all other rights and remedies of the lender, the Agency agrees that all unpaid amounts shall bear interest until paid at the lesser of the following rates: 1) an annual rate of 10% per annum or 2) the maximum rate of interest which may lawfully be charged or collected on account of such unpaid amounts in accordance with applicable law and the terms and conditions of the general obligation bond(s) by which the loan is funded.

#### NOTE 8 COMMITMENTS AND CONTINGENCIES (CONTINUED)

The CEDAC note was assumed by Willis St. LLC in connection with the agreement described in Note 9. As of September 30, 2021, no payments were due to CEDAC. Repayment of the note will only be required in the event that restrictions, as defined in the Note Agreement, are not met. Currently the maturity date of the note is December 2029 which may be extended to 2069 if the property continues to meet the Housing Innovation Fund requirements. The repayment terms can be further extended in additional 10-year increments assuming requirements noted above continue to be met. In addition, to the extent that cash flow generated from the property exceeds 15% of the net operating income from the property in any calendar year, the Agency would be required to pay excess cash flow to CEDAC within 45 days of the end of each calendar year which shall be applied first to interest and thereafter to principal.

The Agency also holds financing agreements with HAND Corporation in the amounts of \$122,246 and \$56,100, respectively, to provide funding for buildings respectively located at 53 South Sixth Street and 717 County Street, New Bedford, Massachusetts. The notes are noninterest bearing. Repayment of the notes will only be required in the event that restrictions, as defined in the Note Agreement, are not met.

#### NOTE 9 RELATED PARTY TRANSACTIONS

During the year ended September 30, 2021, the Agency entered into an agreement with Willis St. LLC, to create 30 permanent apartments to house homeless veterans. As a result of the agreement, a new entity was created known as VTH Beacon, LLC. which is a 100% owned subsidiary of Southeastern Mass Veterans Housing Program, Inc.. VTH Beacon, LLC owns 49% of 0.1% of WS Development LLC which is the managing member of Willis St. LLC. During the sale of 20 Willis St, the Agency loaned the Willis St. LLC \$330,200. The amount is included as note receivable within other assets as of September 30, 2021. Interest accrued on this amount was \$27,638 as of September 30, 2021.

In addition, \$237,708 was payable to the Agency as of September 30, 2021 and included as other accounts receivable. \$111,988 will be received in April of 2022 and the rest will be deferred until a future year when the funds are available.

#### NOTE 10 SURPLUS REVENUE ESTIMATE: COMMONWEALTH PROGRAMS

The Operational Services Division (OSD) of the Commonwealth of Massachusetts regulates nonprofit contractors per regulation 808 CMR 1.00 Compliance, Reporting and Auditing for Human and Social Services. This regulation allows nonprofit contractors to accrue an annual net surplus, not to exceed 20% of said revenues, from the revenues and expenses associated with services provided. Surpluses may be used for any of the contractors established charitable purposes, provided that no portion of the surplus may be used for any nonreimbursable cost set forth in 808 CMR 1.05, the free care prohibition excepted.

#### NOTE 10 SURPLUS REVENUE ESTIMATE: COMMONWEALTH PROGRAMS (CONTINUED)

OSD shall be responsible for determining the amount of surplus that may be retained by each contractor in any given year and may determine whether any excess surplus shall be used to reduce future prices or be recouped. The Agency did not exceed the 20% allowable amount; therefore, no liability has been recorded as of year-end.

#### NOTE 11 LIQUIDITY AND AVAILABILITY

Finance assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

Cash and Cash Equivalents	\$ 95,395
Accounts Receivable	126,553
Contributions Receivable	33,333
Other Accounts Receivable	 111,988
Total	\$ 367,269

#### NOTE 12 COVID-19 IMPACT

The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. Specific to the Agency, COVID-19 impacted various parts of the its fiscal 2020 operations and financial results including but not limited to reductions in revenue and increased costs. Management believes that the Agency is taking appropriate actions to mitigate the negative impact. However, the full impact of COVID-19 is unknown and cannot be reasonably estimated as these events are still developing.

