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Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
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October 3, 2023

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

**REQUESTED ACTION**

Authorize the Department of Education, Bureau of Vocational Rehabilitation (VR) to enter into a **retroactive** contract with Northeast Deaf and Hard of Hearing Services, Inc. (NDHHS) of Concord, NH (Vendor Code 159021), in an amount not to exceed \$227,755.61, to provide Independent Living (IL), Part B services, effective upon Governor and Council approval for the period of October 1, 2023 through September 30, 2027. 100% Federal Funds.

Funds to support this request are available in the account titled VR Independent Svcs Part B-Federal in FY2024, FY2025, and are anticipated to be available in FY2026, FY2027 and FY2028, upon the availability and 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.

	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>
06-56-56-565010-25420000-102-500731	\$42,704.18	\$56,938.90	\$56,938.90	\$56,938.90	\$14,234.73
Contracts for Program Services					

**EXPLANATION**

This contract is **retroactive** because during the request for proposal posting period the incorrect P37 contract form was inadvertently posted. Consequently, this extended the necessary timeframe for completing all aspects of the contract process. This contract being retroactive will allow the vendors to not incur delays in providing critical services to individuals with disabilities. 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.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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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 7/14/23 with a deadline for proposals of 8/11/23. There were four (4) proposals submitted to the Request for Proposals "Independent Living, Part B" in response to the notice.

A review committee consisting of the Vocational Rehabilitation Director, Deputy Commissioner for Blind Services, a Regional Leader and Field Service Administrator. The team reviewed the four (4) proposals received by the deadline. See (Attachment A). The team recommended funding all four (4) proposals. Each contract will be submitted 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.

Respectfully Submitted



Frank Edelblut  
Commissioner of Education

**Attachment A**  
**Bid Summary Scoring Sheet**

Name of bidders	Bid/Proposal Amount
Granite State Independent Living	\$880,888.00
Brain Injury Association of New Hampshire	\$617,210.00
New Hampshire Association for the Blind	\$393,541.00
Northeast Deaf and Hard of Hearing Services, Inc.	\$439,003.80

Name of Reviewers	Title
Lisa H	Vocational Rehabilitation Director
Lisa B	Vocational Rehabilitation Regional Leader
Beth D	Field Services Administrator
Scott V	Deputy Commissioner for Services for the Blind and Vision Impaired

Name of Bidders	Overall Score
Granite State Independent Living	92.25
Brain Injury Association of New Hampshire	89.50
NH Association for the Blind	80.75
Northeast Deaf and Hard of Hearing	80.50

Proposal Criteria in the RFP	Weight of Criteria
Approach	15
Project Summary	20
Resource Leveraging	15
Organizational Capabilities	25
Budget Proposal	25
Total	100

Name of Bidder	Approach	Project Summary	Resource Leveraging	Organizational Capabilities	Budget Proposal	Overall Score
Granite State Independent Living	15	20	14.5	21.75	21	92.25
Brain Injury Association of New Hampshire	14.75	17	15	21.25	21.5	89.50
NH Association of the Blind	12.25	12.75	11	20.75	24	80.75
Northeast Deaf and Hard of Hearing	12.25	15.75	11	20.25	21.25	80.50

**Review Process**

Scoring review occurred on Tuesday August 15, 2023, and was held via zoom meeting. The proposal review panel recommended all four (4) bidders for funding.

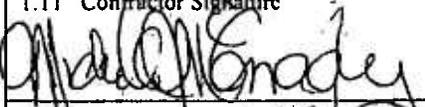
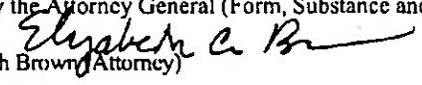
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Education (NHED)		1.2 State Agency Address 25 Hall Street Concord, NH 03301	
1.3 Contractor Name Northeast Deaf and Hard of Hearing Services, INC.		1.4 Contractor Address 56 Suncook Road Concord, NH 03301	
1.5 Contractor Phone Number (603) 463-0748	1.6 Account Unit and Class See Exhibit C	1.7 Completion Date September 30, 2027	1.8 Price Limitation \$227,755.61
1.9 Contracting Officer for State Agency Lisa Hinson-Hatz		1.10 State Agency Telephone Number 603-419-0086	
1.11 Contractor Signature  Date: 9/22/23		1.12 Name and Title of Contractor Signatory Michelle McConaghy, Executive Director	
1.13 State Agency Signatory  Date: 9/27/2023		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: Elizabeth Brown (Attorney)  On: 9/27/2023			
1.17 Approval by the Governor and Executive Council (if applicable)  G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials   
 Date 9/27/23

**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, 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.

3.3 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. 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 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, 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 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. 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.

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 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**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 and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. 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 age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

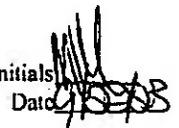
6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4 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 this Agreement and all rules, regulations and orders pertaining to 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 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

The signature is written in black ink and appears to be 'M. J. [unclear]'. The date is written as '1/25/20'.

## 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) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar 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.

## 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) calendar 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) calendar 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. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

## 10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, 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 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure 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 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, 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.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 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.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. 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 State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

*[Handwritten Signature]*  
*[Handwritten Date]*

#### 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 any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. 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 any 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. **WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. **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.

18. **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.

#### 19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. 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.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. **THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. **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.

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

24. **FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. **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.

26. **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.

The signature is written in black ink and appears to be "J. B. B.". The date is written as "1/23/03".

**EXHIBIT A  
SPECIAL PROVISIONS**

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.

*Contract between Northeast Deaf and Hard of Hearing Services, INC. and  
the New Hampshire Department of Education*

Page 1 of 5

Contractor Initials  
Date

  
1/20/13

## 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 for the period of October 1, 2023, through September 30, 2027.

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 Independent Living Services or Center for Independent Living programs (ILS or CIL)

- 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 individuals with significant disabilities, who were eligible for individualized education programs under the Individuals with Disabilities Education Act

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.

*Contract between Northeast Deaf and Hard of Hearing Services, INC. and  
the New Hampshire Department of Education*

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Contractor Initials  
Date

 7/20/23

## EXHIBIT B CONTINUED

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 in writing 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 contractor are available statewide.

### DELIVERABLES AND TIMELINE

- A. Independent Living Skills Training/Service Coordination/Peer Counseling  
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 videocophone meetings with Deaf/Blind/low vision consumers. Provide a minimum of one education session for representatives of the 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).

*Contract between Northeast Deaf and Hard of Hearing Services, INC. and  
the New Hampshire Department of Education*

Contractor Initials  
Date

*AM*  
*10/03*

**EXHIBIT B CONTINUED**

**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 Americans 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. Program Evaluation**

The Contractor shall conduct bi-annual customer satisfaction surveys as documentation of quality assurance and program evaluation. The survey will document the individual's 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.

