Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
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October 11, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Education, Bureau of Vocational Rehabilitation (VR) to enter into a contract with NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC. (NDHHS), of Concord, NH (Vendor Code 159021), in an amount not to exceed $142,009, to provide Independent Living (IL), Part B services, effective upon Governor and Council approval through September 30, 2023. 100% Federal Funds.

Funds to support this request are available in FY 2022 and FY 2023, and anticipated to be available in FY 2024 in the account titled Independent Services (Part B) upon the availability of continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between fiscal years through the budget office without further Governor & Council approval if needed and justified.

	FY 22	FY 23	FY 24
06-56-56-565010-25420000-102-500731 Contracts for Program Services	$53,253.54	$71,004.50	$17,750.96

EXPLANATION

The New Hampshire Department of Education receives an annual grant of $338,117 from the United States Department of Health and Human Services, Administration of Community Living, and Independent Living Administration. The grant under Title VI, Part B of the Rehabilitation Act, as amended, enables the state to provide independent living services to individuals with significant disabilities so they can become more independent in their homes and communities. The Department provides services through contracts with nonprofit organizations which are directed and managed primarily by persons with significant disabilities. The services provide under the contract are available statewide. Services include: information and referral, peer advocacy, accessible van transportation, care coordination, vehicle modification program and independent living skills training.

NORTHEAST DEAF AND HARD OF HEARING SERVICES INC. has a governing board that is controlled by persons with disabilities and is the only center in New Hampshire providing comprehensive services to individuals who are deaf or hard of hearing. The purpose of NDHHS is to promote life with independence for people who are deaf or hard of hearing in the state, which makes them uniquely suited to provide services to persons with disabilities. Services to be provided by NDHHS include: independent living skills training, service coordination, peer counseling, support service providers, interpreter and Computer-Aided Real-Time (CART) services and communication equipment loan program (CELP).

A Request for Proposals (RFP) was advertised on the Department of Education website on 3/8/21 with a deadline for proposals of 4/26/21. There were five (5) proposals submitted to the Request for Proposals "Independent Living, Part B" in response to the notice.

A review committee consisting of the Administrator for Blind Services, a Program Specialist, Field Service Administrator and a VR Supervisor met to review the proposals. The team reviewed the five (5) proposals received by the deadline (Attachment A). Base on the review, the team recommended funding all 5 proposals. Each contract will be submitted to the Governor and Council as it is completed.

The outcome VR would like to achieve with this contract is to have independent living services provided statewide so more individuals with significant disabilities can maintain residence in their chosen locations within their communities.

If Federal Funds should become unavailable, General Funds will not be requested to support this program.

Respectfully Submitted,

Frank Edelblut
Commissioner of Education

B & F TEACHING AND TECHNOLOGY, LLC

Attachment A

Scoring for the Independent Living, Part B proposals:

Significance of Proposal: Description of applicant's abilities to meet or exceed the Purposes and Priorities, Minimum Requirements and Services to be Provided, including a description of work experience and educational background in Independent Living service provision. This will include a review of the letter of interest, letters of recommendation and resumes.

Proposal Criteria	Reviewers Average Score
Statement of Need (10)	5
Project Description (20)	10
Sustainability (20)	20
Organizational Capacity (15)	25
Collaboration (15)	19
Organization Budget (20)	18.75
Total for Evaluation Criteria	97.75

Evaluation Criteria Scores (proposals above 60 will receive funding if appropriate)

	Dan F.	Lisa B.	Scott V.	Beth D.	Total for Evaluation Criteria
B & F	100	96	98	97	97.75
FIS	89	91	89	95	91
BIANH	87	83	92	93	88.75
NDHHS	85	85	85	89	86
GSIL	70	73	80	76	74.75

BIANH=Brain Injury Association of New Hampshire, GSIL=Granite State Independent Living, NDHHS=Northeast Deaf and Hard of Hearing Services, FIS=Future In Sight, B & F= B & F Teaching and Technology

Scoring for review occurred on May 5, 2021. The proposal review panel consisted of the following employees from the Department of Education:

Reviewer Qualifications:

Dan F. has worked for the VR agency for 2 years and is the Administrator for Blind and Vision-Impaired.

Lisa B. has worked for the agency for six years and is a VR Supervisor. She has oversight of a local office and assists in other activities as needed within the administration.

Scott V. has worked for the VR agency for over 20 years and has primary responsibility over blind services operations.

Beth D. has worked for the agency for 29 years and oversees the agencies VR offices and supervisors for the bureau.

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Education		1.2 State Agency Address 21 S. Fruit Street, Suite 20 Concord, NH 03301	
1.3 Contractor Name NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.		1.4 Contractor Address 25 Walker Street Concord, NH 03301	
1.5 Contractor Phone Number 603-565-2411	1.6 Account Number See Exhibit C	1.7 Completion Date 9/30/2023	1.8 Price Limitation $142,009
1.9 Contracting Officer for State Agency Lisa Hinson-Hatz, VR Director		1.10 State Agency Telephone Number 603-419-0086	
1.11 Contractor Signature Date: 10/18/21		1.12 Name and Title of Contractor Signatory Michael Ritter, Chairman of the Board	
1.13 State Agency Signature Date: 11-20-21		1.14 Name and Title of State Agency Signatory Frank Edelblut, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: Christopher Bond		On: 11/17/21	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

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Date 10/18/21

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3. The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation").*

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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EXHIBIT A

Additional Exhibits D-G.

Federal Certification 2 CFR 200.415

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

All the terms and conditions applicable for the use of federal funds, as outlined in the Office of Management and Budget (OMB) Uniform Grant Guidance, shall be applied by the contractor to any contract activities and expenses, and may be amended from time to time.

EXHIBIT B
SCOPE OF SERVICES

The Contractor, Northeast Deaf and Hard of Hearing Services, Inc. (NDHHS) shall provide independent living (IL) services based on the federal regulation 45 CFR Part 1329 per the Workforce Innovation Opportunity Act (WIOA), upon Governor and Council approval, through September 30, 2023.

The scope of the work for NDHHS shall include the contractor identifying individuals who may be eligible for services, develop documentation in support of their eligibility and complete a plan to utilize appropriate and necessary independent living "core" or traditional services.

According to the Administration on Community Living and Definitions in 45 CFR 1329.4 "Independent Living Core services mean, for purposes of services that are supported under ILS or CIL programs-

1) Information and referral services;
2) Independent Living skills training;
3) Peer counseling, including cross-disability peer counseling;
4) Individual and systems advocacy;
5) Services that:
    i. Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community-based residences, with the requisite supports and services."
    ii. "Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individual may remain in the community."
    iii. Facilitate the transition of youth who are individual's with significant disabilities, who were eligible for individualized education programs under IDEA.

NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC. shall:

1. Employ personnel who are specialists in deafness and/or hard of hearing for the development and provision of independent living services in accordance with 45 CFR 1329.
2. Provide information about IL services make referrals to other programs for individuals with significant disabilities as required under 45 CFR 1329.
3. The Contractor shall obtain medical, psychological, psychiatric, educational, vocational, social and financial information necessary to support eligibility for services.
4. The Contractor shall assist applicants in completion of any necessary forms and will develop an Independent Living Plan (ILP) prior to service provision.
5. The Contractor shall coordinate services with other state and local programs to avoid duplication of services.
6. The Contractor shall develop and maintain a consumer service record for each IL program customer. Documentation shall include eligibility decisions signed and dated by the

Service Coordinator, services requested by the customer, the ILP, the services actually provided and goals achieved by the customer as a result of the IL services.

7. The Contractor shall apply for and document in the customer case record specific comparable benefits sought and obtained, prior to billing the Department of Education, Division of Workforce Innovation, Independent Living Program.
8. The ILP shall identify the service (s) to be received, the approximate cost and duration, the provider, the goal of the program, the intermediate objectives and a review of each objective at specified points.
9. The Contractor shall assist the customer in the completion of a financial needs test per 12 month period which begins on the date of eligibility, for a service or combination of services. Services provided will be contingent upon financial need.
10. If a service has been denied to a customer, that decision, along with rationale should be provided to the customer and appeal rights provided.
11. The Contractor shall maintain contact with customers and services providers to ensure that services are being delivered in a timely and appropriate manner. Contacts will be documented in the customer service record.
12. The Contractor shall coordinate service delivery between service providers and eligible customers to ensure timely and appropriate services until each customers program is determined to be inactive or closed.
13. The Contractor shall provide quarterly reports indicating customers served and total number of hours provided. At the end of the contract period a final report shall incorporate total number of consumers served, services provided under each service category of the contract.
14. Information System to produce the Title VI, Part B 704 annual performance report as required by 45 CFR 1329.
15. All services provided by the Association are available statewide.

DELIVERABLES AND TIMELINE

A. Independent Living Skills Training/Service Coordination/Peer Counseling Goals

Provide IL skills training to a minimum of 50 deaf, deafblind and hard of hearing individuals who need assistance with IL problems. Provide short-term assistance to 20 deaf, deafblind and hard of hearing individuals. NDHHS will be available to meet with Vocational Rehabilitation Counselors to discuss issues related to IL skills and case consultation. Evaluate the impact of service coordination on consumers' IL goals, documented on IL plans, and provide monthly reports to the Executive Council. Maintain case files on active consumers.