ORGANIZATION: Southeaster	rn Massachusetts Veterans	Housing Program, Inc.	,	ORGANIZAT	ION SUPPLEMENTAL INFORMATION SCHE	DULE A - Un		FY Imin (M&G)	END:	9/30/2021 and Raising	FEIN:	111190035 All Programs
REVENUE	Total Organization	Admin.(M&G)	Fund Raising	Total All Prog	EXPENSE FTE	Expense	FTE	Expense	FTE	Expense	FTE	Expense
1R Contributions, Gifts, Legacies, Bequests	254,475	62,554		191,921	1E Total Direct Prog.Staff FTE/Exp 101-138 13.9	52 698,65	6 XXXX	XXXXXXXXX	XXXX	XXXXXXXXXX	13.52	698,656
2R Gov. In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXXX		2E Chief Executive Officer - FTE/Exp. 1.0	00 99,34	6 1.00	99,346				
3R Private IN-Kind	17,787			17,787	3E Chief Financial Officer - FTE/Exp. 1.0	00 98,93	4 1.00	98,934				
4R Total Contributions and In-Kind	272,262	62,554		209,708	4E Accting/Clerical/Support FTE/Expense 0.8	30 52,40	3 0.80	52,403				
5R Mass Gov. Grant		XXXXXXXXXX	XXXXXXXXXX		5E Admin Maint/House-Grndskeeping FTE/Exp				=			
6R Other Grant (exclud. Fed.Direct)	2,159	2,159			6E Total Admin Employee FTE/Expense 410 2.8	30 250,68	2 2.80	250,682				
7R Total Grants	2,159	2,159	100000000000		7E Commercial Products & Svs/Mkting FTE/Exp				XXXX	XXXXXXXXX	10.50	
8R Dept. of Mental Health (DMH)	D)	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		8E Total FTE/Salary/Wages 16.3	32 949,33 89.16		250,682			13.52	698,656 65,621
9R Dept. of Developmental Services(DDS/DMF	K)				9E Payroll Taxes 150		_	23,545				,
10R Dept. of Public Health (DPH)		XXXXXXXXXX	XXXXXXXXXXX		10E Fringe Benefits 151	40,04	4	10,574				29,470
11R Dept.of Children and Families (DCF/DSS) 12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		11E Accrual Adjustments	1,078,54	_	284,801				793,747
13R Dept. of Youth Services (DYS)		XXXXXXXXXXX	XXXXXXXXXXX		12E <b>Total Employee Compensation &amp; Rel. Exp.</b> 13E Facility and Prog. Equip.Expenses 301, 390	46,50		1.738			-	44,770
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		14E Facility & Prog. Equip. Depreciation 301	82.13		4.167				77.967
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXXXX	XXXXXXXXXXX		15E Facility Operation/Maint./Furn.390	125.89		3,892				122,001
16R MA. Comm. For the Blind (MCB)		XXXXXXXXXXX	XXXXXXXXXXX		16E Facility General Liability Insurance 390	34,91		1,771			-	33,148
17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXXX	XXXXXXXXXXX		17E Total Occupancy	289,45		11,568				277,887
18R MA. Rehabilitation Commission (MRC)		XXXXXXXXXX	XXXXXXXXXX		18E Direct Care Consultant 201		_	,,,,,,,				
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXXX	XXXXXXXXXXX		19E Temporary Help 202		_					
20R Dept.of Early Educ. & Care (EEC)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		20E Clients and Caregivers Reimb./Stipends 203		_	XXXXXXXXXX		XXXXXXXXXX		
21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXXX	XXXXXXXXXXX		21E Subcontracted Direct Care 206		_	XXXXXXXXXX		XXXXXXXXXX		
22R Dept of Correction (DOC)		XXXXXXXXXX	XXXXXXXXXXX		22E Staff Training 204	1,83		316				1,523
23R Dept. of Elementary & Secondary Educ. (DOE)		XXXXXXXXXX	XXXXXXXXXX		23E Staff Mileage / Travel 205	4,18						4,187
24R Parole Board (PAR)		XXXXXXXXXX	XXXXXXXXXXX		24E Meals 207	49,92						49,927
25R Veteran's Services (VET)	762,251	XXXXXXXXXXX	XXXXXXXXXXX	762,251	25E Client Transportation 208	7,29		XXXXXXXXX		XXXXXXXXXX		7,291
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXXX	XXXXXXXXXXX		26E Vehicle Expenses 208	4,00						4,005
27R Div.of Housing & Community Develop(OCI	D)	XXXXXXXXXXX	XXXXXXXXXXX		27E Vehicle Depreciation 208 28E Incidental Medical /Medicine/Pharmacy 209	13,85	9	XXXXXXXXXX		XXXXXXXXXX	-	13,859
28R POS Subcontract 29R Other Mass. State Agency POS		XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		29E Client Personal Allowances 211		_	XXXXXXXXXXX		XXXXXXXXXXX		
30R Mass State Agency Non - POS		XXXXXXXXXXX	XXXXXXXXXXX		30E Provision Material Goods/Svs./Benefits 212		_	XXXXXXXXXX		XXXXXXXXXX		
31R Mass. Local Govt/Quasi-Govt. Entities	93.930	XXXXXXXXXXX	XXXXXXXXXXX	93.930	31E Direct Client Wages 214	-	_	XXXXXXXXXX		XXXXXXXXXX		
32R Non-Mass. State/Local Government		XXXXXXXXXXX	XXXXXXXXXXX		32E Other Commercial Prod. & Svs. 214		_	700000000		7000000000		
33R Direct Federal Grants/Contracts	519,047	XXXXXXXXXXX	XXXXXXXXXXX	519,047	33E Program Supplies & Materials 215	17,58	5	XXXXXXXXXX		XXXXXXXXXX		17,585
34R Medicaid - Direct Payments		XXXXXXXXXX	XXXXXXXXXX		34E Non Charitable Expenses							
35R Medicaid - MBHP Subcontract		XXXXXXXXXX	XXXXXXXXXXX		35E Other Expense	11,02		3,768				7,256
36R Medicare		XXXXXXXXXX	XXXXXXXXXXX		36E Total Other Program Expense	109,71	7	4,084				105,633
37R Mass. Govt. Client Stipends		XXXXXXXXXXX	XXXXXXXXXXX		37E Management Fees 410		_					XXXXXXXXXX
38R Client Resources	40,409	XXXXXXXXXX	XXXXXXXXXXX	40,409	38E Fundraising Fees 410	58,66		XXXXXXXXXX		58,660		XXXXXXXXXX
39R Mass. Publicly sponsored client offsets 40R Other Publicly sponsored client offsets		XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		39E Legal Fees 410 40E Audit Fees 410	2,28 26,88		2,285 26,880				XXXXXXXXXX
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXXX	XXXXXXXXXXX		41E Management Consultant 410	20,00	<u> </u>	20,000			-	XXXXXXXXXX
42R Private Client 3rd Pty/other offsets		XXXXXXXXXXX	XXXXXXXXXXX		42E Other Professional Fees & Other Admin. Expenses 410	126,33	3	29,430			-	96 903
43R Total Assistance and Fees	1,415,637	XXXXXXXXXXX	XXXXXXXXXXXX	1.415.637	43E Leased Office/Program Office Equip.410,390	120,00		23,430				30,303
44R Federated Fundraising				.,,,,	44E Office Equipment Depreciation 410		_				-	
45R Commercial Activities					45E Admin. Vehicle Expenses 410	2,78	4	2,784				XXXXXXXXXX
46R Non-Charitable Revenue					46E Admin. Vehicle Depreciation 410							XXXXXXXXX
47R Investment Revenue	27,641	27,641			47E Directors & Officers Insurance 410	2,30		2,304				XXXXXXXXX
48R Other Revenue	120,320	885		119,435	48E Program Support 216	29,55	2	XXXXXXXXX				29,552
49R Allocated Admin (M&G) Revenue	XXXXXXXXXX				49E Professional Insurance 410		_					
50R Released Net Assets-Program					50E Working Capital Interest 410	20,32		1,031		F0 000		19,289
51R Released Net Assets-Equipment 52R Released Net Assets-Time					51E Total Direct Administrative Expense	269,11 XXXXXXXXX	8	64,714		58,660 15.503		145,744 349,663
52K Released Net Assets-Time					52E Admin (M&G) Reporting Center Allocation 53E Total Reimbursable & Fundraising Expense	1.746.83	7	(365,167)		74.163		1,672,673
53R TOTAL REVENUE	1.838.019	93.239		1,744,781	54E Direct State/Federal Non-Reimbursable Expense	32.64		14.861		XXXXXXXXXX	-	17.787
54R TOTAL EXPENSE = 56E	1,779,485	14.861	74.163	1,744,761	55E Allocation of State/Fed Non-Reimbursable Expense	XXXXXXXXXX	_	14,001		^^^^^		11,101
55R OPERATING RESULTS	58,535	78,378	(74,163)	54,321	56E TOTAL EXPENSE = 56R	1.779.48	5	14.861		74.163	-	1,690,460
CO. C. L.STING REGUETO		10,010	(17,100)	04,021		ote to Readers : Ple			Readers		ate Non P	
COMPENSATION DISCLOSURE Enter all	compensation (salar	v henefit nackade	s vehicles consult:	ant navments	1N Direct Employee Compensation & Related Exp.	ne to readers. I le	ase see ot	illedule D Note to	i (cauci s	XXXXXXXXXXX	ate Non-Ite	illibursable Exp.
loans, etc.) from the entity & its related parties/ai					2N Direct Occupancy		_			XXXXXXXXXX	-	
,, ,, parties a	Reporting Entity Comp		Compensation from 0		3N Direct Other Program/Operating	32,64	8	14,861		XXXXXXXXXX		17,787
Name & Title	Salary	Other	Salary	Other	4N Direct Subcontract Expense		_			XXXXXXXXXX	-	
1C James Reid, CEO	99,346				5N Direct Administrative Expense		_			XXXXXXXXXX		
2C Jason Stripinis, CFO	98,934	\$ 10,631			6N Direct Other Expense		_			XXXXXXXXXX		
3C					7N Direct Depreciation		_			XXXXXXXXXX		
4C					8N Total Direct Non-Reimbursable (must tie to 54E)	32,64	8	14,861		XXXXXXXXXX		17,787
5C					9N Total Direct and Allocated Non-Reimbursable (54E+55E)	32,64	8	14,861		XXXXXXXXXX		17,787
MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets	422,38	2	93,239		XXXXXXXXXX		329,144
Prior Year Ma. Revenue					11N Capital Budget Revenue Adjustments					XXXXXXXXXX		
<del></del>					12N Excess of Non-Reimb./Fundraising Expense over Offsets	(389,73	4)	(78,378)		XXXXXXXXX	-	(311,357)
Comm. of MA cost reimbursement overbillin					Description of Admin (M&G) Direct Non-Reimbursable Ex		-/					

# Southeastern Mass Veterans Housing Program, Inc. and Subsidiary Federal Employee Identification Number: 11-1190035 September 30, 2020

#### Schedule A - UFR Line Reconciliations

Line 48R	Other Revenue		
	Rental Income	\$	79,507
	Other	*	40,813
	Other		40,013
	Total	\$	120,320
Line 35E	Other Expense		
	Data Processing	\$	7,842
	Dues and Subscriptions	*	1,285
	Advertising		381
	Filing Fees		1,445
	Bank Service Charge		25
	Miscellaneous		46
	Miscellarieous		40
	Total	\$	11,024
Line 42E	Other Professional Fees and Other Admin Expense		
	Other Professional Fees	\$	83,852
	Printing and Reproduction	·	303
	Office Supplies		30,706
	Postage		612
	Telephone		10,860
	Totaphona		10,000
	Total	\$	126,333