**E. 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 must 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 on the 15<sup>th</sup> of the month following Governor and Council approval, thereafter.
- Program site visits can be conducted with a two-week notice, indicating the information that will be reviewed, including a comprehensive financial review.

*[Handwritten signature]*  
*[Handwritten initials]*

**EXHIBIT C**

**BUDGET**

Budget Item	FY24	FY25	FY26	FY27	FY28	Total
Service Coordinator: Salary/Fringe Benefits	\$11,871.76	\$15,829.01	\$15,829.01	\$15,829.01	\$3,957.25	\$63,316.04
Service Coordinator: Salary Support	\$4,483.94	\$5,978.58	\$5,978.58	\$5,978.58	\$1,494.65	\$23,914.33
Interpreter/CART Services	\$13,921.56	\$18,562.08	\$18,562.08	\$18,562.08	\$4,640.52	\$74,248.32
Support Service Provider (SSP) Services	\$4,099.60	\$5,466.13	\$5,466.13	\$5,466.13	\$1,366.53	\$21,864.52
Travel: Staff Support	\$555.15	\$740.21	\$740.21	\$740.21	\$185.05	\$2,960.83
Travel: Interpreters/CART	\$3,202.81	\$4,270.42	\$4,270.42	\$4,270.42	\$1,067.60	\$17,081.67
Travel: SSP Providers	\$2,989.29	\$3,985.72	\$3,985.72	\$3,985.72	\$996.43	\$15,942.88
Office Supplies/Facility	\$1,580.07	\$2,106.75	\$2,106.75	\$2,106.75	\$526.70	\$8,427.02
<b>Total</b>	<b>\$42,704.18</b>	<b>\$56,938.90</b>	<b>\$56,938.90</b>	<b>\$56,938.90</b>	<b>\$14,234.73</b>	<b>\$227,755.61</b>

**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 \$227,755.61.

**Funding Source:** Funds to support this request are available in the account titled VR Independent Svcs Part B-Federal in FY2024, FY2025, and are anticipated to be available in FY2026, FY2027 and FY2028, upon the availability and 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.

	<u>FY2024</u>	<u>FY2025</u>	<u>FY2026</u>	<u>FY2027</u>	<u>FY2028</u>
06-56-56-565010-25420000-102-500731	\$42,704.18	\$56,938.90	\$56,938.90	\$56,938.90	\$14,234.73
Contracts for Program Services					

**Method of Payment:** Payment will be made upon the submittal of monthly invoices that are received by the 15th day of the following month and is supported by a summary of activities/completed deliverables 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 receipts shall be submitted electronically to:

Invoices and reports shall be electronically submitted to:

Bill Gaffney  
[William.G.Gaffney@doe.nh.gov](mailto:William.G.Gaffney@doe.nh.gov)  
 Cc: [Susan.S.Roma@doe.nh.gov](mailto:Susan.S.Roma@doe.nh.gov)

*Contract between Northeast Deaf and Hard of Hearing Services, INC. and  
 the New Hampshire Department of Education*

Contractor Initials:   
 Date: 

## 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

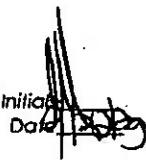
(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

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  
Date

A handwritten signature in black ink is written over the 'Contractor Initials' and 'Date' labels. The signature is stylized and appears to be 'A. S. B.' followed by a flourish. The date is written as '1/2/03'.

**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.

Contractor Initials  
Date

  
12/23

**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/sfllin.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  
Date

  
10/23

## 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.

Contractor Initials

Date

  
1/22/03

**Corporate Resolution**

I, **Peter Simoneau**, hereby certify that I am duly elected Clerk/Secretary/Officer of  
*(Name)*  
NDHHS. I hereby certify the following is a true copy of a vote taken at  
*(Name of Corporation)*

a meeting of the Board of Directors/shareholders, duly called and held on January 16, 2023,  
at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Michelle McConaghy (Executive Director) is

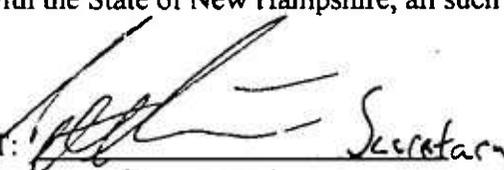
duly authorized to enter into contracts or agreements on behalf of

NDHHS with the State of New Hampshire and any of  
*(Name of Corporation)*

its agencies or departments and further is authorized to execute any documents  
which may in his/her judgment be desirable or necessary to effect the purpose of  
this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force  
and effect as of the date of the contract to which this certificate is attached. This authority  
**remains valid for thirty (30) days** from the date of this Corporate Resolution. I further certify  
that it is understood that the State of New Hampshire will rely on this certificate as evidence that  
the person(s) listed above currently occupy the position(s) indicated and that they have full  
authority to bind the corporation. To the extent that there are any limits on the authority of any  
listed individual to bind the corporation in contracts with the State of New Hampshire, all such  
limitations are expressly stated herein.

**DATED:** 9/25/2023

**ATTEST:**  Secretary  
*(Name & Title)*

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, 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: 0006227306



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 10th day of May A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State







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](http://www.ndhhs.org)

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## Mission Statement

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



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

06-30-2022

FINANCIAL REPORT

(Note: Filers of IRS Form 990, 990-EZ or 990-PF submit that form instead of Schedule A)

A. Employer identification number (EIN) 02-0517861

B. Federal tax exempt status (check one): [X] 501(c)(3) [ ] 501(c)( ) (insert number) [ ] Not tax exempt
[ ] Check here if IRS Form 1023 or 1023-EZ application is pending
[ ] Check here if part of IRS group tax exemption. Name of central organization:

Part I Statement of Program Service Accomplishments

C. Describe the organization's primary charitable purpose: Serving deaf & hard of hearing individuals

A. D. Describe briefly, for each of the organization's largest programs (measured by expenses), the services provided, the number of persons benefited, and other information. Be sure these amounts are also included within the expense categories in Part II, lines F8 through F16 below.

Table with 3 rows describing programs: 1. The organization refers interpreters for routine and emergency requests from the deaf & hard of hearing throughout New Hampshire. 2. The Organization offeres eduction and accessto the deaf and hearing individulas in the state of New Hampshire. 3. Adult education and basic skills

Table with 3 rows for Program Expenses: 1. 300,613.00 2. 462,575.00 3. 101,375.00

NHCT Form 12 SCHEDULE A

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

For year end date:

06-30-2022

**Part II Revenue and Expenses**

**E. Revenue**

1. Donations and grants received (not fundraising events)	\$ 305,671.00
2. Program service revenue (received from those getting services)	\$ 692,781.00
3. Membership fees	\$ _____
4. Interest and dividends	\$ 84.00
5. Gross receipts from special fundraising events and activities	\$ _____
6. Other revenue	\$ 160,612.00