B. Support Service Providers (SSP)

Coordinate the support service providers for individuals who are deaf, deafblind and hard of hearing. Conduct in-person or videophone meetings with Deaf/Blind/low vision consumers. Provide a minimum of one education session for representatives of Future In Sight program, including an explanation of the process for making referrals for SSP services. Produce and

distribute identification cards to Deafblind and Hard of Hearing blind individuals that they distribute to community members and agency representatives about their communication needs (e.g., tactile interpreter services).

C. Interpreter and CART Services

Coordinate the provision of sign language interpreters and Computer-Aided Real-Time (CART) reporters for the over 1000 eligible deaf, deafblind and hard of hearing individuals per year for social events that are not covered by the American's with Disabilities Act (ADA). Maintain relationships and collaborate with NH's deaf and hard of hearing community measured by attendance with officials from other agencies 15 times per year. Maintain relationships and collaborate with NH's interpreters and CART reporters. Host four (4) meetings with interpreters to cultivate relationships, review concerns or questions, and obtain summaries and/or outcomes.

D. Communication Equipment Loan Program (CELP)

Provide information about CELP and assistive devices to individuals with hearing loss each year. Provide instruction about assistive device loans (short and long term) to a minimum of 50 individuals with hearing loss per year. Make four (4) outreach presentations at various locations arranged upon request per year.

E. Program Evaluation

The Contractor shall conduct bi-annual customer satisfaction surveys as documentation of quality assurance and program evaluation. The survey will document the individuals satisfaction with the services provided, measuring the extent to which the services received improved the consumer's ability to live independently. Results shall be sent to the Department of Education bi-annually.

F. Reporting

- Summary reports will be provided to the Department on a quarterly basis. This report will include a quarterly itemized expenditure report and budget reconciliation report.
- All Part B funds much be tracked separately, as well as services that were provided by the resources. Monthly reports will include type of service being provided, staff providing the service, date of the service, hours of the service and consumers receiving the service. The first report and invoice will be due November 15, 2021 and the 15th day of each month, thereafter.
- Program site visits can be conducted with a two-week notice, indicating the information that will be reviewed, including a comprehensive financial review.

EXHIBIT C
BUDGET

Budget Item	FY22	FY23	FY24	Total
Service Coordinator: Salary/Fringe Benefits	$ 14,825.92	$ 19,767.98	$ 4,942.00	$ 39,535.90
Service Coordinator: Salary Support	$ 5,595.73	$ 7,461.01	$ 1,865.26	$ 14,922.00
Interpreter/CART Services	$ 17,384.51	$ 23,179.46	$ 5,794.87	$ 46,358.84
Support Service Provider (SSP) Services	$ 5,113.09	$ 6,817.48	$ 1,704.37	$ 13,634.94
Travel: Staff Support	$ 682.69	$ 909.71	$ 227.25	$ 1,819.65
Travel: Interpreters/CART	$ 3,976.07	$ 5,301.45	$ 1,325.36	$ 10,602.88
Travel: SSP Providers	$ 3,749.60	$ 4,999.49	$ 1,249.87	$ 9,998.96
Office Supplies/Facility	$ 1,925.93	$ 2,567.92	$ 641.98	$ 5,135.83
Total	**$ 53,253.54**	**$71,004.50**	**$ 17,750.96**	**$ 142,009.00**

Limitation on Price: Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed $142,009.00.

Funding Source: Funds to support this request are available in the account titled VR Field Programs-Federal in FY22 and FY23, and and anticipated to be available in FY24, upon the availability and continued appropriation of funds in the future operating budget upon the availability and the continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal years through the Budget Office, without further Governor and Council approval, if needed and justified.

	FY22	FY23	FY24
06-56-56-565010-25420000-102-50073 1 Contracts for Program Services	$53,253.54	$71,004.50	$17,750.96

Method of Payment: Payment is to be made on the basis of invoices which are supported by a summary of completed deliverables, as outlined by budget line, that have taken place in accordance with the terms of the contract, along with a detailed listing of expenses incurred. If otherwise correct and acceptable, payment will be made for 100% of the expenditures listed. A final invoice is due within 30 days of the end of this contract. Invoices and reports shall be electronically submitted to:

Dan Frye, Administrator, Services for Blind and Visually Impaired
Daniel.B.Frye@doe.nh.gov

Copy to:
Lisa Hinson-Hatz, Vocational Rehabilitation
Lisa.K.Hatz@doe.nh.gov

EXHIBIT D

Contractor Obligations

Contracts in excess of the simplified acquisition threshold (currently set at $250,000) must address **administrative, contractual, or legal remedies** in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Breach
A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

Fraud and False Statements
The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC § 1001 and § 1020.

Environmental Protection
(This clause is applicable if this Contract exceeds $150,000. It applies to Federal-aid contracts only.)
The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

Procurement of Recovered Materials
In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired in the preceding fiscal year exceeded $10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Contractor Initials MAS
Date 10/15/21

Exhibit E

Federal Debarment and Suspension

a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:

   1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;

   2. Does not have a proposed debarment pending;

   3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and

   4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.

c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the DOE. The certification or explanation shall be considered in connection with the DOE's determination whether to enter into Contract.

d. The Contractor shall provide immediate written notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Exhibit F

Anti-Lobbying

The Contractor agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal Agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal amendment, or modification of any Federal contract grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (http://www.whitehouse.gov/omb/grants/sflllin.pdf).

c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making and entering into this transaction imposed by Section 1352, Title 31 and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed $100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.

e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Contractor Initials MLGR
Date 10/8/21

Exhibit G

Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

Rights to Inventions Made Under a Contract or Agreement
Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

Confidentiality
All Written and oral information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date on this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information means all data and information related to the business and operation of the DOE, including but not limited to all school and student data contained in NH Title XV, Education, Chapters 186-200.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information(including the identity of DOE partners), Contractor and supplier information, (including the identity of DOE Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the DOE or subcontracted with the Contractor.

Ownership of Intellectual Property
The DOE shall retain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

State of New Hampshire

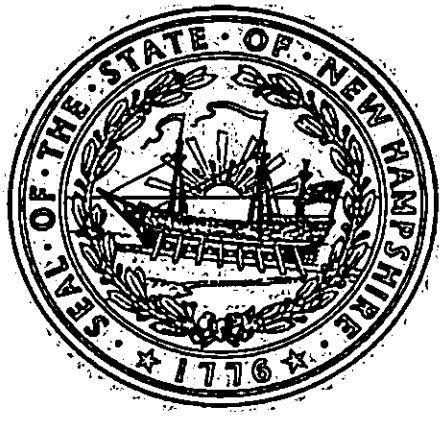
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 28, 2000. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **344894**

Certificate Number: **0005256205**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of February A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF VOTE

(Corporation without a Seal)

I, Peter Simoneau, do hereby certify that:

(1) I am the duly elected clerk of Northeast Deaf and Hard of Hearing Services

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on October 14, 2021.

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Michael Ritter Chairman is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

(3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 14th day of October, 2021.

(4) Michael Ritter is the duly elected Chairman of the corporation.

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 18 day of October, 2021.

STATE OF NEW HAMPSHIRE

COUNTY OF _____

On _____, 20____, the foregoing instrument was acknowledged before me.

In witness whereof I hereunto set my hand and official seal.

_____

My commission expires on: Notary Public/Justice of the Peace

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/07/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Sidney Stevens	
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
	E-MAIL ADDRESS: sidney@esinsurance.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: AmTrust Financial Services, Inc.	
INSURED Northeast Deaf and Hard of Hearing Services, Inc. 56 Old Suncook Road, Suite 6 Concord NH 03301	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2021 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			[redacted]	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			[redacted]	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			[redacted]	07/01/2021	07/01/2022	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Department of Education
Vocational Rehabilitation
21 South Fruit Street Suite 20
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tawby Kennelly

NORTDEA-01 ADOLLIVER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/20/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	CONTACT NAME: Sherri A. Cole, ACSR PHONE (A/C, No, Ext): (603) 715-9764 FAX (A/C, No): (603) 225-7935 E-MAIL ADDRESS: scole@davistowle.com
INSURED Northeast Deaf and Hard of Hearing Services, Inc. 56 Old Suncook Road Suite 6 Concord, NH 03301	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers Insurance 19046 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		[redacted]	4/14/2021	4/14/2022	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation 3A States: NH

Proof of Insurance.

CERTIFICATE HOLDER

Department of Education
101 Pleasant St
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Amy T. Dallis

NDHHS
Northeast Deaf and Hard of Hearing Services, INC.

56 Old Suncook Road Suite 6, Concord, NH 03301
603-224-1850 Voice, 603-968-5889 VP
603-856-0242 Fax, 603-224-0691 TTY
www.ndhhs.org

NDHHS's Mission Statement

Established in 2001, Northeast Deaf and Hard of Hearing Services is a nonprofit organization dedicated to serving the New Hampshire Deaf and Hard of Hearing community through empowerment, education, and advocacy for equal access and opportunity.