	ORGANIZATION: Southeastern Massac	husetts Veterans Housi	ng Program, Inc. PROGRAM S	UPPLEMENTA	L INFO	RMATION SC	HEDULE B - Unaudi	ted	FY END:	9/30/2021	FEIN:	111190035
	UFR Program Number: 01-R	Program Name:	Veterans Transition House	Description:		Veterans Home	eless Shelter	Catalog of Feder			14.231	В
	*Program Type: 27	Program Address:		New Bedford	MA	02740	# Weeks operated d	http://www.cfda.go uring audit period (e.g., 52):			hours/week (e.g., 40	): 40.00
Note to	Readers: This schedule should be read in	context with F.S. N	(Number/Street)  Notes and all other UFR information. In man	(City)  vinstances the presen	(State)	(Zipcode)	tual variances or non-reimbur	sable expenses (e.g., l.	n-Kind donati	ons) may be appro	opriate and desira	able.
			; 23 = Negotiated Unit Rate; 24 = Negotiat	ed Accomodations Ra			nodations Rate; 26 = Other No	on-negotiated Unit Rate				
REVEN			OS STAFFING_# hours/yr = 1.00 F	TE: 2080	FTE	Salary/Wage	EXPENSE - ACTUAL/PLA		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev. Gov. In-Kind/Capital Budget	79,308	1S Program Director (UFR Title 102) 2S Program Function Manager (UFR Ti	H- 404)			1E Total Direct Program 2E Chief Executive Office	Staff = 39S	6.75	332,943		%
	Private IN-Kind	7,115	3S Asst. Program Director (UFR Title 10				3E Chief Financial Officer					
	Total Contribution and In-Kind	86,423	4S Supervising Professional (UFR Title	104)			4E Accting/Clerical Suppo					
5R	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title	105 & 121)			5E Admin Maint/House-G	rndskeeping				
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)				6E Total Admin Employe					
	Total Grants Dept. of Mental Health (DMH)		7S N. Midwife, N.P., Psych N.,N.A., R.N 8S R.N Non Masters (UFR Title 108)	I MA (Title 107)			7E Commerical products a 8E Total FTE/Salary/Wag		6.75	332.943		
	Dept. of Merital Fleatif (DMT)  Dept. of Developmental Services(DDS/DM	IR)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150	yes	0.73	31,272		
	Dept. of Public Health (DPH)	,	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		_	14,044		
11R	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 1	11)			11E Accrual Adjustments					
	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)				12E Total Employee Com	pensation & Rel. Exp		378,259		%
	Dept. of Youth Services (DYS) Health Care Fin & Policy (HCF)-Contract		13S Speech / Lang. Pathol., Audiologist (14S Dietician / Nutritionist (UFR Title 114				13E Facility and Prog. Equi 14E Facility & Prog. Equip.		-	2,308 36,163		
	Health Care Fin & Policy (HCF)-Contract		15S Spec. Education Teacher (UFR Title				15E Facility Operation/Mair		-	54,396		
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	1.0)			16E Facility General Liabili		-	15,375		
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy	•		108,243		%
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title	118)			18E Direct Care Consultant	t 201	_			
	MA. Off. for Refugees & Immigr.(ORI) Dept.of Early Educ. & Care (EEC)-Contra	ot	19S Day Care Teacher (UFR Title 119) 20S Day Care Asst. Teacher / Aide (UFR	Title 120)			19E Temporary Help 202 20E Clients and Caregivers	Baimh /Ctinanda 202	-			
	Dept.of Early Educ. & Care (EEC)-Contra  Dept.of Early Educ. & Care (EEC)-Vouche		21S Psychologist - Doctorate (UFR Title			$\overline{}$	21E Subcontracted Direct (		-			
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(L				22E Staff Training 204	5di 0 200	_	761		
	Dept. of Elementary & Secondary Educ. (I	DOE)	23S Social Worker - L.I.C.S.W. (UFR Tit				23E Staff Mileage / Travel	205	-			
	Parole Board (PAR)	000 754	24S Social Worker - L.C.S.W., L.S.W (U	FR Title 125 & 126)			24E Meals 207		-	25,604		
	Veteran's Services (VET) Ex. Off. of Elder Affairs (ELD)	663,751	25S Licensed Counselor (UFR Title 127) 26S Cert. Voc. Rehab. Counselor (UFR 7	Title 129)			25E Client Transportation 2 26E Vehicle Expenses 208		-	3,739 3.920		
27R	Div.of Housing & Community Develop(OC	:D)	27S Cert. Alch. &/or Drug Abuse Counse			$\overline{}$	27E Vehicle Depreciation 2		-	7,107		
28R	POS Subcontract		28S Counselor (UFR Title 130)	101 (0111 1110 120)			28E Incidental Medical /Me		_	.,,		
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (U	JFR Title 131)	0.75	55,718	29E Client Personal Allowa	inces 211				
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title	132)	0.72	31,743	30E Provision Material God		_			
	Mass. Local Govt/Quasi-Govt. Entities Non-Mass. State/Local Government	59,100	31S Direct Care / Prog. Staff Superv. (UI 32S Direct Care / Prog. Staff III (UFR Tit	-R Title 133)			31E Direct Client Wages 2: 32E Other Commercial Pro		-			
	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	e 134)			33E Program Supplies & M		-	11,772		
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	: 136)			34E Non Charitable Expens	ses	-			
	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UF				35E Other Expense		-	4,235		
	Medicare		36S Maintainence, House/Groundskeepin		5.28	245,482	36E Total Other Program	Expense	- 110 -	57,138		%
	Mass. Govt. Client Stipends Client Resources		37S Direct Care / Driver Staff (UFR Title 38S Direct Care Overtime, Shift Differen		XXXXXX		42E Other Professional Fee 43E Leased Office/Program			46,978		
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	liai aliu ivellei	6.75	332,943	44E Office Equipment Dep		-			
	Other Publicly sponsored client offsets						48E Program Support 216		_	10,988		
	Private Client Fees (excluding 3rd Pty)			VICE STATISTICS			49E Professional Insurance		-			
	Private Client 3rd Pty/other offsets	700.054	1SS Enter defined unit of service				50E Working Capital Intere		-	8,947		
	Total Assistance and Fees Federated Fundraising	722,851	2SS Enter total unit capacit	y: 9,125	Undur #	# service units	51E Total Direct Administ 52E Admin (M&G) Reportir		-	66,913 161,365		%
	Commercial Activities					delivered	53E Total Reimbursable I		-	771,918		%
46R	Non-Charitable Revenue			cly sponsored clients:	63	6,205	54E Direct State/Federal N	on-Reimbursable Expe	ense _	7,115		%
	Investment Revenue		4SS Performance Report (D-1 Private	ely sponsored clients:			55E Allocation of State/Fed	d Non-Reimbursable Ex	cpense	770.00		
	Other Revenue Allocated Admin (M&G) Revenue		5SS Internet filing system)	Free Care clients: Total:	63	6,205	56E TOTAL EXPENSE 57E TOTAL REVENUE = 5	50B	-	779,033 809,274		%
	Released Net Assets-Program		6SS suspended for FY '08' 7SS fillings.	i otai.	- 03	0,203	58E OPERATING RESULT		-	30,241		76
	Released Net Assets-Figuipment		700 Illings.				CRE Preliminary Calculation		ss Rev. *		subject to OSD a	adjustment )
	Released Net Assets-Time		MASSACHUSETTS CONTRACT	INFORMATION		NON-REIMBURSA	ABLE EXPENSE DETAIL		Description		,	,,
53R	Total Revenue = 57E	809,274	Dept Contract ID -11 Chara				compensation & Related Exp.					
			1C VET 3NEWHOM0000	V1133		Direct Occupancy	10 "					
	SUBCONTRACTED DIRECT CARE Subcontractor Name FEIN	Expense Amt.	2C VET 3NEWHOM0000	V 1133		Direct Other Progra Direct Subcontract		7,115	Donated Foo	Da		
1SDC	Subcontractor Name   FEIN	Expense Ant.	4C			Direct Administrativ						
2SDC			5C		X 6N	Direct Other Expen	nse					
3SDC			POS SUBCONTRACT INFO			Direct Depreciation						
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	7,115 E) 7,115	(Any Excess	of Non-Reimburs	able Expense ov	er Eligible
5SDC			1PS				located Non-Reimb. (54E+55) bursable Exp. Revenue Offset		Revenue Off	fsets is subject to	recoupment whe	re the
Comm	Of MA Surplus Rev. Retention Share	N/A	3PS			Eligible Non-Reimb Capital Budget Rev		15 00,423		ourchased by the C		
- 0	·						mbursable Expense Over Off	sets (79,308)	recognized a	as a liability on the	Financial Staten	nents.)
l	PREPARER COMMENTS:						•					