**7. Total revenue (add lines 1 through 6)** \$ 1,159,148.00

**F. Expenses**

8. Cash and benefit amounts paid to unrelated persons or groups	\$ _____
9. Cash and benefit amounts paid to or for directors or members	\$ _____
10. Compensation of officers, directors, & key employees	\$ 82,456.00
11. Other salaries & wages	\$ 407,656.00
12. Payroll taxes & employee benefits	\$ 55,851.00
13. Professional fees and other payments to independent contractors	\$ 210,786.00
14. Occupancy, rent, utilities, insurance	\$ 57,824.00
15. Printing, publications, postage, office supplies, IT	\$ _____
16. Other expenses	\$ 175,518.00

**17. Total expenses (add lines 8 through 16)** \$ 990,091.00

**G. Net income (net loss) (subtract line 17 from line 7):** \$ 169,057.00

NHCT Form 12 SCHEDULE A

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

For year end date:

06-30-2022

Part III Balance Sheet

H. Assets

1. Cash, savings, investments	\$ 329,500.00
2. Real estate less any depreciation	\$
3. Other property and equipment less any depreciation	\$ 17,519.00
4. Pledges, grants, accounts receivable	\$ 239,282.00
5. Other assets	\$ 10,995.00
6. Total assets (add lines 1 through 5)	\$ 597,296.00

I. Liabilities

7. Accounts payable	\$ 21,109.00
8. Loans, grants payable	\$
9. Other liabilities	\$ 74,997.00
10. Total liabilities (add lines 7 through 9)	\$ 96,106.00

J. Fund Balance/Net worth (subtract line 10 from line 6)	\$ 501,187.00
K. Amount of fund balance that are donor restricted funds	\$
L. Fund Balance/Net worth at prior year end (prior year's Line J)	\$ 332,131.00
M. Subtract Line L from Line J	\$ 169,056.00

N. Explain reason for change in fund balance (Line M):

Depreciation adjustment

Part IV Other information

O. Did the organization experience any significant thefts, embezzlements, or other diversions of assets during the reporting period? \_\_\_ Yes X No. If yes, explain:

### GOVERNING BOARD LIST<sup>1</sup>

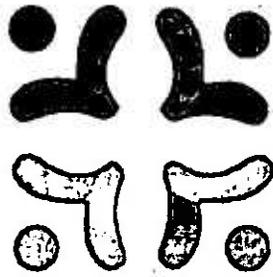
All organizations are required to submit to a list of governing board members.

For organizations based in New Hampshire, provide all of the information set forth in the chart below. Note: boards of directors of nonprofit corporations formed in New Hampshire (RSA Ch. 292) must consist of at least five persons unrelated by blood or marriage. RSA 292:6-a. This requirement does not apply to IRS Form 990-PF filers.

For organizations not based in New Hampshire, it is acceptable to submit (in lieu of the following chart) a copy of the board list appearing at IRS Form 990, Part VII or Form 990-EZ, Part IV or Form 990-PF, Part VIII.

Name	Position held	Home address	Daytime phone	Email address	Av. Hours per week devoted to position	Compensation and benefits paid (enter 0 if none)
SEE ATTACHED LIST						

<sup>1</sup> Please note that the organization is permitted to submit its own spreadsheet in lieu of Schedule B, as long as the spreadsheet contains the information requested in Schedule B. For New Hampshire-based organizations and trusts, the Charitable Trusts Unit requires the home addresses, telephone numbers, and email addresses of board members so that the Unit can contact the board members individually, if needed, apart from management. The personal contact information is not subject to public disclosure.



# NDHHS

Northeast Deaf and Hard of Hearing Services, INC.

NEWS

EVENTS

DONATE



CONTACT US



# NDHHS

Northeast Deaf and Hard of Hearing Services, INC.



## Northeast Deaf and Hard of Hearing Services

# Our 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.

CONTACT US ABOUT JOINING OUR BOARD



## **Michael Ritter**

Executive Committee

Term Ends: October 2024

## **Norman Lafond Sr.**

Executive Committee

Term Ends: October 2024

## **Peter Simoneau**

Executive Committee

Term Ends: January 2025

---

## **Deborah Bailey**

Board Member

Term Ends: January 2024

## **Lawrence Farrell**

Executive Committee

Term Ends: January 2025

## **Vincent Youmatz**

Executive Committee - Legal Counsel

Term Ends: October 2024

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## **Tina Cook**

Board Member

Term Ends: October 2022

## **Gerry Monroe**

Board Member

Term Ends: July 2022

## **Christopher Emerson**

Board Member

Term Ends: July 2024

## **Susan Wolf-Downes**

Board Member

Term Ends: October 2024

## **Lori McLaren**

Board Member

Term Ends: January 2024

## **Rickey Persons**

**CONFLICT OF INTEREST AND GOVERNANCE REPORT**

Required for all New Hampshire-based charitable organizations, except those that file an IRS Form 990-PF.

1. Has there been a change made to the organization's conflict of interest policy?  
Yes \_\_\_ No X (If yes, attach new policy)
2. Did any officer, director, trustee, or member of his/her immediate family, or his/her employer/business (hereinafter an "interested person") obtain a pecuniary benefit (see RSA 7:19-a) from the organization in the last year? Yes \_\_\_ No X
3. Did the organization make a real estate transaction with or occupy real estate owned or rented by an interested person? Yes \_\_\_ No X
4. Was an advance or payment made on a loan to or from an interested person?  
Yes \_\_\_ No X

5. For each "yes" answer to questions 2, 3, or 4, provide the following:

Name/Relationship of Interested Person	Name of Director/Officer/Trustee	Description of Transaction (i.e. car sale, salary, etc.)	Amount

6. Did any of the pecuniary benefit transactions listed in No. 5 above amount to \$5,000 or more per transaction? Yes \_\_\_ No X  
If yes, attach and check each of the following:  notice letter sent to this office  newspaper notice  excerpt of board meeting minutes approving transaction

**NOTE:** The Director of Charitable Trusts may request copies of additional documentation relating to any pecuniary benefit transaction. RSA 7:24.

7. Has the organization amended its formation documents (articles of agreement, declaration of trust, constitution) or its bylaws within the reporting period?  
Yes \_\_\_ No X If yes, attach a copy of the new documents.
  8. How many times did the board of directors meet during the reporting period? \_\_\_\_\_
  9. Did the organization use a professional solicitor, fundraising counsel, or commercial co-venturer to solicit contributions on the organization's behalf during the reporting period?  
Yes \_\_\_ No X If yes, list their names and addresses: \_\_\_\_\_
- 
10. Was the organization the subject of any fine, penalty, or adverse judgment? Yes \_\_\_ No X If yes, attach copy of document.
  11. Is the organization a "fiscal sponsor" for another organization? Yes \_\_\_ No X If yes, list the name and address of each organization.  
\_\_\_\_\_

**CHARITABLE GIFT ANNUITY CERTIFICATION**

Required for all charitable organizations that issue charitable gift annuities in New Hampshire.