Our Mission

- The organization is dedicated to serving Deaf and Hard of Hearing individuals in an environment that is communicatively unrestricted and "natural" to them.
- The organization is committed to hiring staff members who are fluent in sign language and capable of identifying and meeting consumers' preferred mode of communication.
- The organization is committed to the provision of services in a culturally sensitive environment, which promotes independence and productivity.
- The organization seeks to empower, educate and advocate for equal access and opportunity for Deaf and Hard of Hearing citizens of New Hampshire.

Office of the New Hampshire Attorney General - Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

ANNUAL REPORT CERTIFICATE

DON'T FORGET TO ATTACH:

[X] NH APPENDIX (conflicts of interest) [X] FILING FEE ($75) [X] DIRECTOR LIST (name, street address, telephone)

One of the following: [ ] NHCT-2A [X] IRS Form 990 [ ] 990-EZ or [ ] 990-PF.
[ ] probate account (for testamentary trusts)

Are your revenues over **$500,000?** If yes, include GAAP financial statement plus 990 (not for 990-PFs)
Are your revenues over **$1,000,000?** If yes, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: $75.00 Make check payable to: State of New Hampshire

NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.	JUNE 30, 2020
Organization Name	Fiscal Year End
	12584
In Care of	NH Registration #

56 OLD SUNCOOK ROAD, SUITE 6, CONCORD, NH 03301
Address City State Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Lawrence E. Farrell - Treasurer	10-26-2020
Signature of PRESIDENT, TREASURER OR TRUSTEE	Date
LAWRENCE E. FARRELL	TREASURER
(Print or Type) Name of Officer/Trustee	Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF
COUNTY OF

Signed and sworn to (or affirmed) before me on the 26th day of October, 2020 by the above-named officer or trustee.

My Commission Expires:
[Seal]

GAYLE P. BAIRD JUSTICE OF THE PEACE NEW HAMPSHIRE MY COMMISSION EXPIRES MAY 1, 2024

Gayle Baird
Notary Public

SW3294 1.000

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.

1. Is there currently a conflict of interest policy in effect? Yes X No ____
A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): _____

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a) Yes ____ No X

If Yes, complete the following:

A. Was any real estate transaction involved? Yes ____ No ____

B. Was a loan made to any director, officer or trustee? Yes ____ No ____

C. Was a pecuniary benefit paid in excess of $500? Yes ____ No ____
If Yes, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of $5,000? Yes ____ No ____
If Yes, attach a copy of each of the following:

- Public Notice made pursuant to RSA 7:19-a, II (d)
- Meeting Minutes
- Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: ____ Nature & Amount of Benefit: ____

Name of Recipient: ____ Nature & Amount of Benefit: ____

NOTE: The Director of Charitable Trusts may request copies of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

Amended 3/15/2013

THO
9W3298 1.000

Board Members and Contact Information
As of: January 9, 2020

NDHHS
Northeast Deaf and Hard of Hearing Services, Inc.
56 Old Suncook Rd, Suite 6, Concord, NH 03301
603-224-1850 Voice, 603-968-5889 VP
603-856-0242 Fax, 603-224-0691 TTY
www.ndhhs.org

Board Members:

- The governing board of Northeast Deaf and Hard of Hearing consists of nine to eleven members. At least fifty-one percent of the board must be Deaf or Hard of Hearing. The primary duties of the board are to supervise the Executive Director, develop policies for the agency, oversee the agency's finances and to raise funds. Between meetings, members are expected to be on committees and to actively raise funds. The average commitment for our board members is about four hours per month.

Chairman of the Board:
Michael Ritter
Executive Committee
Email: mike@sdarchitects.com
Term Ends: October 2021
mikeritter07@gmail.com

Vice-Chairman:
Mary Beth Kula
Executive Committee / Board Member
Email: marybkula@gmail.com
Term Ends: July 2021

Treasurer:
Larry Farrell
Executive Committee
Email: lefcpa@comcast.net
Term Ends: January 2022

Secretary:
Peter Simoneau
Executive Committee
Email: petersimoneau@comcast.net
Term Ends: January 2021

Board Member:
Vincent Youmatz
Executive Committee / Legal Counsel
Email: vyoumatz@youmatzlaw.com
Term Ends: October 2021

Board Member:
Norman Lafond, Sr.
Executive Committee
Email: bignormsr@comcast.net
Term Ends: July 2021

Board Member:
Tina Cook
Board Member
Email: tinasign2@myfairpoint.net
Term Ends: October 2021

Board Member:
Charlotte Rice
Board Member
Email: charlotte.rice59@yahoo.com
Term Ends: May 2020

Board Member:
Claude Boucher
Board Member
Email: claudefroggy@comcast.net
Term Ends: May 2020

Board Member:
Christine Greenwood
Board Member
Email: cgreenwood@walpolebank.com
Term Ends: October 2020

Board Member:
Deborah Bailey
Board Member
Email: 4bailey@comcast.net
Term Ends: January 2021

Board Member:
Christopher Emerson
Board Member
Email: chrisemerson71@gmail.com
Term Ends: July 2021

Volunteer Member:
Gerry Monroe
Board Member
Email: monroenh@aol.com
Term Ends: July 2022

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning Jul 1 , 2019, and ending Jun 30 , 2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Northeast Deaf & Hard of Hearing Services

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 56 Old Suncook Road, Suite 6

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Concord, NH 03301

D Employer identification number: 02-0517861

E Telephone number: (603)224-1850

G Gross receipts $ 802,131.

F Name and address of principal officer: NORMAN LAFOND, 56 Old Suncook Road, Suite 6, Concord, NH 03301

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.ndhhs.org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: NH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SERVING DEAF AND HARD OF HEARING INDIVIDUALS		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	333,388.	310,656.
9	Program service revenue (Part VIII, line 2g)	419,866.	491,297.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105.	178.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753,359.	802,131.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	372,037.	334,672.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,275.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	361,910.	350,896.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	733,947.	685,568.
19	Revenue less expenses. Subtract line 18 from line 12	19,412.	116,563.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	290,426.	550,723.
21	Total liabilities (Part X, line 26)	34,400.	132,134.
22	Net assets or fund balances. Subtract line 21 from line 20	256,026.	418,589.

Part II Signature Block

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

Sign Here

Signature of officer — Date: 09/02/2020

MICHAEL RITTER, CHAIRMAN

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Brian McLarney, MBA CPA/PFS	Brian McLarney, MBA CPA/PFS	10/12/2020		P00361037

Firm's name ▶ MCLARNEY & COMPANY — Firm's EIN ▶ 04-3073912

Firm's address ▶ 6 COURTHOUSE LN UNIT 15, CHELMSFORD, MA 01824-1727 — Phone no. (978)453-2222

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SERVING DEAF AND HARD OF HEARING INDIVIDUALS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 255,498. including grants of $ 0.) (Revenue $ 259,239.)

THE ORGANIZATION REFERS QUALIFIED INTERPRETERS FOR BOTH ROUTINE AND EMERGENCY REQUESTS FROM THE DEAF AND HARD OF HEARING THROUGHOUT THE STATE OF NEW HAMPSHIRE

4b (Code:) (Expenses $ 141,538. including grants of $ 0.) (Revenue $ 189,054.)

THE ORGANIZATION OFFERS EDUCATION AND ACCESS TO THE DEAF AND HARD OF HEARING INDIVIDUALS IN THE STATE OF NH, WITH A GOAL OF EMPOWERING THEM TO ACCESS AVAILABLE RESOURCES SUCH AS COMMUNICATION DEVICES, INTERPRETERS, WORKSHOPS

4c (Code:) (Expenses $ 214,861. including grants of $ 0.) (Revenue $ 280,410.)

ADULT EDUCATION AND BASIC SKILLS

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 611,897.

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* (see instructions)?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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.			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		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 organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on 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
20a	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		
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

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 Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (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?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	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			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a 12		
	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 .	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	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

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

			Yes	No
10a	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		
11a	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.			
12a	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		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NH

18 Section 6104 requires an organization to make its Forms 1023 (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 ☒ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
SUSAN WOLF-DOWNES, 56 Old Suncook Road, Suite 6, CONCORD, NH 03301 (603)224-1850

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.