	ORGANIZATION: Southeastern Massac	chusetts Veterans Housin	ng Program, Inc. PROGRAM	SUPPLEMENTA	L INFOI	RMATION SC	HEDULE B - Unau	idited FY EN	D: 9/30/2021	FEIN: 111190035
	UFR Program Number: 3	Program Name:	Veterans Graduate House	Description:		Veterans Transiti	onal Housing		estic Assistance #: 64.024	В
	*Program Type: N/A	Program Address:		New Bedford	MA	02740	# Weeks operate	http://www.cfda.gov/defaul ed during audit period (e.g., 52): 52.00		eek (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	n context with F.S. N	(Number/Street)	(City)	(State)	(Zipcode)	tual variances or non-reiml	hursable expenses (e.a. In-Kind do	onations) may be appropriate	and desirable
* Progr	am Type codes: 21 = SPED; 22 = HCFP/		; 23 = Negotiated Unit Rate; 24 = Negotia	ited Accomodations Ra			nodations Rate; 26 = Other	r Non-negotiated Unit Rate; 27 = C		
REVEN			0S STAFFING_# hours/yr = 1.00	FTE: 2080	FTE	Salary/Wage	EXPENSE - ACTUAL/P			nned % Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	45,478					1E Total Direct Progr		32 190,921	%
	Gov. In-Kind/Capital Budget Private IN-Kind	6.759	2S Program Function Manager (UFR T 3S Asst. Program Director (UFR Title				2E Chief Executive Off 3E Chief Financial Offi			
	Total Contribution and In-Kind	52.237	4S Supervising Professional (UFR Title 4				4E Accting/Clerical Su			
	Mass Gov. Grant	52,231	5S Physician & Psychiatrist (UFR Title				5E Admin Maint/House		<del></del>	
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	, 100 a 121)			6E Total Admin Empl			
	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.				7E Commerical produc			
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)	1			8E Total FTE/Salary/V	Vages 3.8		
9R	Dept. of Developmental Services(DDS/DM	1R)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		17,932	
	Dept. of Public Health (DPH) Dept. of Children and Families (DCF/DSS)		10S Pharmacist (UFR Title 110) 11S Occupational Therapist (UFR Title	444)			10E Fringe Benefits 151 11E Accrual Adjustment		8,053	
	Dept. of Transitional Assist (DTA/WEL)	'	12S Physical Therapist (UFR Title 112)					s ompensation & Rel. Exp.	216.906	9/.
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist	(LIFR Title 113)			13E Facility and Prog. E		1.323	^
	Health Care Fin & Policy (HCF)-Contract	-	14S Dietician / Nutritionist (UFR Title 11				14E Facility & Prog. Equ		19,039	
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Titl	e 115)			15E Facility Operation/N		35,601	
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Lia	bility Insurance 390	8,095	
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		64,058	%
	MA. Rehabilitation Commission (MRC) MA. Off. for Refugees & Immigr.(ORI)		18S Day Care Lead Teacher (UFR Title 19S Day Care Teacher (UFR Title 119)	118)			18E Direct Care Consult 19E Temporary Help 20.			
	Dept. of Early Educ. & Care (EEC)-Contra	ect	20S Day Care Asst. Teacher / Aide (UF	R Title 120)				vers Reimb./Stipends 203		
	Dept.of Early Educ. & Care (EEC)-Vouche		21S Psychologist - Doctorate (UFR Title				21E Subcontracted Dire			
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(	UFR Title 123)			22E Staff Training 204		430	
23R	Dept. of Elementary & Secondary Educ. (	DOE)	23S Social Worker - L.I.C.S.W. (UFR T	tle 124)			23E Staff Mileage / Trav	/el 205	344	
	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (I				24E Meals 207		0.550	
25R 26R	Veteran's Services (VET) Ex. Off. of Elder Affairs (ELD)		25S Licensed Counselor (UFR Title 127 26S Cert. Voc. Rehab. Counselor (UFR				25E Client Transportation 26E Vehicle Expenses 2		3,552 85	
	Div.of Housing & Community Develop(OC	CD)	27S Cert. Alch. &/or Drug Abuse Couns				27E Vehicle Depreciatio		6,752	
	POS Subcontract		28S Counselor (UFR Title 130)	cioi (oi it iliic 123)			28E Incidental Medical /		0,702	
29R	Other Mass. State Agency POS	-	29S Case Worker / Manager - Masters (	UFR Title 131)	0.70	48,616	29E Client Personal Allo			
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title	132)	1.00	47,429	30E Provision Material 0	Goods/Svs./Benefits 212		
	Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (U		1.04	48,054	31E Direct Client Wages	s 214		
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR T	tle 134)			32E Other Commercial			
33R 34R	Direct Federal Grants/Contracts Medicaid - Direct Payments	364,891	33S Direct Care / Prog. Staff II (UFR Tit 34S Direct Care / Prog. Staff I (UFR Titl	ile 135)			33E Program Supplies 8 34E Non Charitable Exp			
	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (U				35E Other Expense	erises	1.577	
	Medicare		36S Maintainence, House/Groundskeep		1.08	46,822	36E Total Other Progra	am Expense	12.740	%
	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title					Fees & Other Admin. Exp. 410	26,807	
38R	Client Resources	8,940	38S Direct Care Overtime, Shift Differen	ntial and Relief	XXXXXX			ram Office Equip.410,390		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		3.82	190,921	44E Office Equipment D			
	Other Publicly sponsored client offsets Private Client Fees (excluding 3rd Pty)		951	RVICE STATISTICS			48E Program Support 2 49E Professional Insura		10,204	
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of servi	KAICE STATISTICS			50E Working Capital Int		4.710	
	Total Assistance and Fees	373,831	2SS Enter total unit capaci	tv:			51E Total Direct Admir		41,721	%
44R	Federated Fundraising			-		# service units	52E Admin (M&G) Repo	orting Center Allocation	88,651	%
45R	Commercial Activities				Clients	delivered	53E Total Reimbursab		424,076	%
	Non-Charitable Revenue			icly sponsored clients:				l Non-Reimbursable Expense	6,759	%
	Investment Revenue Other Revenue			tely sponsored clients: Free Care clients:			55E Allocation of State/I 56E TOTAL EXPENSE	Fed Non-Reimbursable Expense	430,835	
	Allocated Admin (M&G) Revenue		5SS Internet filing system) 6SS suspended for FY '08	Total:			57E TOTAL REVENUE		426,068	
	Released Net Assets-Program		7SS filings.	rotai.			58E OPERATING RESI		(4,767)	
	Released Net Assets-Equipment		······g					ition of Cost Reimb. Excess Rev. *		t to OSD adjustment )
52R	Released Net Assets-Time		MASSACHUSETTS CONTRAC	T INFORMATION		NON-REIMBURSA	BLE EXPENSE DETAIL	Descrip	tion	• •
53R	Total Revenue = 57E	426,068	Dept Contract ID -11 Char	acters MMARS Code			ompensation & Related Ex	кр		
	OUDCONTRACTED DIDECT CASE	EVENUE DET	10			Direct Occupancy		0.750	I Food	
	SUBCONTRACTED DIRECT CARE Subcontractor Name FEIN	Expense Amt.	2C			Direct Other Progra Direct Subcontract		6,759 Donated	1 F000	
1SDC	CUDECHINACION NAME FEIN	Expense Ant.	4C			Direct Administrativ				
2SDC			5C			Direct Other Expen				
3SDC			POS SUBCONTRACT INFO		7N	Direct Depreciation	ı			
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	6,759 (Any Ex	cess of Non-Reimbursable E	xpense over Fligible
5SDC			1PS				ocated Non-Reimb. (54E+	55E) 0,/59 Revenu	e Offsets is subject to recoup	
	Of MA Country Day D. C. C.		2PS				oursable Exp. Revenue Off	fsets <u>52,237</u> program	is purchased by the Commo	nwealth and must be
Comm.	Of MA Surplus Rev. Retention Share		JF3	_		Capital Budget Rev	renue Adjustment mbursable Expense Over	Offsets (45,478) recogniz	zed as a liability on the Finan	cial Statements.)
	PREPARER COMMENTS:				1211	ENGOGG OF INDITERCEN		(43,410)		