1. The person signing NHCT Form 12 on behalf of this organization certifies that the organization has entered into one or more charitable gift annuity agreements in New Hampshire and that each such agreement is and shall be a qualified charitable gift annuity (as defined in NH RSA 403-E:1, V) in that on the date of the annuity agreement, it (check each of the following to certify):

Has a minimum of \$300,000 in unrestricted cash, cash equivalents, or publicly traded securities, exclusive of the assets funding the annuity agreement;

Has been in continuous operation for at least 3 years or is a successor or affiliate of a charitable organization that has been in continuous operation for at least 3 years;

Issues charitable gift annuities with payout ratios no greater than recommended by the American Council on Gift Annuities at the time of issuance;

Retains 100 percent of the contribution made in exchange for each charitable gift annuity, increased by earnings on the contribution and decreased by annuity payments and expenses properly allocated to the annuity, until the annuity is terminated; and

Invests contributions made in exchange for charitable gift annuities solely in conformance with article 9 of RSA 564-B, general standards of prudent investment.

2. Check the applicable box:  Initial notification or  Annual recertification

**WITHDRAWAL REPORT**

Complete for any organization that is withdrawing its registration as a New Hampshire charitable organization or trust.

1. Reason for withdrawal (check only one and attach requested document):

A <input type="checkbox"/> Dissolution of NH nonprofit corporation: attach Secretary of State Form NP-5
B <input type="checkbox"/> Merger of NH nonprofit corporation: attach minutes of the board meeting at which the vote to merge was approved
C <input type="checkbox"/> Express trust termination: attach document reflecting termination
D <input type="checkbox"/> Dissolution of unincorporated association: attach minutes of the board meeting at which the vote to dissolution was approved
E <input type="checkbox"/> Cessation of charitable activities (only for non-§501(c)(3) organizations): attach minutes of board meeting at which the vote to cease charitable activities was approved
F <input type="checkbox"/> Withdrawal from NH of foreign nonprofit corporation: attach Secretary of State Form FNP-5. If not filed with NH Secretary of State, attach dissolution document filed in your state (NOTE: most recent annual report must be filed before closure).

2. Distribution of assets (not required if box 1F is checked above)

Assets (by type and value): (if box 1E checked, list only organization's <i>charitable</i> assets)	
Donor restrictions on use of any assets:	
Legal name of recipient organization (Fill out one Schedule E for each recipient.org if more than one)	Federal tax identification number
Mailing address	Website address
City, State, Zip	Date of distribution
Recipient organization contact name/title	Contact email address
Recipient organization federal tax status (check one) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert number) <input type="checkbox"/> Not tax exempt	Contact telephone number

Form **990**

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

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning 07/01/21 and ending 06/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Northeast Deaf & Hard of Hearing Se Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 56 Old Suncook Road, Suite 6 City or town, state or province, country, and ZIP or foreign-postal code Concord NH 03301	<b>D</b> Employer identification number 02-0517861 <b>E</b> Telephone number  <b>G</b> Gross receipts \$ 1,159,149
<b>F</b> Name and address of principal officer: Michelle McConaghy 40 Plateau Ridge Road Loudon NH 03307		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1)-or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <a href="http://www.ndhhs.org">www.ndhhs.org</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2001 <b>M</b> State of legal domicile: NH

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15	
	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, Part I, line 11	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	184,599	305,671	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	474,274	691,208	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214	84	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	659,087	1,159,149	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	382,730	582,444	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	325,583	407,647	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	708,313	990,091	
	19 Revenue less expenses. Subtract line 18 from line 12	-49,226	169,058	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	547,911	597,296	
	22 Net assets or fund balances. Subtract line 21 from line 20	224,547	96,108	
		323,364	501,188	

**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.

<b>Sign Here</b>	Signature of officer  Michelle McConaghy Type or print name and title	Date	
	Executive Director		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Brian F. McLarney Preparer's signature Brian F. McLarney Date 10/25/22 Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN P00361037 Firm's name ▶ McLarney & Company Firm's EIN ▶ 04-3073912 Firm's address ▶ 6 Courthouse Ln # 15 Chelmsford, MA 01824-1724 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:

**See Schedule O**

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 \$ **246,563** including grants of \$ ) (Revenue \$ **300,613** )

**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 \$ **462,575** including grants of \$ ) (Revenue \$ **289,220** )

**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 \$ **121,959** including grants of \$ ) (Revenue \$ **101,375** )

**ADULT EDUCATION AND BASIC SKILLS**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **831,097**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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		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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	4
1b	0

Form 990 (2021) **Northeast Deaf & Hard of Hearing Se 02-0517861**

**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	15	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
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	X
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	X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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.	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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?		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?		

**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 ▶  
**Michelle McConaghy** 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) DEBORAH BAILEY	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) CLAUDE BOUCHER	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) Deborah Bailey	0.00									
SECRETARY	0.00	X					0	0	0	
(4) TINA COOK	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) Tina Cook	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) Christopher Emerson	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) LARRY FARRELL	0.00									
TREASURER	0.00	X		X			0	0	0	
(8) LORI MCLAREN	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) NORMAN LAFOND	2.00									
Executive Committee	0.00	X		X			0	0	0	
(10) MICHAEL RITTER	0.00									
CHAIRMAN	0.00	X		X			0	0	0	
(11) PETER SIMONEAU	0.00									
DIRECTOR	0.00	X		X			0	0	0	

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) SUSAN WOLF-DOWNES	0.00									
BOARD MEMBER	0.00	X						0	0	
(13) MICHAEL RITTER	0.00									
CHAIRMAN	0.00			X				0	0	
(14) VINCENT YOUMATZ	0.00									
Executive Committie	0.00			X				0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0**

	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		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		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		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 **0**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	280,379			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,292			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>305,671</b>			
<b>Program Service Revenue</b>	Business Code					
	2a Program fees fees:		483,446	483,446		
	b Program fees EMIS		102,500	102,500		
	c Medical Referral Fees		48,160	48,160		
	d Family Sign Language		20,125	20,125		
	e Program fees workshops		14,381	14,381		
	f All other program service revenue		22,596	22,596		
<b>g Total. Add lines 2a-2f</b>		<b>691,208</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		84	84		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	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						
<b>Miscellaneous Revenue</b>	Business Code					
	11a Extinguishment of Debt		160,612	160,612		
	b Misc Income		1,574	1,574		
	c					
	d All other revenue					
<b>e Total. Add lines 11a-11d</b>		<b>162,186</b>				
<b>12 Total revenue. See instructions</b>		<b>1,159,149</b>	<b>853,478</b>	<b>0</b>	<b>0</b>	