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

X

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VINCENT YOUMATZ DIRECTOR	1.00			X				0.	0.	0.
(2) MICHAEL RITTER CHAIRMAN	1.00			X				0.	0.	0.
(3) MARY BETH KULA VICE CHAIRMAN	1.00			X				0.	0.	0.
(4) PETER SIMONEAU SECRETARY	1.00			X				0.	0.	0.
(5) LARRY FARRELL TREASURER	1.00			X				0.	0.	0.
(6) DEBORAH BAILEY DIRECTOR	1.00	X						0.	0.	0.
(7) TINA COOK DIRECTOR	1.00	X						0.	0.	0.
(8) CHARLOTTE RICE DIRECTOR	1.00	X						0.	0.	0.
(9) CLAUDE BOUCHER DIRECTOR	1.00	X						0.	0.	0.
(10) CHRISTINE GREENWOOD DIRECTOR	1.00	X						0.	0.	0.
(11) CHISTOPHER EMERSON DIRECTOR	1.00	X						0.	0.	0.
(12) NORMAN LAFOND, SR DIRECTOR	1.00	X						0.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* 3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	213,685.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,971.			
	g	Noncash contributions included in lines 1a–1f	1g	$			
	h	Total. Add lines 1a–1f . . . . . ▶			310,656.		
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		491,297.	491,297.	0.	0.
	g	Total. Add lines 2a–2f . . . . . ▶		491,297.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		178.	0.	0.	178.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents . .	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales expenses .	7b				
	c	Gain or (loss) . .	7c				
	d	Net gain or (loss) . . . . . ▶					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . .	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 .	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . . .	10a				
	b	Less: cost of goods sold . . .	10b				
	c	Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a–11d . . . . . ▶					
	12	Total revenue. See instructions . . . . . ▶		802,131.	491,297.	0.	178.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	76,849.	65,335.	11,514.	0.
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	234,588.	210,789.	23,799.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23,235.	20,600.	2,635.	0.
11 Fees for services (nonemployees):				
a Management	2,474.	0.	2,474.	0.
b Legal	495.	495.	0.	0.
c Accounting	13,200.	0.	13,200.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	899.	218.	681.	0.
13 Office expenses	3,128.	2,955.	173.	0.
14 Information technology				
15 Royalties				
16 Occupancy	43,549.	41,510.	2,039.	0.
17 Travel	33,768.	33,768.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,932.	0.	4,932.	0.
23 Insurance	35,840.	32,071.	2,981.	788.
24 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 O.)				
a Program Expenses	54,046.	53,822.	224.	0.
b Interpreter Fees	55,550.	52,526.	3,024.	0.
c Printing and Publications	0.	0.	0.	0.
d Fund Raising Expense	5,489.	2,882.	620.	1,987.
e All other expenses	97,526.	94,926.	2,100.	500.
25 **Total functional expenses.** Add lines 1 through 24e	685,568.	611,897.	70,396.	3,275.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		179,249.	1	433,866.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		52,294.	3	75,443.
	4	Accounts receivable, net		41,364.	4	19,533.
	5	Loans and other receivables from 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,872.	9	7,705.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,139.			
	b	Less: accumulated depreciation	10b 57,963.	9,647.	10c	14,176.
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		290,426.	16	550,723.
Liabilities	17	Accounts payable and accrued expenses		34,400.	17	47,102.
	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	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			25	85,032.
	26	**Total liabilities.** Add lines 17 through 25		34,400.	26	132,134.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		256,026.	27	418,589.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		256,026.	32	418,589.
	33	Total liabilities and net assets/fund balances		290,426.	33	550,723.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	802,131.
2	Total expenses (must equal Part IX, column (A), line 25)	2	685,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	116,563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	256,026.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	372,589.

Part XII Financial Statements and Reporting

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

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

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

2019

Open to Public Inspection

Name of the organization	Employer identification number
Northeast Deaf & Hard of Hearing Services	02-0517861

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ 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:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 university:

10 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described In Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	442,293.	471,812.	314,282.	294,166.	268,685.	1,791,238.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	442,293.	471,812.	314,282.	294,166.	268,685.	1,791,238.
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						1,791,238.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	442,293.	471,812.	314,282.	294,166.	268,685.	1,791,238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30.	43.	77.	105.	178.	433.
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.)	16,985.	14,867.	11,690.	17,903.	9,958.	71,403.
11 **Total support.** Add lines 7 through 10						1,863,074.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.14 %
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	96.01 %

16a **33⅓% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33⅓% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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.)*		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ 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.*

c ☑ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	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		

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

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

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

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)		(I) Excess Distributions	(II) Underdistributions Pre-2019	(III) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015 . . .			
b	Excess from 2016 . . .			
c	Excess from 2017 . . .			
d	Excess from 2018 . . .			
e	Excess from 2019 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10: Other Income Part II, Line 10 Description: Event-Auction 2015:

16985. 2016: 14867. 2017: 11690. 2018: 17903. 2019: 9958.

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

2019

Open to Public Inspection

Name of the organization: Northeast Deaf & Hard of Hearing Services

Employer identification number: 02-0517861

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____
b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements	3,455.		3,045.	410.
d	Equipment	60,928.		47,465.	13,463.
e	Other	7,756.		7,453.	303.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶					14,176.

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP Loan	85,032.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	85,032.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	848,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	848,131.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	848,131.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	685,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	685,568.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	685,568.

Part XIII Supplemental Information.

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

Part XIII Supplemental Information *(continued)*

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization: Northeast Deaf & Hard of Hearing Services

Employer identification number: 02-0517861

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						▶ $							

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THOMAS DOWNES	SPOUSE OF EXEC DIR	5,126.	CONSULTING & INSTRUCTING		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information.**
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2019 Open to Public Inspection

Name of the organization	Employer identification number
Northeast Deaf & Hard of Hearing Services	02-0517861

Pt VI, Line 11b: The executive director reviews the Form 990 before it is filed

Pt VI, Line 12c: Directors are required to disclose annually any conflicts

Pt IX, Line 24e:

Description: Consulting Fees

Total: $80,143

Program services: $80,143

Management and general: $0

Fundraising: $0

Description: Dues, Subscriptions, Licenses

Total: $286

Program services: $0

Management and general: $286

Fundraising: $0

Description: Referral Fees

Total: $0

Program services: $0

Management and general: $0

Fundraising: $0

Description: Staff Development

Total: $515

Program services: $15

Management and general: $500

Fundraising: $0

Description: Supplies

Total: $2,432

Name of the organization: Northeast Deaf & Hard of Hearing Services

Employer identification number: 02-0517861

Program services: $2,011

Management and general: $421

Fundraising: $0

Description: Telephone, Pagers

Total: $9,917

Program services: $9,650

Management and general: $267

Fundraising: $0

Description: MISCELLANIOUS

Total: $2,980

Program services: $2,434

Management and general: $546

Fundraising: $0

Description: Repairs and Maintenance

Total: $0

Program services: $0

Management and general: $0

Fundraising: $0

Description: Email & Website

Total: $753

Program services: $673

Management and general: $80

Fundraising: $0

Description: Contributions

Total: $500

Program services: $0

Management and general: $0

Name of the organization: Northeast Deaf & Hard of Hearing Services

Employer identification number: 02-0517861

Fundraising: $500

Form 990
Part IX, Line 24e

All Other Expenses

2019

Name
Northeast Deaf & Hard of Hearing Services

Employer Identification No.
02-0517861

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Consulting Fees	80,143.	80,143.	0.	0.
Dues, Subscriptions, Licenses	286.	0.	286.	0.
Referral Fees	0.	0.	0.	0.
Staff Development	515.	15.	500.	0.
Supplies	2,432.	2,011.	421.	0.
Telephone, Pagers	9,917.	9,650.	267.	0.
MISCELLANIOUS	2,980.	2,434.	546.	0.
Repairs and Maintenance	0.	0.	0.	0.
Email & Website	753.	673.	80.	0.
Contributions	500.	0.	0.	500.
Total to Form 990, Part IX, line 24e	97,526.	94,926.	2,100.	500.

Board Members and Contact Information
As of: January 9, 2020

NDHHS
Northeast Deaf and Hard of Hearing Services, Inc.
56 Old Suncook Rd, Suite 6, Concord, NH 03301
603-224-1250 Voice, 603-668-5889 VP
603-856-0242 Fax, 603-224-0691 TTY
www.ndhhs.org

Board Members:

- The governing board of Northeast Deaf and Hard of Hearing consists of nine to eleven members. At least fifty-one percent of the board must be Deaf or Hard of Hearing. The primary duties of the board are to supervise the Executive Director, develop policies for the agency, oversee the agency's finances and to raise funds. Between meetings, members are expected to be on committees and to actively raise funds. The average commitment for our board members is about four hours per month.

Chairman of the Board:
Michael Ritter
Executive Committee
Email: mike@sdarchitects.com
Term Ends: October 2021
mikeritter07@gmail.com

Vice-Chairman:
Mary Beth Kula
Executive Committee / Board Member
Email: marybkula@gmail.com
Term Ends: July 2021

Treasurer:
Larry Farrell
Executive Committee
Email: lefcpa@comcast.net
Term Ends: January 2022

Secretary:
Peter Simoneau
Executive Committee
Email: petersimoneau@comcast.net
Term Ends: January 2021

Board Member:
Vincent Youmatz
Executive Committee / Legal Counsel
Email: vyoumatz@youmatzlaw.com
Term Ends: October 2021

Board Member:
Norman Lafond, Sr.
Executive Committee
Email: bignormsr@comcast.net
Term Ends: July 2021

Board Member:
Tina Cook
Board Member
Email: tinasian2@myfairpoint.net
Term Ends: October 2021

Board Member:
Charlotte Rice
Board Member
Email: charlotte.rice59@yahoo.com
Term Ends: May 2020

Board Member:
Claude Boucher
Board Member
Email: claudefroggy@comcast.net
Term Ends: May 2020

Board Member:
Christine Greenwood
Board Member
Email: cgreenwood@walpolebank.com
Term Ends: October 2020

Board Member:
Deborah Bailey
Board Member
Email: 4bailey@comcast.net
Term Ends: January 2021

Board Member:
Christopher Emerson
Board Member
Email: chrisemerson71@gmail.com
Term Ends: July 2021

Volunteer Member:
Gerry Monroe
Board Member
Email: monroenh@aol.com
Term Ends: July 2022

NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.