	ORGANIZATION: Southeastern Massac	chusetts Veterans Housin	ng Program, Inc. PROGRAM	SUPPLEMENTA	L INFO	RMATION S	CHEDULE B - Unaud	lited FY E	ND: 9/30/2021	FEIN: 111190035
	UFR Program Number: 6	Program Name:	Veterans Transition Program	Description:		Homeless Vet	terans Shelter		mestic Assistance #: 14.	.231 в
	*Program Type: N/A	Program Address:		New Bedford	MA	02740	# Weeks operated	http://www.cfda.gov/defa during audit period (e.g., 52): 52.0		urs/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	n context with F.S. N	(Number/Street)  Notes and all other UFR information. In mai	(City) ny instances the preser	(State)	(Zipcode) icant planned to a	ctual variances or non-reimbu	ırsable expenses (e.g., In-Kind	donations) may be approp	riate and desirable.
* Progr	ram Type codes: 21 = SPED; 22 = HCFP/I	Medicaid Class Rate	e; 23 = Negotiated Unit Rate; 24 = Negotia	ated Accomodations Ra	te; 25= No	n-negotiated Acco	modations Rate; 26 = Other I	Non-negotiated Unit Rate; 27 =	Cost Reimbursement; NA	= Not Applicable
REVEN		4 705	0S STAFFING_# hours/yr = 1.00	FTE: 2080	FTE	Salary/Wage	EXPENSE - ACTUAL/PL			Planned % Var
1R 2R	Contrib., Gifts, Leg., Bequests, Spec. Ev. Gov. In-Kind/Capital Budget	1,725	1S Program Director (UFR Title 102) 2S Program Function Manager (UFR T	itle 101)			1E Total Direct Program 2E Chief Executive Office		0.13 7,242	%
	Private IN-Kind		3S Asst. Program Director (UFR Title				3E Chief Financial Office			
	Total Contribution and In-Kind	1.725	4S Supervising Professional (UFR Title				4E Accting/Clerical Supr		<del></del>	ļ.
	Mass Gov. Grant	1,720	5S Physician & Psychiatrist (UFR Title				5E Admin Maint/House-			
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	7 100 0 121)			6E Total Admin Emplo			
	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.	N MA (Title 107)			7E Commerical products			
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)			-	8E Total FTE/Salary/W		0.13 7,242	
9R	Dept.of Developmental Services(DDS/DM	IR)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		680	!
10R	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		305	!
			11S Occupational Therapist (UFR Title				11E Accrual Adjustments			!
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)				12E Total Employee Co	npensation & Rel. Exp.	8,227	%
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist				13E Facility and Prog. Eq		50	
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 11				14E Facility & Prog. Equi		2,249	!
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Titl	e 115)			15E Facility Operation/Ma		1,819	
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Liab	lity Insurance 390	956	
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)	440)			17E Total Occupancy		5,074	%
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title	118)			18E Direct Care Consulta			
	MA. Off. for Refugees & Immigr.(ORI) Dept.of Early Educ. & Care (EEC)-Contra	—	19S Day Care Teacher (UFR Title 119) 20S Day Care Asst. Teacher / Aide (UF				19E Temporary Help 202 20E Clients and Caregive			!
21R	Dept.of Early Educ. & Care (EEC)-Contra  Dept.of Early Educ. & Care (EEC)-Vouche		21S Psychologist - Doctorate (UFR Title	122)			21E Subcontracted Direct			!
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(				22E Staff Training 204	Care 200	15	
23R	Dept. of Elementary & Secondary Educ. (I	DOE)	23S Social Worker - L.I.C.S.W. (UFR T				23E Staff Mileage / Trave	1 205		
24R	Parole Board (PAR)	<u>-/</u>	24S Social Worker - L.C.S.W., L.S.W (I				24E Meals 207			
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127				25E Client Transportation	208		!
	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR			-	26E Vehicle Expenses 20			
	Div.of Housing & Community Develop(OC	CD)	27S Cert. Alch. &/or Drug Abuse Couns	elor (UFR Title 129)			27E Vehicle Depreciation			
	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /N			!
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (	UFR Title 131)	0.05	3,715				
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title		0.08	3,527				
	Mass. Local Govt/Quasi-Govt. Entities	17,138	31S Direct Care / Prog. Staff Superv. (U				31E Direct Client Wages			!
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR T	itle 134)			32E Other Commercial P			
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Tit	tle 135)			33E Program Supplies &			
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Titl	e 136)			34E Non Charitable Expe	nses		
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (Ul 36S Maintainence, House/Groundskeep				35E Other Expense 36E Total Other Program	- F	60 75	0/
	Medicare Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title	111g, COOK 138			42E Other Professional E	ees & Other Admin. Exp. 410	978	
	Client Resources	31,469	38S Direct Care Overtime, Shift Differen		XXXXXX		43E Leased Office/Progra		970	
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	itial and relief	0.13	7,242				
	Other Publicly sponsored client offsets		rotal biloot rogitali otali 12				48E Program Support 216			
	Private Client Fees (excluding 3rd Pty)		SEI	RVICE STATISTICS			49E Professional Insurance			
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of servi				50E Working Capital Inter	rest 410	556	
43R	Total Assistance and Fees	48,607	2SS Enter total unit capaci	ty:			51E Total Direct Admini		1,534	%
	Federated Fundraising					# service units			3,941	%
	Commercial Activities				Clients	delivered	53E Total Reimbursable		18,851	%
	Non-Charitable Revenue			licly sponsored clients:				Non-Reimbursable Expense		%
	Investment Revenue			tely sponsored clients:			55E Allocation of State/Fe	ed Non-Reimbursable Expense	40.054	
48R 49R	Other Revenue		5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE 57E TOTAL REVENUE =		18,851 50,332	
	Allocated Admin (M&G) Revenue Released Net Assets-Program		6SS suspended for FY '08	Total:			58E OPERATING RESUL		31,482	
	Released Net Assets-Frogram Released Net Assets-Equipment		7SS filings.					on of Cost Reimb. Excess Rev.		ubject to OSD adjustment)
	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS CONTRAC	T INFORMATION		NON-REIMBURS	ABLE EXPENSE DETAIL	Deecr	ription	bject to OSD adjustment )
	Total Revenue = 57E	50.332	Dept Contract ID -11 Char				Compensation & Related Exp		phon	
00.1	101111101011110 012	- 00,002	1C	300010		Direct Occupancy		·		
	SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL	2C			Direct Other Prog				
	Subcontractor Name FEIN	Expense Amt.	3C		X 4N	Direct Subcontrac	t Expense			
1SDC			4C		X 5N	Direct Administrat	tive Expense			
2SDC			5C			Direct Other Expe				
3SDC			POS SUBCONTRACT INFO			Direct Depreciation				
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	(Any F	Excess of Non-Reimbursab	le Expense over Fligible
5SDC			1PS				Allocated Non-Reimb. (54E+5	DE) Rever	nue Offsets is subject to rec	
L			2PS				nbursable Exp. Revenue Offs		am is purchased by the Cor	
Comm.	Of MA Surplus Rev. Retention Share		3PS				evenue Adjustment	recogn	nized as a liability on the Fi	
	DDEDADED COMMENTS.				12N	Lxcess of Non-Re	eimbursable Expense Over O	ffsets (1,725)	•	•
	PREPARER COMMENTS:									