**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	82,456	71,046	11,410	
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	407,656	356,683	50,973	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,851	54,585	1,266	
10 Payroll taxes	36,481	32,114	4,367	
11 Fees for services (nonemployees):				
a Management				
b Legal	463		463	
c Accounting	21,317	8,372	12,945	
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.)	210,786	203,397	7,389	
12 Advertising and promotion	3,240	1,839	1,401	
13 Office expenses	2,731	2,495	236	
14 Information technology				
15 Royalties				
16 Occupancy	47,722	42,604	5,118	
17 Travel	30,045	29,703	342	
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	5,640		5,640	
23 Insurance	10,102		10,102	
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 Bad Debt expenses	43,627		43,627	
b Program Expensee	10,657	10,657		
c COGS	0	0		
d Telephone	9,508	9,508		
e All other expenses	11,809	8,094	3,715	
25 Total functional expenses. Add lines 1 through 24e	990,091	831,097	158,994	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	404,279	1	329,500
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	28,206	3	72,681
	4 Accounts receivable, net	94,597	4	166,601
	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	3,439	9	7,995
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 87,066		
	b Less: accumulated depreciation	10b 69,547	10c 14,390	17,519
	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	0
	15 Other assets. See Part IV, line 11	3,000	15	3,000
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	547,911	16	597,296	
Liabilities	17 Accounts payable and accrued expenses	17,435	17	49,108
	18 Grants payable		18	
	19 Deferred revenue	46,500	19	47,000
	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	21,258	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	139,354	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	224,547	26	96,108
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	323,364	27	501,188
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 <b>Total net assets or fund balances</b>	323,364	32	501,188	
33 <b>Total liabilities and net assets/fund balances</b>	547,911	33	597,296	

**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	1,159,149
2	Total expenses (must equal Part IX, column (A), line 25)	2	990,091
3	Revenue less expenses. Subtract line 2 from line 1	3	169,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	323,364
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	8,766
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	501,188

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Northeast Deaf & Hard of Hearing Se**

Employer identification number

**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).)
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					305,671	305,671
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					305,671	305,671
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						305,671

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4					305,671	305,671
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						305,671
12 Gross receipts from related activities, etc. (see instructions)					12	853,478
13 First 5 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	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 lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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—provide details in Part VI)	
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			



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

2021

Open to Public Inspection

Name of the organization

Employer identification number

Northeast Deaf & Hard of Hearing Se

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a-2d, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</b> ▶		

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</b> ▶		

**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)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b> ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b> ▶	

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	1,159,149
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	1,159,149
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	1,159,149

**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	990,092
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	1	
	e Add lines 2a through 2d		2e	1
3	Subtract line 2e from line 1		3	990,091
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	990,091

**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 XII, Line 2d - Expense Amounts Included in Financials - Other**

Book / Tax Depreciation Difference \$ 1



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Northeast Deaf & Hard of Hearing Se

Employer identification number

02-0517861

**Form 990 - Organization's Mission**

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.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The Board of directors hire an outside accounting firm to prepare the 990. Once completed, the accountants provide the board of directors a copy of the 990 and the related state filings. The Board reviews the information and then invites the accounting firm to one of its meetings to present the tax return and answer any related questions before the documented is voted on and approved. After the approval the return is filed with the appropriate agencies.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

All Directors are required to disclose any conflicts of interest on an annual basis.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The Board of directors' budget and establish the executive Director's annual compensation package by conducting an annual review with the Executive Director. After they finish the review, they present the compensation plan for the Executive Director to the full board for approval.

Name of the organization <b>Northeast Deaf &amp; Hard of Hearing Se</b>	Employer identification number <b>02-0517861</b>
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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Organization provided these documents upon written request.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
Contract Labor	\$ 203,397	\$ 7,389	\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ -1

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**Northeast Deaf & Hard of Hearing Se**

Identifying number

**02-0517861**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>3,835</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>3,835</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Office Furniture	4/19/00	1,028			1,028	7 HY 200DB	1,028	0
2	Remote Flasher	9/07/01	680			680	7 HY 200DB	680	0
12	Pro80 TTY with LVD	6/30/02	584		X	409	5 HY 200DB	584	0
14	Power Backup APO	3/26/02	395		X	276	5 HY 200DB	395	0
21	Dell Computer	2/26/05	1,237			1,237	5 HY S/L	1,237	0
22	Computer	4/30/05	1,217			1,217	5 HY S/L	1,217	0
25	Dell Computer	4/24/07	1,671			1,671	5 HY S/L	1,671	0
26	Dell Computer	6/30/07	688			688	5 HY S/L	688	0
27	Server	8/20/06	1,460			1,460	5 HY S/L	1,460	0
29	Dell Computer	7/07/07	528			528	5 HY S/L	528	0
30	Referral Headsets	7/28/07	1,052			1,052	5 HY S/L	1,052	0
31	3 Computers	10/10/07	1,057			1,057	5 HY S/L	1,057	0
32	Server upgrnde-48 ports	10/27/07	778			778	5 HY S/L	778	0
33	Dell Computer-Carol	12/28/07	858			858	5 HY S/L	858	0
34	9 Cano Cubicles	7/01/07	560			560	7 HY S/L	560	0
35	Table & Chairs	12/13/07	1,865			1,865	7 HY S/L	1,865	0
36	Table & Chairs Boardroom	4/27/08	1,986		X	993	7 HY S/L	1,986	0
41	Server	10/29/10	1,459		X	0	5 HY S/L	1,459	0
42	Computer	1/08/11	654		X	0	5 HY S/L	654	0
43	Computer	4/21/11	598		X	0	5 HY S/L	598	0
46	Laptop & Projector	9/30/12	1,741		X	871	5 HY S/L	1,741	0
48	Referral Software	4/22/14	16,698		X	8,349	5 HY S/L	16,698	0
50	Furniture	5/28/15	778		X	389	7 HY S/L	667	56
52	Desktop - Opr Mgr	10/22/15	604		X	302	5 HY S/L	483	0
55	Leasehold Improvements	4/06/17	3,455		X	1,727	5 HY S/L	2,764	0
57	Unity Database Updates	6/05/17	2,310		X	1,155	5 HY S/L	1,848	231
61	SonicWall TZ300 Firewall	8/01/18	3,058		X	1,529	5 HY S/L	1,529	306
62	PowerEdge T130 Server	12/01/18	1,700		X	850	5 HY S/L	850	170
63	Perpetual Non-Profit Software	1/28/19	1,620		X	810	5 HY S/L	810	162
64	PowerEdge T130 Server	12/01/18	1,700		X	850	5 HY S/L	850	170
65	SonicWall TZ300 Firewall	8/17/18	3,058		X	1,529	5 HY S/L	1,529	306
67	2 3070-8GB Computers	10/31/19	2,090		X	1,463	5 HY S/L	627	293
68	PowerEdge T130 Server	12/19/19	2,355		X	1,648	5 HY S/L	707	329
69	4 3070-8GB Computers	2/26/20	4,415		X	3,090	5 HY S/L	1,325	618
70	Perpetual Non-Profit Software	12/06/19	600		X	420	5 HY S/L	180	84
73	Dell Computer 2021	12/31/20	5,248		X	4,723	5 HY S/L	525	944
74	Laptops	11/09/20	921		X	829	5 HY S/L	92	166
			<u>72,706</u>			<u>46,891</u>		<u>53,580</u>	<u>3,835</u>
<b>Other Depreciation:</b>									
20	Chairs	4/30/05	859			859	7 MO 200DB	859	0
38	Database Software	12/02/08	13,500			13,500	5 MO S/L	9,500	0
	<b>Total Other Depreciation</b>		<u>14,359</u>			<u>14,359</u>		<u>10,359</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>14,359</u>			<u>14,359</u>		<u>10,359</u>	<u>0</u>
	<b>Grand Totals</b>		<u>87,065</u>			<u>61,250</u>		<u>63,939</u>	<u>3,835</u>
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>87,065</u>			<u>61,250</u>		<u>63,939</u>	<u>3,835</u>