Financial Statements
June 30, 2020 and 2019

NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.

Financial Statements
June 30, 2020 and 2019

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McLarney & Company, LLC

Certified Public Accountants & Business Advisors

Brian F. McLarney, MBA, CPA/PFS — Robert F. Siggens, MST, CPA

James O. Nash, MSA, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Northeast Deaf and Hard of Hearing Services, Inc.
56 Old Suncook Road, Suite 6
Concord, New Hampshire 03301

Report on the Financial Statements

We have audited the accompanying financial statements of Northeast Deaf and Hard of Hearing Services, Inc. (a nonprofit organization) as of June 30, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 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 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 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 financial statements referred to above present fairly, in all material respects, the financial position of Northeast Deaf and Hard of Hearing Services, Inc. (a nonprofit organization) as of June 30, 2020 and 2019, 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 Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 25, 2020, on our consideration of Northeast Deaf and Hard of Hearing Services, Inc.'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. The purpose of that report is 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 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 Northeast Deaf and Hard of Hearing Services, Inc.'s internal control over financial reporting and compliance.

McLarney & Company, LLC

McLarney & Company, LLC
September 25, 2020

Northeast Deaf and Hard of Hearing Services
Statements of Financial Position
For the Years Ended June 30, 2020 and 2019

ASSETS

	June 30, 2020			June 30, 2019		
	Without Donor Restrictions	With Donor Restrictions	2020 Total	Without Donor Restrictions	With Donor Restrictions	2019 Total
Current Assets						
Cash (Note 2, 5)	$ 433,866	$ -	$ 433,866	$ 179,249	$ -	$ 179,249
Accounts Receivable (Note 2)	75,443	-	75,443	50,672	-	50,672
Grants Receivable - Current (Note 3, 5)	19,534	-	19,534	42,987	-	42,987
Prepaid Expenses	4,705	-	4,705	4,872	-	4,872
Total Current Assets	533,547	-	533,547	277,779	-	277,779
Fixed Assets (Note 1)						
Furniture and Fixtures	7,756	-	7,756	7,756	-	7,756
Office Equipment, Computers	39,700	-	39,700	50,755	-	50,755
Software	21,228	-	21,228	26,628	-	26,628
Leasehold Improvements	3,455	-	3,455	3,455	-	3,455
Accumulated Depreciation	(57,963)	-	(57,963)	(78,947)	-	(78,947)
Total Fixed Assets, Net	14,176	-	14,176	9,647	-	9,647
Other Assets						
Deposits	3,000	-	3,000	3,000	-	3,000
Total Other Assets	3,000	-	3,000	3,000	-	3,000
TOTAL ASSETS	$ 550,723	$ -	$ 550,723	$ 290,426	$ -	$ 290,426

LIABILITIES AND NET ASSETS

Current Liabilities						
Accounts Payable	$ 22,027	$ -	$ 22,027	$ 10,122	$ -	$ 10,122
PPP Loan	85,032	-	85,032	-	-	-
Deferred Revenue	46,000	-	46,000	-	-	-
Accrued Expenses	25,074	-	25,074	24,279	-	24,279
Total Current Liabilities	178,134	-	178,134	34,400	-	34,400
Net Assets						
Net Assets (Note 2, 5)	372,589	-	372,589	256,026	-	256,026
TOTAL LIABILITIES AND NET ASSETS	$ 550,723	$ -	$ 550,723	$ 290,426	$ -	$ 290,426

See Accompanying Notes and Auditor's Report

Northeast Deaf and Hard of Hearing Services
Statements of Activities
For the Years Ended June 30,2020 and 2019

	June 30, 2020			June 30, 2019		
	Without Donor Restrictions	With Donor Restrictions	2020 Total	Without Donor Restrictions	With Donor Restrictions	2019 Total
Revenue and Support (Note 2, 9)						
Foundation Grants	$ 55,000	$ -	$ 55,000	$ 28,000	$ -	$ 28,000
Government Grants	213,685	-	213,685	266,166	-	266,166
Contributions	41,971	-	41,971	39,222	-	39,222
Program Revenue	421,139	-	421,139	328,281	-	328,281
Referral Fees	70,158	-	70,158	91,585	-	91,585
Interest Income	178	-	178	105	-	105
TOTAL REVENUE AND SUPPORT	802,131	-	802,131	753,360	-	753,360
Functional Expenses						
Program Services						
Adult Education	214,861	-	214,861	165,228	-	165,228
Outreach	72,604	-	72,604	63,526	-	63,526
Referral Services	255,498	-	255,498	343,520	-	343,520
TTY - Relay	68,934	-	68,934	72,444	-	72,444
Supporting Services						
General & Administrative	70,396	-	70,396	79,211	-	79,211
Fund Raising	3,275	-	3,275	10,016	-	10,016
TOTAL FUNCTIONAL EXPENSES	685,568	-	685,568	733,946	-	733,946
CHANGE IN NET ASSETS (Note 9)	116,562	-	116,562	19,414	-	19,414
Net Assets - Beginning of Year	256,026	-	256,026	236,612	-	236,612
NET ASSETS - END OF YEAR	$ 372,589	$ -	$ 372,589	$ 256,026	$ -	$ 256,026

See Accompanying Notes and Auditor's Report

Northeast Deaf and Hard of Hearing Services
Statements of Cash Flows
June 30, 2020 and 2019

	2020	2019
Cash Flows From Operating Activities		
Change in Net Assets	$ 116,562	$ 19,414
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation & Amortization	4,932	7,918
(Increase) decrease in accounts receivable	(24,771)	(17,208)
(Increase) decrease in grants receivable	23,453	(27,139)
(Increase) decrease in prepaid expenses	167	295
(Increase) decrease in security deposits	-	-
Increase (decrease) in accounts payable	11,905	(508)
Increase (decrease) in other accrued liabilities	796	(2,836)
Increase (decrease) in deferred revenue	46,000	-
Total adjustments	62,481	(39,479)
Net Cash Provided (Used) by Operating Activities	$ 179,044	$ (20,065)
Cash Flows From Financing Activities		
PPP Loan	85,032	-
Net Cash Provided (Used) by Financing Activities	85,032	-
Cash Flows From Investing Activities		
Acquisition of fixed assets	(9,459)	(6,378)
Net Cash Provided (Used) by Investing Activities	(9,459)	(6,378)
NET INCREASE (DECREASE) IN CASH	$ 254,617	$ (26,443)
CASH AT BEGINNING OF YEAR	$ 179,249	$ 205,692
CASH AT END OF YEAR	$ 433,866	$ 179,249

See Accompanying Notes and Auditor's Report

Northeast Deaf and Hard of Hearing Services
Statements of Functional Expenses
For the Years Ended June 30, 2020 and 2019

	PROGRAM SERVICES								
	Education	Outreach	Referral Services	Relay Services	Total Program Services	General & Administrative	Fund Raising	2020 Total Expenses	2019 Total Expenses
Advertising & Media Outreach	$ -	$ 218			$ 218	$ 681		$ 899	$ 1,886
Contributions	-	-	-	-	-	-	500	500	-
Program Expenses	19,188	15,810	17,851	972	53,822	224	-	54,046	84,930
Interpreters Fees	10,747	3,233	36,827	1,719	52,527	3,024	-	55,550	57,703
Printing & Publications	-	-	-	-	-	-	-	-	90
Travel	21,954	4,933	5,060	1,821	33,768	-	-	33,768	23,823
Personnel Expenses	74,672	23,864	137,869	39,718	276,124	35,314	-	311,438	345,907
Payroll Taxes	5,571	1,780	10,286	2,963	20,600	2,635	-	23,235	26,130
Fund Raising Expenses	-	30	2,852	-	2,882	620	1,987	5,489	15,130
Consulting	62,803	10,357	6,399	585	80,143	-	-	80,143	46,623
Dues, Subscriptions, Licenses	-	-		-	-	286	-	286	537
Repairs & Maintenance	-	-	-		-	-	-	-	98
Insurance	5,419	3,108	10,786	12,758	32,071	2,981	788	35,840	40,504
Email & Website	587	57	-	29	673	81	-	753	701
Referral Fees Expense	-	-		-	-	-	-	-	42
Staff Development, Training	15	-	-	-	15	500	-	515	445
Supplies	454	573	801	182	2,011	421		2,432	3,747
Telephone, Pagers	1,678	985	5,778	1,209	9,650	267	-	9,917	8,730
Miscellaneous	2,343		91	-	2,434	546		2,980	2,968
Interest/Finance Charges	-	-		-	-	-	-	-	-
Accounting & Legal Services	147	298	50		495	15,674		16,169	19,252
Rent & Utilities	8,352	6,738	19,753	6,668	41,510	2,039	-	43,549	43,137
Office Expense	932	619	1,095	309	2,955	173	-	3,127	3,649
Depreciation and Amortization	-	-	-	-	-	4,932	-	4,932	7,918
TOTAL EXPENSES	$ 214,861	$ 72,604	$ 255,498	$ 68,934	$ 611,897	$ 70,396	$ 3,275	$ 685,568	$ 733,946