	ORGANIZATION: Southeastern Massach	usetts Veterans Housin	g Program, Inc. PROGRAM S	UPPLEMENTA	L INFO	RMATION SC	HEDULE B - Una	udited FY	END: 9/30/2021	FEIN: 111190035
ı	JFR Program Number: 9	Program Name:	Outreach Center	Description:		Veterans C	Outreach	Catalog of Federal Do		#:B
	*Program Type: 27 P	rogram Address:	1297 Purchase Street (Number/Street)	New Bedford (City)	MA (State)	02740 (Zipcode)	# Weeks opera	ted during audit period (e.g., 52): 52		ing hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S. N	otes and all other UFR information. In many	instances the presen	ce of signif	icant planned to ac	tual variances or non-rein	nbursable expenses (e.g., In-Kin	d donations) may be ap	propriate and desirable.
* Progr	am Type codes: 21 = SPED; 22 = HCFP/M	ledicaid Class Rate	; 23 = Negotiated Unit Rate; 24 = Negotiate	ed Accomodations Ra	te; 25= No	n-negotiated Accon	nodations Rate; 26 = Oth	er Non-negotiated Unit Rate; 27	= Cost Reimbursemen	; NA = Not Applicable
REVEN			0S STAFFING_# hours/yr = 1.00 F			Salary/Wage	EXPENSE - ACTUAL/		TE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	38,162				,	1E Total Direct Prog		0.82 53.157	
	Gov. In-Kind/Capital Budget	00,102	2S Program Function Manager (UFR Tit	lo 101)			2E Chief Executive C		0.02	- —— <i>—</i> — "
	Private IN-Kind		3S Asst. Program Director (UFR Title 10				3E Chief Financial Of			-
		00.400	35 Asst. Program Director (UFR Title 10	13)						_
	Total Contribution and In-Kind	38,162	4S Supervising Professional (UFR Title				4E Accting/Clerical S			_
	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title	105 & 121)			5E Admin Maint/Hous			_
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)				6E Total Admin Emp			_
	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical produ	icts & Svs/Mkting		=
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary	/Wages	0.82 53,157	_
9R	Dept.of Developmental Services(DDS/DMF	R)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		4.993	=
	Dept. of Public Health (DPH)	/	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 15		2,242	-
	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 11	11)			11E Accrual Adjustmen			=
	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	11)				Compensation & Rel. Exp.	60,392	- 0/
				UED TW. 440)						
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (				13E Facility and Prog.	Equip.Expenses 301,390	368	
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114				14E Facility & Prog. Ed		6,107	
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title	115)			15E Facility Operation		4,938	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Li	ability Insurance 390	2,596	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		14,009	%
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	18)			18E Direct Care Consu			
	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)	/			19E Temporary Help 2			-
	Dept. of Early Educ. & Care (EEC)-Contract	·+	20S Day Care Asst. Teacher / Aide (UFR	Title 120)				ivers Reimb./Stipends 203		-
			21S Psychologist - Doctorate (UFR Title 1				21E Subcontracted Dir			-
	Dept. of Early Educ. & Care (EEC)-Voucher									_
22R	Dept of Correction (DOC)	-=	22S Clinician-(formerly Psych.Masters)(U				22E Staff Training 204		92	_
	Dept. of Elementary & Secondary Educ. (D	OE)	23S Social Worker - L.I.C.S.W. (UFR Title				23E Staff Mileage / Tra	avel 205		_
	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UF	R Title 125 & 126)			24E Meals 207		24,323	_
25R	Veteran's Services (VET)	98,500	25S Licensed Counselor (UFR Title 127)				25E Client Transportat	ion 208		
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR T	itle 128)			26E Vehicle Expenses	208	'	=
27R	Div.of Housing & Community Develop(OCI	D)	27S Cert. Alch. &/or Drug Abuse Counsel	or (UFR Title 129)			27E Vehicle Depreciati	on 208		-
	POS Subcontract	·	28S Counselor (UFR Title 130)	(				/Medicine/Pharmacy 209	-	=
	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (U	ED Title 131)	0.50	33,758	29E Client Personal Al			-
					0.50	33,730				_
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 1					Goods/Svs./Benefits 212		-
	Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (UF				31E Direct Client Wag			_
	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title	e 134)			32E Other Commercia			_
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	135)			33E Program Supplies	& Materials 215		
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)			34E Non Charitable Ex	penses		_
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFF				35E Other Expense		439	-
	Medicare		36S Maintainence, House/Groundskeepin		0.32	19,399	36E Total Other Prog	ram Expense	24,854	
	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title		0.02	10,000		I Fees & Other Admin. Exp. 410		
	Client Resources		38S Direct Care Overtime, Shift Differenti		XXXXXX			gram Office Equip.410,390	0,000	_
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	iai aliu Nellei	0.82	53,157	44E Office Equipment			-
			395 Total Direct Program Stair = 1E		0.02	53,157				-
	Other Publicly sponsored client offsets						48E Program Support			_
	Private Client Fees (excluding 3rd Pty)			/ICE STATISTICS			49E Professional Insur			_
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Ir		1,511	
43R	Total Assistance and Fees	98,500	2SS Enter total unit capacity	r:			51E Total Direct Adm		8,341	%
	Federated Fundraising				Undup #	# service units		orting Center Allocation	28,437	%
45R	Commercial Activities					delivered	53E Total Reimbursa		136,033	
	Non-Charitable Revenue		3SS OSD's Program Public	ly sponsored clients:	55	799		al Non-Reimbursable Expense		- %
47R	Investment Revenue			ly sponsored clients:				/Fed Non-Reimbursable Expens		
	Other Revenue		5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSI		136,033	0/
	Allocated Admin (M&G) Revenue		600 Internet ming system)	Total:	55	799	57E TOTAL REVENU		136,662	
			6SS suspended for FY '08	i otai.	- 33	133				
	Released Net Assets-Program		7SS filings.				58E OPERATING RES		630	
51R	Released Net Assets-Equipment							ation of Cost Reimb. Excess Re		* (subject to OSD adjustment )
52R	Released Net Assets-Time		MASSACHUSETTS CONTRACT	INFORMATION		NON-REIMBURSA	ABLE EXPENSE DETAIL	Des	cription	=
53R	Total Revenue = 57E	136,662	Dept Contract ID -11 Charact	ters MMARS Code	1N	Direct Employee C	Compensation & Related E	Exp.	-	
			1C VETS 3NEWORC0000	VETS		Direct Occupancy				
	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL	2C			Direct Other Progra				
	Subcontractor Name FEIN	Expense Amt.				Direct Subcontract				
1000	Subcontractor Name FEIN	Expense Amt.	4C							
1SDC						Direct Administrativ				
2SDC			5C			Direct Other Exper				
3SDC			POS SUBCONTRACT INFO			Direct Depreciation				
4SDC			State Dept Payor Name	Payor's FEIN	8N	Total Direct Non-R	eimbursable (Tie to 54E)		· Evenes of Nov. Doi: 1	ursable Expense over Eligible
5SDC	· · · · · · · · · · · · · · · · · · ·		1PS		9N	Total Direct and Al	located Non-Reimb. (54E			
			2PS				bursable Exp. Revenue C	Hereta Rev		to recoupment where the
Comm	Of MA Surplus Rev. Retention Share	N/A	3PS			Capital Budget Rev		— prog		e Commonwealth and must be
comm.	or ma ourplus nev. Retention share	INV	· · · · · · · · · · · · · · · · · · ·				mbursable Expense Ove	Offsets (38,162) reco	gnized as a liability on	the Financial Statements.)
	PREPARER COMMENTS:				IZN	LACESS OF NOTI-KE	moursable Expense Ove	(30,102)		