**NORTHEAST DEAF AND HARD OF  
HEARING SERVICES, INC.**

Financial Statements  
June 30, 2022 and 2021

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**

Financial Statements  
June 30, 2022 and 2021

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# McLARNNEY & COMPANY, LLC

Certified Public Accountants  
www.mclarneyco.com

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
of Northeast Deaf and Hard of Hearing Services

### Opinion

We have audited the accompanying financial statements of Northeast Deaf and Hard of Hearing Services (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

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 as of June 30, 2022 and 2021, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Northeast Deaf and Hard of Hearing Services and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Northeast Deaf and Hard of Hearing Services' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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Helping our clients keep more of what they earn.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Northeast Deaf and Hard of Hearing Services' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northeast Deaf and Hard of Hearing Services' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 13, 2022, on our consideration of Northeast Deaf and Hard of Hearing Services 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 solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Northeast Deaf and Hard of Hearing Services' 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' internal control over financial reporting and compliance.

*McLarney & Company LLC*

McLarney & Company, LLC  
Chelmsford, MA  
October 13, 2022

Northeast Deaf and Hard of Hearing Services  
Statements of Financial Position  
For the Years Ended June 30, 2022 and 2021

ASSETS

	June 30, 2022			June 30, 2021		
	Without Donor Restrictions	With Donor Restrictions	2022 Total	Without Donor Restrictions	With Donor Restrictions	2020 Total
<b>Current Assets</b>						
Cash (Note 2, 5)	\$ 329,500	\$ -	\$ 329,500	\$ 404,279	\$ -	\$ 404,279
Accounts Receivable (Note 2)	166,601	-	166,601	94,597	-	94,597
Grants Receivable - Current (Note 3, 5)	72,681	-	72,681	28,206	-	28,206
Prepaid Expenses	7,995	-	7,995	3,439	-	3,439
<b>Total Current Assets</b>	<b>576,777</b>	<b>-</b>	<b>576,777</b>	<b>530,521</b>	<b>-</b>	<b>530,521</b>
<b>Fixed Assets (Note 1)</b>						
Furniture and Fixtures	7,756	-	7,756	7,756	-	7,756
Office Equipment, Computers	54,626	-	54,626	54,626	-	54,626
Software	21,228	-	21,228	21,228	-	21,228
Leasehold Improvements	3,455	-	3,455	3,455	-	3,455
Accumulated Depreciation	(69,547)	-	(69,547)	(63,908)	-	(63,908)
<b>Total Fixed Assets, Net</b>	<b>17,519</b>	<b>-</b>	<b>17,519</b>	<b>23,158</b>	<b>-</b>	<b>23,158</b>
<b>Other Assets</b>						
Deposits	3,000	-	3,000	3,000	-	3,000
<b>Total Other Assets</b>	<b>3,000</b>	<b>-</b>	<b>3,000</b>	<b>3,000</b>	<b>-</b>	<b>3,000</b>
<b>TOTAL ASSETS</b>	<b>\$ 597,296</b>	<b>\$ -</b>	<b>\$ 597,296</b>	<b>\$ 556,678</b>	<b>\$ -</b>	<b>\$ 556,678</b>

LIABILITIES AND NET ASSETS

<b>Current Liabilities</b>						
Accounts Payable	\$ 21,109	\$ -	\$ 21,109	\$ 6,139	\$ -	\$ 6,139
Current Portion PPP Loan (Note 8)	-	-	-	21,258	-	21,258
Deferred Revenue	47,000	-	47,000	46,500	-	46,500
Accrued Expenses	27,997	-	27,997	11,296	-	11,296
<b>Total Current Liabilities</b>	<b>96,106</b>	<b>-</b>	<b>96,106</b>	<b>85,193</b>	<b>-</b>	<b>85,193</b>
Long Term Debt (Note 8)	-	-	-	139,354	-	139,354
<b>Total Liabilities</b>	<b>96,106</b>	<b>-</b>	<b>96,106</b>	<b>224,547</b>	<b>-</b>	<b>224,547</b>
<b>Net Assets</b>						
Net Assets (Note 2, 5)	501,187	-	501,187	332,131	-	332,131
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 597,296</b>	<b>\$ -</b>	<b>\$ 597,296</b>	<b>\$ 556,678</b>	<b>\$ -</b>	<b>\$ 556,678</b>

See Accompanying Notes and Auditor's Report

Northeast Deaf and Hard of Hearing Services  
Statements of Activities  
For the Years Ended June 30, 2022 and 2021

	June 30, 2022			June 30, 2021		
	Without Donor Restrictions	With Donor Restrictions	2022 Total	Without Donor Restrictions	With Donor Restrictions	2021 Total
<b>Revenue and Support (Note 2, 9)</b>						
Foundation Grants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Government Grants	280,379	-	280,379	170,235	-	170,235
Contributions	25,292	-	25,292	14,364	-	14,364
Program Revenue	620,454	-	620,454	417,914	-	417,914
Referral Fees	72,327	-	72,327	56,360	-	56,360
PPP extinguishment of Debt	160,612	-	160,612	-	-	-
Interest Income	84	-	84	215	-	215
<b>TOTAL REVENUE AND SUPPORT</b>	<b>1,159,148</b>	<b>-</b>	<b>1,159,148</b>	<b>659,088</b>	<b>-</b>	<b>659,088</b>
<b>Functional Expenses</b>						
<u>Program Services</u>	831,097	-	831,097	595,678	-	595,678
<u>Supporting Services</u>						
General & Administrative	158,995	-	158,995	112,635	-	112,635
Fund Raising	-	-	-	-	-	-
<b>TOTAL FUNCTIONAL EXPENSES</b>	<b>990,092</b>	<b>-</b>	<b>990,092</b>	<b>708,313</b>	<b>-</b>	<b>708,313</b>
<b>CHANGE IN NET ASSETS (Note 9)</b>	<b>169,056</b>	<b>-</b>	<b>169,056</b>	<b>(49,225)</b>	<b>-</b>	<b>(49,225)</b>
Net Assets - Beginning of Year	332,131	-	332,131	381,356	-	381,356
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 501,187</b>	<b>\$ -</b>	<b>\$ 501,187</b>	<b>\$ 332,131</b>	<b>\$ -</b>	<b>\$ 332,131</b>