See Accompanying Notes and Auditor's Report

NOTE 1 - NATURE OF THE ORGANIZATION

Northeast Deaf and Hard of Hearing Services, Inc. (the "Organization") is a non-profit organization dedicated to serving deaf and hard of hearing individuals in a culturally sensitive environment that is communicationally unrestricted and "natural", and which promotes independence and productivity. It is the mission of the organization to empower, educate and advocate for equal access and opportunity for deaf and hard of hearing citizens of New Hampshire.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Recent Accounting Guidance

During the year ended June 30, 2017 the organization implemented ASU 2016-14, Financial Statements of Not-for-Profit Entities. Accordingly, the beginning balances of the donor restricted net asset categories (temporarily and permanently restricted) have been retroactively adjusted to consolidate all donor restricted net assets into one classification, with donor restrictions. The ASU requires additional disclosures in the areas of liquidity and endowment funds and modifies the direct method presentation of the Statement of Cash Flows, requires reclassification of investment expenses which are netted in investment return to include internal investment expenses. In addition, it requires any underwater portion of the organization's endowment funds to be adjusted from net assets without donor restrictions to net assets with donor restrictions.

Net Assets

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. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment.

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. 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.

Revenue Recognition

Revenue is recognized when earned. Program service fees and payments under cost reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed or expenditures are incurred, respectively. Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents
The organization considers all cash and highly liquid financial instruments with original maturities of three months or less, which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents.

Accounts Receivable
Accounts Receivable are considered by management to be fully collectible and accordingly no allowance for doubtful accounts is considered necessary.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires us to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates, and those differences could be material.

Advertising Costs
Advertising costs are charged to operations when incurred.

Property and Equipment
Property and equipment are recorded at cost, or, if donated, at the fair value at the date of donation. Northeast Deaf and Hard of Hearing Services, Inc. follows the policy of capitalizing expenditures for property and equipment in excess of $500. Major renewals and improvements are capitalized, while replacements, maintenance and repairs, which do not materially extend the useful lives of the assets, are expensed. Depreciation is calculated using the straight-line method over the following estimated useful lives:

Office Equipment and Furniture	5-7 years
Development of Software	5 years
Leasehold Improvements	5 years

Depreciation amounts expensed and reflected in the statements of activities for the fiscal years ended June 30, 2020 and 2019 is $2,152 and $1,559, respectively.

Income Taxes
The organization is organized as a nonprofit corporation and has been recognized by the IRS as exempt from federal income taxes under IRC Section 501(c)(3). Thus it qualifies for the charitable contribution deduction under IRC Sections 170(b)(1)(A)(vi). The organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the entities are subject to income tax on net income that is derived from business activities that are unrelated to their exempt purposes. Management has determined that the organization is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Functional Expense Allocation

The costs of program and supporting services activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Donated Services

Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received

Shipping & Handling

All amounts billed to a customer in a sales transaction related to shipping and handling represent revenues earned are reported as revenue/ Costs incurred by the Organization for shipping and handling, including costs paid to third parties are reported as an expense.

Comparative Financial Information

The accompanying 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 accounting principles generally accepted in the United States of America (GAAP). Accordingly, such information should be read in conjunction with our audited financial statements for the year ended June 30, 2019, from which the summarized information was derived.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

NOTE 3 - GRANTS RECEIVABLE

Grants receivable represent grants for which the donor organization has unconditionally committed to providing funding in the future. Grants receivable are recognized as income on the statement of activities at the time the commitment is made by the donor organization. Grant commitments which will not be received within the next twelve months are reflected as other assets on the statement of financial position. The method of accounting for grants receivable has the affect of creating fluctuations between positive and negative changes in net assets from year to year as reflected on the statement of activities.

Grants for which the donor organization places contingencies are recognized as support when the funds are actually received or when the contingency has been satisfied.

NOTE 3 - GRANTS RECEIVABLE (Continued)

All grants are expected to be received; therefore, no allowance for doubtful accounts has been established.

NOTE 4 - SUPPLEMENTAL CASH INFORMATION

There were no non cash activities during 2020 and 2019.

NOTE 5 - CONCENTRATION OF CREDIT RISK

The Organization maintains an operating account at one bank. Operating accounts at an institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. Cash at this institution exceeded Federally insured limits at June 30, 2020 and 2019 by $177,707 and $0, respectively.

The Organization receives all its revenue from New Hampshire sources.

Certain types of concentrations may be more relevant to the financial statement due to the impacts of the pandemic. For example, these may include concentrations in labor, financial assets, sources of supply, or customers that have been or will be impacted by the pandemic. We are unable to assess these potential impacts at this time.

NOTE 6 - COMMITMENTS

The Organization entered into a lease for office space in Concord, New Hampshire in 2017 for five years until March 2022 for $3,000 per month until April 2020 when the rent will be $3,150 per month. Rent expense for the years ended June 30, 2020 and 2019 were $36,600 and $36,000, respectively.

Future minimum lease payments required for the year ended:

June 30, 2021	$ 37,800
June 30, 2022	$ 28,350

NOTE 7 - FUNCTIONAL EXPENSES

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include occupancy, depreciation, and amortization, which are allocated on a square footage basis, as well as salaries and wages, benefits, payroll taxes, professional services, office expenses, information technology, interest, insurance, and other, which are allocated on the basis of estimates of time and effort.

NOTE 8 - SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through September 25, 2020, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended June 30, 2020 and none were found.

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) a pandemic. As a result, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact is unknown at this time.

NOTE 9 – LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	2020	2019
Cash	$ 433,866	$179,249
Accounts Receivable	75,443	50,672
Grants Receivable	19,534	42,987

Northeast Deaf and Hard of Hearing Services, Inc. is substantially supported by restricted contractual or grant payments which are all expected to expire within a twelve- month period. Because a contact's or grant's restriction s requires resources to be used in a particular manner or in a future period Northeast Deaf and Hard of Hearing Services, Inc. must maintain sufficient resources to meet those responsibilities. As part of Northeast Deaf and Hard of Hearing Services, Inc. liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. As part of our liquidity management plan, we invest cash in excess of daily requirements in short-term investments, CDs, and money market funds.

NOTE 10 - DEBT

On April 22, 2020, the Organization received loan proceeds in the amount of approximately $85,032 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after eight weeks as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the twenty-four-week period.

The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1%, with a deferral of payments for the first six months. The Organization intends to use the proceeds for purposes consistent with the PPP. The Organization currently believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan.

McLarney & Company, LLC

Certified Public Accountants & Business Advisors

Brian F. McLarney, MBA, CPA/PFS — Robert F. Siggens, MST, CPA

James O. Nash, MSA, CPA

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Trustees of
Northeast Deaf and Hard of Hearing Services, Inc.
56 Old Suncook Road, Suite 6
Concord, New Hampshire 03301

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 financial statements of Northeast Deaf and Hard of Hearing Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 25, 2020.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Northeast Deaf and Hard of Hearing Services, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Northeast Deaf and Hard of Hearing Services, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Northeast Deaf and Hard of Hearing Services, Inc.'s 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 determination of financial statement amounts. 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.

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 organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

McLarney & Company, LLC

McLarney & Company, LLC
September 25, 2020

Northeast Deaf & Hard of Hearing Services Board of Directors (2021-2022)

	Name/Occupation	Title/Committees	Term Ends
1	**Michael Ritter**	Chairman	21-Oct
T:	Architect	Executive Committee, Chair	Since 2001
M:	Deaf	By-Laws Committee	
		Finance Committee	
		Employee Handbook Committee	
		ED Transition Committee	
2	**Norman Lafond Sr.**	Vice-Chairman	21-Jul
T:	Retired – Sr. Prof. Network Engineer	Executive Committee	Since 2001
M:	Deaf	By-Laws Committee, Chair	
		Finance Committee	
		Employee Handbook Committee, Chair	
		ED Transition Committee, Chair	
3	**Peter Simoneau**	Secretary	22-Jan
T:	Lawyer	Executive Committee	Since 2004
M:	Hearing	By-Laws Committee	
		Finance Committee	
		Employee Handbook Committee	
4	**Larry Farrell**	Treasurer	Jan-22
T:	Comptroller/CPA	Executive Committee	Since 2019
M:	Hearing	By-Laws Committee	
		Finance Committee, Chair	
		Employee Handbook Committee	
		ED Transition Committee	
5	**Vincent Youmatz**	Executive Member	21-Oct
T:	Attorney	Executive Committee	Since 2004
M:	Hearing	By-Laws Committee	
		Finance Committee	
		Employee Handbook Committee	
		ED Transition Committee	
6	**Mary Beth Kula**	Board Member	1-Jul
T:	Attorney	By-Laws Committee	Since 2018
M:	Hard of Hearing	Finance Committee	
		Employee Handbook Committee	
7	**Deborah Bailey**	Board Member	21-Jan
T:	Retired Speech Language Pathologist	Acting Chairperson - Fundraising Committee	Since 2014
M:	Hearing	Education Advocate Committee, Chair	
8	**Tina Cook**	Board Member	Oct-22
T:	Retired – TOD	Acting Chairperson - Fundraising Committee	Since 2016
M:	Hearing	Education Advocate Committee	
9	**Christine Greenwood**	Board Member	20-Oct
T:	Mortgage Loan Office/CODA	Finance Committee	Since 2017
M:	Hearing	Auction/Fundraising Committee	
10	**Christopher Emerson**	Board Member	Jul-21
T:	Material Handler	Deaf/Hard of Hearing Outreach	Since 2018
M:	Deaf		
11	**Kathleen (Kathy) O'Connell**	Board Member	22-May
T:	Former Tech Services Librarian	Deaf/Hard of Hearing Outreach	Since 2020
M:	Deaf		