	ORGANIZATION: Southeastern Massac	chusetts Veterans Housi	ng Program, Inc. PROG	RAM SUPPLEMENTA	L INFO	RMATION S	CHEDULE B - Unaud	dited FY E	ND: 9/30/2021	FEIN: 111190035
	UFR Program Number: 7	Program Name:	SSVF	Description:		Supportive Services	to Veteran Families		mestic Assistance #: 64.0	33в
	*Program Type: N/A	Program Address:		New Bedford	MA	02740	# Weeks operated	http://www.cfda.gov/defa during audit period (e.g., 52): 52.0		s/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	n context with F.S. N	(Number/Street)  Iotes and all other UFR information	(City) nr. In many instances the present	(State) ce of signif	(Zipcode) icant planned to a	actual variances or non-reimbl	ursable expenses (e.g., In-Kind	donations) may be appropria	ite and desirable.
	ram Type codes: 21 = SPED; 22 = HCFP/	Medicaid Class Rate	e; 23 = Negotiated Unit Rate; 24	= Negotiated Accomodations Rat			modations Rate; 26 = Other	Non-negotiated Unit Rate; 27 =		
REVEN		27,249	0S STAFFING_# hours/y 1S Program Director (UFR Ti		FTE	Salary/Wage	EXPENSE - ACTUAL/PL		E Actual 2.00 114.393	Planned % Var
2R	Contrib., Gifts, Leg., Bequests, Spec. Ev. Gov. In-Kind/Capital Budget	21,249	2S Program Function Manage				1E Total Direct Program 2E Chief Executive Office		2.00 114,393	%
	Private IN-Kind		3S Asst. Program Director (U				3E Chief Financial Offic			
	Total Contribution and In-Kind	27,249	4S Supervising Professional (			-	4E Accting/Clerical Sup			
5R	Mass Gov. Grant		5S Physician & Psychiatrist (				5E Admin Maint/House-	Grndskeeping		
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title		=		6E Total Admin Emplo			
	Total Grants		7S N. Midwife, N.P., Psych N	.,N.A., R.N MA (Title 107)			7E Commerical products			
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR	Title 108)			8E Total FTE/Salary/W	ages	2.00 114,393	
10R	Dept. of Public Health (DPH)	IR)	9S L.P.N. (UFR Title 109) 10S Pharmacist (UFR Title 110	1)			9E Payroll Taxes 150 10E Fringe Benefits 151		4,825	
			11S Occupational Therapist (U				. 11E Accrual Adjustments		4,023	
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR T				12E Total Employee Co		129.963	%
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., A				13E Facility and Prog. Eq	uip Expenses 301.390	40.721	
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UF				14E Facility & Prog. Equi		9,891	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher	(UFR Title 115)			15E Facility Operation/Ma		7,997	
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Liab	ility Insurance 390	4,205	
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR T				17E Total Occupancy		62,814	%
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (U	JFR Title 118)			18E Direct Care Consulta			
	MA. Off. for Refugees & Immigr.(ORI)	. ———	19S Day Care Teacher (UFR T				19E Temporary Help 202			
20R 21R	Dept.of Early Educ. & Care (EEC)-Contra Dept.of Early Educ. & Care (EEC)-Vouche	act	20S Day Care Asst. Teacher / . 21S Psychologist - Doctorate (	AIGE (UFR Title 120)			20E Clients and Caregive 21E Subcontracted Direct			
	Dept of Correction (DOC)	=1	22S Clinician-(formerly Psych.)				22E Staff Training 204	Care 206	225	
23R	Dept. of Elementary & Secondary Educ. (	DOE)	23S Social Worker - L.I.C.S.W				23E Staff Mileage / Trave	el 205	3,843	
24R	Parole Board (PAR)	<u>- /</u>	24S Social Worker - L.C.S.W.,				24E Meals 207			
	Veteran's Services (VET)		25S Licensed Counselor (UFR				25E Client Transportation	208		
	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counse				26E Vehicle Expenses 20	08		
	Div.of Housing & Community Develop(OC	CD)	27S Cert. Alch. &/or Drug Abus	se Counselor (UFR Title 129)			27E Vehicle Depreciation			
	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /M			
29R 30R	Other Mass. State Agency POS		29S Case Worker / Manager - 30S Case Worker / Manager (U	Masters (UFR Title 131)	1.00	55.008	29E Client Personal Allov			
	Mass State Agency Non - POS Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff S		1.00	59,385			-	
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff II		1.00	39,303	32E Other Commercial P			
33R	Direct Federal Grants/Contracts	154,155	33S Direct Care / Prog. Staff II	(LIFR Title 135)		-	33E Program Supplies &		5,813	
34R	Medicaid - Direct Payments	101,100	34S Direct Care / Prog. Staff I	(UFR Title 136)			34E Non Charitable Expe		0,010	
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical	Staff (UFR Title 137)			35E Other Expense		945	
	Medicare		36S Maintainence, House/Grou	indskeeping, Cook 138			36E Total Other Program	m Expense	10,826	%
	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (					ees & Other Admin. Exp. 410	15,310	
	Client Resources		38S Direct Care Overtime, Shi		XXXXXX		43E Leased Office/Progra			
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Sta	iff = 1E	2.00	114,393				
	Other Publicly sponsored client offsets Private Client Fees (excluding 3rd Pty)			SERVICE STATISTICS			48E Program Support 216 49E Professional Insuran			
	Private Client 3rd Pty/other offsets		1SS Enter defined unit				50E Working Capital Inte		2.447	
	Total Assistance and Fees	154,155	2SS Enter total un				51E Total Direct Admini		17,757	%
	Federated Fundraising				Undup #	# service units			58,504	%
45R	Commercial Activities					delivered	53E Total Reimbursable	Expense	279,864	%
	Non-Charitable Revenue		3SS OSD's Program	Publicly sponsored clients:				Non-Reimbursable Expense		%
	Investment Revenue		4SS Performance Report (D-1	Privately sponsored clients:			55E Allocation of State/F	ed Non-Reimbursable Expense		
48R 49R	Other Revenue	39,928	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE 57E TOTAL REVENUE =	500	279,864 221,332	
	Allocated Admin (M&G) Revenue Released Net Assets-Program		6SS suspended for FY '08	Total:			58E OPERATING RESU		(58,532)	%
	Released Net Assets-Program Released Net Assets-Equipment		7SS filings.					ion of Cost Reimb. Excess Rev.		ject to OSD adjustment )
	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS C	ONTRACT INFORMATION		NON-REIMBURS	SABLE EXPENSE DETAIL	Descr	iption	ject to OSD adjustment )
	Total Revenue = 57E	221,332		-11 Characters MMARS Code			Compensation & Related Exp		.p.i.o.i	
			1C			Direct Occupancy				
	SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL	2C		X 3N	Direct Other Prog	ram/Operating			
	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontract				
1SDC			4C			Direct Administra				
2SDC			5C			Direct Other Expe				
3SDC 4SDC				ACT INFORMATION		Direct Depreciation	on Reimbursable (Tie to 54E)			
				Name Payor's FEIN				(Any E	Excess of Non-Reimbursable	Expense over Eligible
5SDC			1PS				Allocated Non-Reimb. (54E+5 nbursable Exp. Revenue Offs	Rever	nue Offsets is subject to reco	supment where the
Comm	Of MA Surplus Rev. Retention Share		3PS				nbursable Exp. Revenue Offs evenue Adjustment	progra	m is purchased by the Com	
0	C Carpida Nev. Neterition Griare		<u> </u>				eimbursable Expense Over O	offsets (67,177) recogn	nized as a liability on the Fin	ancial Statements.)
	PREPARER COMMENTS:									