**Northeast Deaf and Hard of Hearing Services**  
**Statements of Cash Flows**  
**June 30, 2021 and 2020**

	2022	2021
<b>Cash Flows From Operating Activities</b>		
Change in Net Assets	\$ 169,056	\$ (49,225)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
<b>NON Cash Charges (Credits) to Change in Net Assets</b>		
Depreciation & Amortization	5,945	5,945
Gain on extinguishment of debt	(160,612)	-
Allowance for bad debts	43,627	13,851
<b>Changes in Working Capital</b>		
(Increase) decrease in accounts receivable	(115,935)	(33,003)
(Increase) decrease in grants receivable	(44,475)	(8,672)
(Increase) decrease in prepaid expenses	(4,555)	1,266
Increase (decrease) in accounts payable	14,969	15,890
Increase (decrease) in other accrued liabilities	16,701	13,779
Increase (decrease) in deferred revenue	500	500
	(243,835)	(49,783)
<b>Total adjustments</b>		
<b>Net Cash Provided (Used) by Operating Activities</b>	<b>\$ (74,779)</b>	<b>\$ (99,008)</b>
<b>Cash Flows From Financing Activities</b>		
Increase In PPP Loan	-	75,580
<b>Net Cash Provided (Used) by Financing Activities</b>	-	75,580
<b>Cash Flows From Investing Activities</b>		
Purchase of fixed assets	-	(6,159)
<b>Net Cash Provided (Used) by Investing Activities</b>	-	(6,159)
<b>NET INCREASE (DECREASE) IN CASH</b>	<b>\$ (74,779)</b>	<b>\$ (29,587)</b>
<b>CASH AT BEGINNING OF YEAR</b>	<b>\$ 404,279</b>	<b>\$ 433,866</b>
<b>CASH AT END OF YEAR</b>	<b>\$ 329,500</b>	<b>\$ 404,279</b>
<b>Supplemental Cash Flow Disclosures</b>		
Interest Paid	\$ -	\$ -
Income Taxes Paid	\$ -	\$ -
Non Cash PPP Interest Accrual	\$ -	\$ 1,178

See Accompanying Notes and Auditor's Report

**Northeast Deaf and Hard of Hearing Services**  
**Statements of Functional Expenses**  
**For the Year Ended June 30, 2022 & 2021**

	2022					2021			
	Program Services	General & Administrative	Fund Raising	Total Expenses		Program Services	General & Administrative	Fund Raising	Total Expenses
Advertising & Media Outreach	\$ 1,839	\$ 1,401	\$ -	\$ 3,240	Advertising & Media Outreach	\$ -	\$ 899	\$ -	\$ 899
Contributions	-	-	-	-	Contributions	-	500	-	500
Program Expenses	10,657	-	-	10,657	Program Expenses	24,264	2,103	-	26,367
Interpreters Fees	-	-	-	-	Interpreters Fees	39,412	2,700	-	42,111
Printing & Publications	-	-	-	-	Printing & Publications	-	55	-	55
Travel	29,703	342	-	30,045	Travel	10,474	236	-	10,710
Personnel Expenses	427,729	62,383	-	490,112	Personnel Expenses	303,074	52,161	-	355,235
Payroll Taxes	32,114	4,367	-	36,481	Payroll Taxes	23,458	4,038	-	27,496
Fund Raising Expenses	-	-	-	-	Fund Raising Expenses	-	-	-	-
Consulting	203,397	7,389	-	210,786	Consulting	95,372	643	-	96,015
Dues, Subscriptions, Licenses	-	-	-	-	Dues, Subscriptions, Licenses	-	412	-	412
Repairs & Maintenance	-	-	-	-	Repairs & Maintenance	-	-	-	-
Insurance	54,584	11,368	-	65,953	Insurance	37,828	7,274	-	45,101
Email & Website	-	-	-	-	Email & Website	2,552	521	-	3,073
Referral Fees Expense	-	-	-	-	Referral Fees Expense	-	150	-	150
Staff Development, Training	950	100	-	1,050	Staff Development, Training	130	-	-	130
Supplies	5,368	2,727	-	8,095	Supplies	2,403	684	-	3,087
Telephone, Pagers	9,508	-	-	9,508	Telephone, Pagers	8,925	329	-	9,253
Allowance for Bad Debts	-	43,627	-	43,627	Allowance for Bad Debts	-	13,851	-	13,851
Miscellaneous	1,776	888	-	2,664	Miscellaneous	3,268	5,915	-	9,183
Interest/Finance Charges	-	-	-	-	Interest/Finance Charges	-	1,178	-	1,178
Accounting & Legal Services	8,372	13,408	-	21,780	Accounting & Legal Services	301	11,946	-	12,247
Rent & Utilities	42,604	5,119	-	47,722	Rent & Utilities	41,446	2,300	-	43,746
Office Expense	2,495	236	-	2,731	Office Expense	2,771	196	-	2,968
Depreciation and Amortization	-	5,640	-	5,640	Depreciation and Amortization	-	5,944	-	5,945
<b>TOTAL EXPENSES</b>	<b>\$ 831,097</b>	<b>\$ 158,995</b>	<b>\$ -</b>	<b>\$ 990,091</b>	<b>TOTAL EXPENSES</b>	<b>\$ 595,678</b>	<b>\$ 112,635</b>	<b>\$ -</b>	<b>\$ 708,313</b>

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**  
**Notes to the Financial Statements**  
**For the Fiscal Years Ended June 30, 2022 and 2021**

**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**

**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 those 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 & 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.

**Contributions** received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.

Notes to the Financial Statements

For the Fiscal Years Ended June 30, 2022 and 2021

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES Continued**

Donated Services and In-Kind Contributions:

Volunteers contribute significant amounts of time to our program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. The Organization records donated professional services at the respective fair values of the services received

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 stated at the amount management expects to collect from balances outstanding at year-end. Based on management's assessment of the credit history with the agencies having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be approximately \$ 55,373 and \$13,851 for the years ended June 30, 2022 and 2021 respectively.

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.

The impact of the pandemic may result in a reasonably possibility that estimates will change by a material amount in the near term, however, we are unable to assess these changes, if any, at this point in time.

Advertising Costs

Advertising costs are expensed as incurred. Advertising costs approximated \$3,240 and \$0 during the years ended June 30, 2022 and 2021, respectively.

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

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**

**Notes to the Financial Statements**

**For the Fiscal Years Ended June 30, 2022 and 2021**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES Continued**

Depreciation amounts expensed and reflected in the statements of activities for the fiscal years ended June 30, 2022 and 2021 was \$ 5,944 and \$5,944, respectively. We review the carrying values of property and equipment for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment during the year ended June 30, 2022.

**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.

**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 presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

**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.

**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.

**Pay Check Protection (PPP) Loan**

A nongovernmental entity may account for a Paycheck Protection (PPP) loan as a financial liability in accordance with FASB ASC Topic 470, Debt. Under this model, the entity records the cash inflow from the PPP loan as debt and accrues interest at the below market rate. The amount remains a liability until either the loan is partly or wholly forgiven and the debtor has been released or the debtor pays off the loan. If some or all of the loan is forgiven the liability would be reduced and a gain on extinguishment is recognized.