M: Deaf, Hard of Hearing, or Hearing
T: Title
VP: Direct VP or Sorenson VRS

Gayle P. Baird

Experience

Northeast Deaf and Hard of Hearing Services, Inc. (NDHHS), Concord NH 05/2015 – Present

Accountant / Human Resources / Payroll

Perform highly complex budgetary work as well as more diverse administrative duties involving fiscal, personnel/payroll, and purchasing management necessary for general function of multiple projects within the organization. Additional tasks include: Accounts Payable and Receivable processing, grant and contract tracking and review, HR Policies and Procedures documentation, and supervision of staff.

NH Governor's Commission on Disability, Concord NH 12/2007 – 05/2015

Accountant I / Human Resources / Payroll

Perform complex budgetary work as well as diverse admin duties to include personnel and payroll, project contracts for both state and federal, purchasing, A/P and A/R management necessary for general function of multiple organizational codes.

NH Governor's Commission on Disability, Concord NH 06/2005 – 12/2007

Senior Accounting Technician

Review, process, and report A/P & A/R as well as budget creation, employee management, grants, strategic planning organization, member tracking, purchasing and inventory control, and payroll.

NH Governor's Commission on Disability, Concord NH 09/2004 – 06/2005

Secretary II

Supervision of other employees doing related or similar work, including scheduling, time, accuracy, performance appraisal, discipline, and recommending interviewing, hiring or terminating.

ProTemps, Concord NH 02/2004 - 09/2004

Temporary Accounting Staff to Pembroke Academy

Douglas, Leonard & Garvey, PC, Concord NH 11/2002 - 02/2004

Bookkeeper

Merges two accounting packages into one. Responsible for all data entry and payroll.

Lavallee/Brensinger, PA, Manchester NH 07/1993 – 11/2002

Administrative Assistant

Draft/format/proof confidential correspondence; architectural specifications; dictation for staff; update/create master docs, reports, templates, and forms. Backup assistant for accounting data entry.

BONHAM (BankOne NH Asset Management, a section of the FDIC taking receivership of 13 banks in NH), Concord NH

ORE File Library Supervisor 04/1992 - 07/1993

Developed the library; trained/supervised 2 staff & volunteers, generated reports and audits regarding data collection and distribution of properties.

BONHAM (BankOne NH Asset Management, a section of the FDIC taking receivership of 13 banks in NH), Concord NH

Database Manager and Admin Assistant II 07/1991 - 04/1992

Addressed the growing list of received properties managed by various banks and processed by various loan officers.

Office Specialists, Manager & Central NH Employment, Laconia, NH

Temp Secretary & Admin Assist to real estate, Financial, Legal Firms 03/1991 – 06/1991

Education

Franklin Pierce University, Concord, NH - Working on Bachelor of Science in Business Management and Accounting (2 courses from Certificate) Ongoing

SoNH - HR Certificate Program 08/2008
SoNH – Certified Public Supervisor Program 06/2006
SoNH – Certified Public Supervisor Program Tune-up 09/2008
Justice of the Peace, NH Current, Expires 05/01/2024
Littleton High School, Littleton, MA – Business/Office Program 06/1971

Jules Good

(they/them/theirs)

Education

University of New Hampshire- Durham, NH **December 2020**

College of Liberal Arts

- Bachelor of Arts: Music Performance
- Repeatedly on the Dean's list with High and Highest Honors

Carsey School of Public Policy

- Master of Public Policy: Communications and Strategy Track **September 2021**
- Accelerated Degree Program
- Several courses in media relations and communications strategy

Selected Employment

Northeast Deaf and Hard of Hearing Services **January 2021-Present**

Director of Communication Access

- Advocate for policies that improve access to assistive technology
- Coordinate training and installation of AT
- Educate public on Relay NH
- Innovate new outreach strategies for Relay NH

Neighborhood Access **March 2017-Present**

Founder and Consulting Lead

- Collaborate with orgs to improve accessibility for disabled clients
- Facilitate trainings in self advocacy, disability justice, and access
- Design access solutions for web presence, physical spaces, and events
- Oversee a staff and board of 100% disabled professionals

Changemaker Collaborative **December 2017-May 2021**

Lead Fellow

- Educated peers about experiential learning opportunities
- Created and facilitated a design thinking curriculum for high schoolers
- Innovated new outreach methods to engage more students

Relevant Honors and Board Positions

Disability Rights Center **January 2021-Present**

Board Member

- Provide feedback on the accessibility and cultural competency of DRC practices and engagement with the disabled community

Rising Star Award-- College Student of the Year **Announced August 2020**

- Awarded to one NH college student each year by NH Stay Work Play

Volunteer NH Volunteer Service Award **November 2019**

- Awarded for outstanding and impactful community service

Kara Kelly-Martin
[redacted]

Professional Experience

Sunapee Middle High School, Sunapee, NH – *Paraeducator,* May 2017 – March 2019

- Direct 1:1 behavior plan intervention and implementation with deaf student with Autism
- Taught communication and independent living skills following Individual Educational Plan

Perkins School for the Blind, Watertown, MA - *DeafBlind Teaching Asst.,* May 2015-June 2017

- Provided direct care and implemented behavioral interventions
- Taught communication and independent living skills following Individual Educational Plans

Private Employer-Jen Foundas, Arlington, MA - *Childcare Provider,* September 2014 - May 2015

- Full time childcare provider for three-year-old Deaf boy and two-year-old hearing girl
- Primarily communicated using American Sign Language in home

Assorted Boston Theaters, Boston, MA - *ASL Production Asst.,* January 2014- March 2015

- Support staff for four theatrical productions using American Sign Language interpretation
- Research, translation, and back stage interpreter assistant to ASL Coach

Cue Camp New England, ME – *Children's Program Director,* Summers 2011-2019

- Fluent use of Cued Speech with staff and campers
- Engaged and supervised deaf and hard of hearing children, ages 3-16 years old, in camp activities

East Rochester School, E. Rochester, NH–*Speech Language Pathologist Asst.,* April- June 2011

- Provided direct speech therapy services for 20+ child caseload, grades k-5, in pull out, one-on-one, and group settings, using game play, lesson planning, and curriculum based therapy
- Performed lunch and bus duties as part of school staff responsibilities

EDUCATION

University of New Hampshire, Manchester, NH –
Bachelor of Science in American Sign Language/English Interpretation, Magna Cum Laude—2019
University of New Hampshire, Durham, NH –
Communication Sciences and Disorders, Deaf and Hard of Hearing Studies—2009-2011

SKILLS

ASL and Cued Speech, strong passion for community outreach initiatives, comfortability and expertise with special needs, including children. Excellent interpersonal communication and team work skills.

Marion James

[redacted]

Experience

Interpreter/CART Referral Coordinator, Northeast Deaf and Hard of Hearing Services 2018-current

Process ASL-English Interpreter/CART requests via phone, email, videophone, etc.

Staff Interpreter, Northeast Deaf and Hard of Hearing Services 2018-current

Freelance American Sign Language - English Interpreter 2018-current

Support Service Provider 2016-current

Provide support for DeafBlind individuals as a mobility guide, including, providing transportation, serving as a guide while waking, and relaying visual and auditory, environmental information.

Administrative Assistant, Northeast Deaf and Hard of Hearing Services 2018-2019

Job responsibilities include information referrals, service coordination, event organization, as well as other miscellaneous office tasks. American Sign Language – English Interpreter.

Welcome Center Representative, Granite YMCA 2016-2018

I worked as a Welcome Center Representative at the Downtown branch of the Granite YMCA. I was responsible for membership sign-ups and information, and data entry. I was also the first contact for members' questions, concerns, tours, etc.

Corporate HR Office Assistant, Granite YMCA 2017

HR department of the Granite YMCA's corporate Office. Duties included tasks related to data management, organization, event preparation, etc.