	ORGANIZATION: Southeastern Massac	husetts Veterans Housi	ng Program, Inc. PROGRAM	I SUPPLEMENTA	L INFO	RMATION S	CHEDULE B - Unau	dited FY END	9/30/2021	FEIN: 111190035
	UFR Program Number: 8	Program Name:	Permanent Supportive Housing	Description:		Permanent Sup	portive Housing	Catalog of Federal Domes		В
	*Program Type: N/A	Program Address:	See Supplemental Schedule	New Bedford	MA	02740	# Weeks operate	http://www.cfda.gov/default.h d during audit period (e.g., 52): 52.00		rs/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S. N	(Number/Street)  lotes and all other UFR information. In re	(City) nany instances the presen	(State)	(Zipcode) ficant planned to a	ctual variances or non-reimb	oursable expenses (e.g., In-Kind don	ations) may be appropri	ate and desirable.
* Progr	am Type codes: 21 = SPED; 22 = HCFP/I	Medicaid Class Rate	; 23 = Negotiated Unit Rate; 24 = Negotiated	otiated Accomodations Ra	te; 25= No	n-negotiated Acco	modations Rate; 26 = Other	Non-negotiated Unit Rate; 27 = Cos	st Reimbursement; NA =	Not Applicable
REVEN			0S STAFFING_# hours/yr = 1.0		FTE	Salary/Wage	EXPENSE - ACTUAL/PL		Actual	Planned % Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev. Gov. In-Kind/Capital Budget		1S Program Director (UFR Title 102				1E Total Direct Progra 2E Chief Executive Off			%
	Private IN-Kind	3 913	2S Program Function Manager (UFI 3S Asst. Program Director (UFR Titl				3E Chief Executive Office 3E Chief Financial Office			
	Total Contribution and In-Kind	3,913	4S Supervising Professional (UFR 11)				4E Accting/Clerical Sur			
	Mass Gov. Grant	3,313	5S Physician & Psychiatrist (UFR T				5E Admin Maint/House			
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	ille 103 & 121)		. ———	6E Total Admin Emplo		· <del></del>	
	Total Grants		7S N. Midwife, N.P., Psych N., N.A.,	R.N MA (Title 107)			7E Commerical product			
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 1	08)			8E Total FTE/Salary/W			
9R	Dept.of Developmental Services(DDS/DM	R)	9S L.P.N. (UFR Title 109)	<i>*</i>			9E Payroll Taxes 150			
10R	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151			
	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Tit				11E Accrual Adjustments			
	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 11				12E Total Employee Co	ompensation & Rel. Exp.		%
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiolog				13E Facility and Prog. E			
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title				14E Facility & Prog. Equ		4,518	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR	litle 115)			15E Facility Operation/M		17,250	
	MA. Comm. For the Blind (MCB) MA. Comm. for Deaf & H H (MCD)		16S Teacher (UFR Title 116)	7)			16E Facility General Lial	bility Insurance 390	1,921	0/
	MA. Rehabilitation Commission (MRC)		17S Day Care Director (UFR Title 11 18S Day Care Lead Teacher (UFR Ti				17E Total Occupancy 18E Direct Care Consult	ant 201	23,009	%
	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 11	a)		-	19E Temporary Help 202			
	Dept. of Early Educ. & Care (EEC)-Contra	ct	20S Day Care Asst. Teacher / Aide (I				20E Clients and Caregive			
21R	Dept.of Early Educ. & Care (EEC)-Vouche	er	21S Psychologist - Doctorate (UFR T				21E Subcontracted Direct			
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Master			-	22E Staff Training 204			
23R	Dept. of Elementary & Secondary Educ. (I	DOE)	23S Social Worker - L.I.C.S.W. (UFF	Title 124)			23E Staff Mileage / Trav	el 205		
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W	(UFR Title 125 & 126)			24E Meals 207			
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 1				25E Client Transportation			
	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UR				26E Vehicle Expenses 2			
	Div.of Housing & Community Develop(OC	:D)	27S Cert. Alch. &/or Drug Abuse Cou	nselor (UFR Title 129)			27E Vehicle Depreciation			
	POS Subcontract		28S Counselor (UFR Title 130)	(UED T: U 404)			28E Incidental Medical /I			
29R 30R	Other Mass. State Agency POS Mass State Agency Non - POS		29S Case Worker / Manager - Master 30S Case Worker / Manager (UFR Ti	'S (UFR Title 131)			29E Client Personal Allo 30E Provision Material G			
	Mass. Local Govt/Quasi-Govt. Entities	17.692	31S Direct Care / Prog. Staff Superv.				. 31E Direct Client Wages			
32R	Non-Mass. State/Local Government	17,032	32S Direct Care / Prog. Staff III (UFR				32E Other Commercial F			
33R	Direct Federal Grants/Contracts	-	33S Direct Care / Prog. Staff II (UFR	Title 135)			33E Program Supplies &			
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR	Title 136)			34E Non Charitable Exp			
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff	(UFR Title 137)			35E Other Expense			
36R	Medicare		36S Maintainence, House/Groundske	eping, Cook 138			36E Total Other Progra	ım Expense		%
	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR 1				42E Other Professional F	Fees & Other Admin. Exp. 410		
	Client Resources		38S Direct Care Overtime, Shift Diffe		XXXXXX			ram Office Equip.410,390		
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 11	≣			44E Office Equipment D			
	Other Publicly sponsored client offsets		_				48E Program Support 21		8,360	
	Private Client Fees (excluding 3rd Pty)			SERVICE STATISTICS			49E Professional Insurar		1.118	
	Private Client 3rd Pty/other offsets Total Assistance and Fees	17,692	1SS Enter defined unit of set 2SS Enter total unit capa				50E Working Capital Inte 51E Total Direct Admin		9,478	9/
	Federated Fundraising	17,032	255 Enter total unit cap	acity.	Undun #	# service units			8,766	
	Commercial Activities					delivered	53E Total Reimbursabl		41,933	
	Non-Charitable Revenue		3SS OSD's Program P	ublicly sponsored clients:	2			l Non-Reimbursable Expense	3,913	
	Investment Revenue		4SS Performance Report (D-1 Pri	vately sponsored clients:				ed Non-Reimbursable Expense		<del></del>
48R	Other Revenue	79,507	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE		45,846	%
	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:			57E TOTAL REVENUE		101,112	%
	Released Net Assets-Program		7SS fillings.				58E OPERATING RESU		55,266 \$	<u> </u>
51R	Released Net Assets-Equipment							tion of Cost Reimb. Excess Rev. *		bject to OSD adjustment )
	Released Net Assets-Time		MASSACHUSETTS CONTR				ABLE EXPENSE DETAIL	Description	on	
53R	Total Revenue = 57E	101,112	Dept Contract ID -11 Ch	aracters MMARS Code			Compensation & Related Ex	p		
			1C			Direct Occupancy				
	SUBCONTRACTED DIRECT CARE I Subcontractor Name FEIN		2C			Direct Other Prog Direct Subcontract		3,913 Donated F	-000	
1SDC	Subcontractor Name FEIN	Expense Amt.	4C			Direct Subcontract		<del></del>		
2SDC		_	5C			Direct Other Expe				
3SDC	<del></del>		POS SUBCONTRACT IN	FORMATION		Direct Depreciation				
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	3,913		
5SDC			1PS				Allocated Non-Reimb. (54E+			e Expense over Eligible
1			2PS				nbursable Exp. Revenue Off	Revenue	Offsets is subject to rec	
Comm.	Of MA Surplus Rev. Retention Share		3PS				evenue Adjustment	program s	s purcnased by the Con d as a liability on the Fi	nmonwealth and must be
	-		·		12N	Excess of Non-Re	eimbursable Expense Over (	Offsets (79,507)	a as a nability on the Fi	ianolai Glaterilerits.)
	PREPARER COMMENTS:									



# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors of Southeastern Mass Veterans Housing Program, Inc. New Bedford. Massachusetts

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Southeastern Mass Veterans Housing Program, Inc., which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities, consolidated statements of functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 9, 2022.

#### **Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified.



Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying included in the schedule of findings and responses as items 2021-001 that we consider to be a significant deficiency.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's Response to Findings

Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. Southeastern Mass Veterans Housing Program, Inc. and Subsidiary's response was not subjected to the auditing procedures applied in the audit of the consolidated financial statements s and, accordingly, we express no opinion on it.

#### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

CliftonLarsonAllen LLP

Clifton Larson Allen LLP

New Bedford, Massachusetts February 9, 2022

# SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY SCHEDULE OF FINDINGS AND RESPONSES YEAR ENDED SEPTEMBER 30, 2021

	Section I – Summary of Auditors' Results											
Consc	Consolidated financial statements s											
1.	Type of auditor's report issued:	Unmodified										
2.	Internal Control Over Financial Reporting:											
	• Material weakness(es) identified?	yes Xnone reported										
	<ul> <li>Significant deficiencies identified that are not considered to be material weakness(es)?</li> </ul>	Xyesno										
3.	Noncompliance material to financial consolidated statements noted?	yes <u>X</u> no										
Feder	al Awards											

Uniform Guidance not applicable.

### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY SCHEDULE OF FINDINGS AND RESPONSES (CONTINUED) YEAR ENDED SEPTEMBER 30, 2021

#### Section II – Consolidated Financial Statement Findings

#### **CURRENT YEAR**

#### 2021-001 Segregation of Duties

**Condition:** Recording of receipts and bank deposit procedures are not segregated in the Business Office.

**Criteria:** Internal controls should be in place that segregate these duties to provide reasonable assurance that receipts are recorded and deposited appropriately.

**Effect:** Because of the absence of segregation of duties, misstatements may occur during the recording and deposit process.

**Cause of Condition:** Procedures for segregation of duties in the Accounting Manual are not consistently being followed by the Business Office.

**Recommendation**: Procedures should be implemented requiring the segregation of duties in the Business Office.

**Management Response:** Segregation of duties are followed whenever practical in the Business Office.

Because of the scheduled hours, sometimes only one person is in the office when receipts are received. The procedures in effect are that a signed receipt is always given for all cash or checks paid in person. A cash receipts journal is maintained, plus a client ledger card is maintained, and the bank deposit must agree with the cash receipts journal.

The vast majority of funds received are direct deposited in the corporate bank account. Of the remaining funds, most are checks – city, private, and client – and there are some cash payments.

We believe there are sufficient overlapping procedures in place to prevent misstatements.

#### **PRIOR YEAR**

#### 2020-001 Segregation of Duties

**Condition:** Recording of receipts and bank deposit procedures are not segregated in the Business Office.

**Criteria:** Internal controls should be in place that segregate these duties to provide reasonable assurance that receipts are recorded and deposited appropriately.

**Effect:** Because of the absence of segregation of duties, misstatements may occur during the recording and deposit process.

### SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY SCHEDULE OF FINDINGS AND RESPONSES (CONTINUED) YEAR ENDED SEPTEMBER 30, 2021

#### Section II – Consolidated Financial Statement Findings(Continued)

#### **PRIOR YEAR (Continued)**

2020-001 Segregation of Duties (Continued)

**Cause of Condition:** Procedures for segregation of duties in the Accounting Manual are not consistently being followed by the Business Office.

**Recommendation**: Procedures should be implemented requiring the segregation of duties in the Business Office.

Current Year Status See 2021-001

# SOUTHEASTERN MASS VETERANS HOUSING PROGRAM, INC. AND SUBSIDIARY SCHEDULE OF FINDINGS AND RESPONSES (CONTINUED) YEAR ENDED SEPTEMBER 30, 2021

Section III – Federal Award Findings and Response	ses
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Not applicable