Education

UNH Manchester: BS ASL/English Interpretation 2015-2018

Colby-Sawyer College: BA History and Political Science, Minor in Business 2010-2014

Skills

Data Management, Microsoft Office, Event Planning, Not-For-Profit Organization, Basic Accounting, American Sign Language

Recent Awards

ASL/English Interpreting Program Award Scholarship, Presidential Scholar Award, Summa Cum Laude UNH ASL-English Interpreting Degree Program

Michelle McConaghy
[redacted]

Summary:

Experienced Vocational Rehabilitation Services Professional with over twenty years assisting individuals with disabilities achieve independence through identifying measurable steps that provide a solid foundation for successful outcomes. Well versed in major legislation including the American with Disabilities Act (ADA), Americans with Disabilities Act Amendments Act (ADAA), Rehabilitation Act, and the Workforce Innovation and Opportunity Act (WIOA). A passionate advocate and evangelist for the disability community that leads by example via a resolute optimism towards life and individual potential.

Skills:

Case Management	Community Outreach
Team Leadership	Critical Thinking
Public Speaking	Deaf Culture
Written & Verbal Communication	Team Building
Accommodation Specialist	American Sign Language
Transition Consulting	ADA and Section of 503/504 of Rehabilitation Act
Active Listening	MSOffice Suite
Assistive Technology	Mac Office Suite
Service Orientation	Data Analysis

Experience:

Executive Director
Northeast Deaf and Hard of Hearing Services
October 2020- Present
Concord, NH, 03301
www.ndhhs.org

- Develop and direct organizational strategy and services, in conjunction with the board of directors
- Attend various informational/outreach meetings for purposes of disseminating information about NDHHS.
- Engage ongoing communication with various service providers, agencies, businesses, organizations, civic groups and other interested parties.
- Prepare comprehensive budgets.
- Reporting on revenue and expenditures
- Oversee and direct general fundraising activities and grant application and funding Write grants and seek other funding sources.
- Recruit and supervise NDHHS staff and contractors
- Overseeing day-to-day business activities.
- Assess the need and scope of services to be provided.

Vocational Rehabilitation Counselor Lead
Washington State Division of Vocational Rehabilitation
April 1999 – Present
Seattle, Washington, United States
https://www.dshs.wa.gov/dvr

- Provide vocational counseling to assist customers in gaining an understanding of their disabilities, potential impediments to employment, and related issues that must be considered in selecting an employment goal including carrying out a successful Individualized Plan for Employment (IPE). Manage an average caseload of one hundred and ten customers living with a variety of disabilities in order to achieve successful employment outcomes.
- Determine client eligibility for a federally funded vocational program by evaluating and analyzing necessary medical, psychological, social, educational, vocational, and financial information to use for vocational planning.
- Conduct intakes and determine customer's needs to provide or arrange vocational rehabilitation services that include guidance and counseling, assessment, transition from high school to employment required to achieve and maintain employment goals.
- Oversee the delivery of Pre-Employment Transition Services for students with disabilities in order to ensure ED plan adherence. Develop relationships with students, school districts, family members, and government agencies in order to ensure successful career placement.
- Manage expenditures within an allotment of case service funds in excess of $150,000, for the diagnostic evaluation of the customer or required for the implementation of vocational rehabilitation services identified on the IPE.
- Utilize electronic case management system to conduct all facets of documentation, including current record of vocational rehabilitation services, noting functional limitations, key decisions and activities while an active case.
- Conduct community outreach initiatives through presentations and collaboration with partners and multiple stakeholders.
- Assigns and coaches staff within office regarding best practices in the delivery of vocational rehabilitation counseling practices, service delivery policies and procedures, case management, and funding approval in the absence of office supervisor.
- Assists in the development of agendas and office meetings along with external presentations to partners and community stakeholders.
- Participate in a committee to coordinate and plan the annual Deaf2Deaf BizTown event: https://vimeopro.com/seagomedia/ja-biztown

Director
Pathfinder Transition Network (PTN)
February 1997 – August 1998
Kintersville, Pennsylvania, United States

- Co-founded and managed social service agency incorporating technology-based training for the Deaf and Hard of Hearing individuals. Worked directly with Deaf and Hard of Hearing clients in obtaining and maintaining employment.
- Worked in concert with clients to identify assistive technology and services that helped to remove barriers to work, in addition educated employers in providing accommodations and accessibility awareness.

- Managed internal budget of $150,000 dollars and secured individual funding for customer needs via external State, Local, and Federal channels.
- Facilitated communication and job skills acquisition with consumers to ensure long term employment success.

Program Specialist
Lehigh Valley Community Foundations Inc.
February 1996 – November 1996
Bethlehem, Pennsylvania, United States
https://www.lehighvalleyfoundation.org

- Coordinated, facilitated and assisted with medical, behavior programs, appointments, and activities for individuals with disabilities.
- Consistently and accurately maintained client records in compliance with local, state, federal, agency and contractual regulations or requirements
- Assisted with the supervision and management of both client's individual and house financial accounts.
- Supervised and oversaw the staffing support in the homes, working to promote staff cohesion and build staff morale.
- Provided personnel supervision to assigned staff.
- Maintained and sustained positive working relationships with participants' families and friends, vocational program staff, day program staff, DDA Case/Resource Management and other service providers.

Employment Specialist
Employment Technology Inc.
February 1990 – April 1994
Doylestown, Pennsylvania, United States
http://emptech.org

- Worked directly with an average of fifty individuals with disabilities in obtaining and maintaining employment.
- Interfaced with employers and educated them on the positive impact individuals experiencing disabilities and barriers can have on the workplace.
- Developed thorough knowledge of local, regional, and national labor trends, career openings and search strategies, along with additional resources in order to assist clients in a successful career search.
- Maintained up-to-date case notes detailing the goals of clients and work-related activities.
- Provided job training and supervision to clients at job sites including: performing task analysis, breaking down tasks and teaching new ways to perform them.
- Performed time studies, documented piece rate activity and monitored quality control.
- Worked alongside the disabled customers until they learned to function at an acceptable performance rate.
- Monitored client's behavioral objectives and provided behavioral interventions when necessary.

Education:
Bachelor of Social Work: Temple University
Master of Rehabilitation Counseling: University of Kentucky

NDHHS
Northeast Deaf and Hard of Hearing Services, INC.

56 Old Suncook Road Suite 6, Concord, NH 03301
603-224-1850 Voice, 603-968-5889 VP
603-856-0242 Fax, 603-224-0691 TTY
www.ndhhs.org

Community Resource Specialist

Northeast Deaf and Hard of Hearing Services, Inc. seeks a highly collaborative, organized, and friendly community resource specialist

When: Weekday Business Hours
Type: Full or part- time

Job Responsibilities

Receive visitors by greeting them in person and answering all modes of incoming office communication (phone, email, TTY, Videophone,) and ensuring continuity and timely follow-up care.

Locate and consult appropriate resources to meet service coordination requests and making proper referrals. Maintain up-to- date information on community resources and services.

Create and update database and records

Networking with communities and stakeholders as needed

Post updates and community events on the NDHHS website, Facebook, other social media platforms, and bulletin board.

Respond to general correspondence promptly, as assigned, including thank you notes, cards, and follow-up letters.

Recording staff meeting minutes and making them available in a timely manner.

Coordinating mail disbursement - outgoing and incoming.

Maintain and coordinate room reservation schedule.

Maintain Community and Donor Lists

Collaboration with the teams on the logistics of workshops, fundraising and other events and projects.

Submit reports and prepare proposals and presentations as needed.

Track and replace office supplies.

Provide administrative support to the ED as needed.

Qualifications and Requirements:

Excellent phone, email, and interpersonal communication skills are required, including expressive/receptive ASL skills.

Excellent time management skills and ability to prioritize work.

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Strong organization skills and ability to multi-task.

Excellent computer skills and ability to navigate multiple software platforms.

Collaborative and team participant attitude.

General awareness of Deaf/HOH and human services provided in local and regional areas.

Associate's degree required, Bachelor's degree preferred.

Willingness to cross-train throughout organization's departments.

Compensation: TBD dependent on qualifications and experience. Benefits eligible for full-time employees (37.5 hrs/wk.)

Please, send your resume with cover letter detailing your academic qualifications, work and volunteer experience plus any other relevant documentation via email to HR@ndhhs.org.

Employee Name	Annual Salary Range	Average	Fringe Benefits (Insurance & Taxes)	Sal & Bene	Part-B %	Per Program
Michelle McConaghy	[redacted]	[redacted]	[redacted]	[redacted]	5.28%	$5,777.11
Gayle Baird	[redacted]	[redacted]	[redacted]	[redacted]	12.00%	$9,096.24
Community Resource Specialist	[redacted]	[redacted]	[redacted]	[redacted]	10.00%	$4,590.20
Jules Good	[redacted]	[redacted]	[redacted]	[redacted]	7.00%	$3,897.39
Kara Crumrine	[redacted]	[redacted]	[redacted]	[redacted]	6.00%	$2,799.12
Marion James	[redacted]	[redacted]	[redacted]	[redacted]	7.00%	$3,335.64
		[redacted]	[redacted]	[redacted]	47.28%	$29,495.70

[redacted]