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**  
**Notes to the Financial Statements**  
**For the Fiscal Years Ended June 30, 2022 and 2021**

**NOTE 3 - GRANTS RECEIVABLE**

Grants receivables represent grants for which the donor organization has unconditionally committed to providing funding in the future. Grants receivables 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 effect 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. All grants are expected to be received; therefore, no allowance for doubtful accounts has been established.

**NOTE 4 – ACCOUNTS RECEIVABLE:**

The balance of Accounts receivable on June 30, 2022 and 2021 are comprised of the following.

	2022	2021
Accounts Receivable	\$221,974	\$108,448
Less: Allowance for Doubtful Accounts	(55,373)	(13,851)
Net Accounts Receivable	166,601	94,597

**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. The Organization exceeded the federally insured limits throughout the fiscal year. Cash at this institution exceeded Federally insured limits at June 30, 2022 and 2021 by \$78,895 and \$154,279, respectively.

The Organization receives all its revenue from New Hampshire sources. 58% of the Accounts receivable balance is concentrated in the five largest customers.

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. This lease was renewed in April of 2022 for an additional five-year period ending on March 31, 2027. The monthly rent under this lease renewal is as follows: \$3,150 for the first two years then \$3,350 per month for the next three-year period. Rent expense for the facility for the years ended June 30, 2022 and 2021 were \$37,800 and \$36,450 respectively.

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**

**Notes to the Financial Statements**

**For the Fiscal Years Ended June 30, 2022 and 2021**

**NOTE 6- COMMITMENTS CONTINUED**

The Organization also has the following operating leases for office equipment: a copier lease having monthly payments of \$136.50 which began on June 1, 2017 and matures on May 31, 2022. Upon maturity the Organization entered into a five-year lease beginning on May 5,

2022 and ending on April 5, 2027 for \$167. Per month. a telephone system lease having monthly payments of \$205 beginning on April 18, 2017 and ending on March 16, 2022 and finally a stamp machine lease with monthly payments of \$45 beginning on May 15, 2020 and ending in August of 2026.

Future minimum lease payments required for the year ended:

6/30/2023	\$40,344
6/30/2024	40,944
6/30/2025	42,744
6/30/2026	42,294
6/30/2027	31,987
Thereafter	0

**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 - PPP DEBT**

On April 22, 2020, the Organization received loan proceeds in the amount of approximately \$85,032 and on April 1, 2021 received \$74,402 for a total of \$159,434 under the Pay-check 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 and five years respectively at an interest rate of 1%, with a deferral of payments for the first six months, which was accrued for the first loan in the amount of \$1,178. 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. During the year ended June 30, 2022 the Organization received forgiveness of both loans from the SBA.

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**

Notes to the Financial Statements

For the Fiscal Years Ended June 30, 2022 and 2021

**NOTE 8 – PPP DEBT Continued**

	<u>2022</u>	<u>2021</u>
Small Business Administration Loans	\$ -	\$ 160,612
Less Current Portion of Loans	-	-21258
Long Term Notes Payable	<u>\$ -</u>	<u>\$ 139,354</u>

Principle Maturities of Long Term Debt were as follows on June 30, 2022

6/30/2022	-
6/30/2023	-
6/30/2034	-
6/30/2025	-
6/30/2025	-
Thereafter	<u>-</u>
	<u>-</u>

**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:

	<u>2022</u>	<u>2021</u>
Cash	\$329,500	\$404,279
Accounts Receivable	166,601	94,597
Grants Receivable	<u>72,681</u>	<u>28,206</u>
Financial Assets available to meet cash need for general expenditure within one year	<u>\$568,782</u>	<u>\$527,081</u>

**NORTHEAST DEAF AND HARD OF HEARING SERVICES, INC.**  
**Notes to the Financial Statements**  
**For the Fiscal Years Ended June 30, 2022 and 2021**

**NOTE 9- LIQUIDITY AND AVAILABILITY CONTINUED**

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 contract's or grant's restrictions 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- SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through October 13, 2022, 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, 2022 and none were found.



Certified Public Accountants  
www.mclarneyco.com

INDEPENDENT AUDITOR'S 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

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 (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022 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 October 13, 2022.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Northeast Deaf and Hard of Hearing Services' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Northeast Deaf and Hard of Hearing Services internal control. Accordingly, we do not express an opinion on the effectiveness of Northeast Deaf and Hard of Hearing Services' 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 or significant deficiencies may exist that were not identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Northeast Deaf and Hard of Hearing Services 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 financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**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  
Chelmsford, MA 01824  
October 13, 2022

**Board of Directors List**

The governing board of Northeast Deaf and Hard of Hearing consists of Community Members, of which at least fifty-one percent 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.

<b>Chairman of the Board</b>	Michael Ritter Executive Committee ██████████ Term Ends: October 2024
<b>Vice Chairman</b>	Norman Lafond Sr. Executive Committee ██████████ Term Ends: October 2024
<b>Treasurer</b>	Larry Farrell Executive Committee ██████████ Term Ends: January 2024
<b>Secretary</b>	Peter Simoneau Executive Committee ██████████ Term Ends: January 2024
<b>Board Member</b>	Vincent Youmatz Executive Committee / Legal Council ██████████ Term Ends: October 2024
<b>Board Member</b>	Lori McLaren ██████████ Term Ends: January 2024
<b>Board Member</b>	Deborah Bailey ██████████ Term Ends: January 2024
<b>Board Member</b>	Tina Cook ██████████ Term Ends: October 2022
<b>Board Member</b>	Gerry Monroe ██████████ Term Ends: July 2022
<b>Board member</b>	Rickey Persons ██████████ Term Ends: January 2025
<b>Board member</b>	Susan Wolf-Downes ██████████ Term Ends: October 2024
<b>Board member</b>	Open

# Hannah Neild



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An accomplished aspiring, people-oriented, professional and resourceful teacher of the deaf with experience seeking to secure a challenging position to utilize and expand my learnings, knowledge and skills, while making a significant contribution that increases student performance.

## **EDUCATION**

**Gallaudet University**, Washington, D.C.

- *Bachelor of Arts in Early Childhood Education (2019)*
- *Master of Arts Deaf Education (2021)*

*NCAA Leadership Seminar (2021)*

## **PROFESSIONAL EXPERIENCE**

**Northeast Deaf and Hard of Hearing Services**, Concord, NH

August 2021 – Present

*Teacher of the Deaf and Hard of Hearing*

- ~ Build trusting relationships with students, parents and co-teachers
- ~ Assess, Plan and Implement lesson plans aligned with students' present levels of skills and identified areas of need
- ~ Implement Individualized Education Plans and collaborate with staff on data collection and IEP progress reports
- ~ Manage student caseload ranging from early intervention to high school ages across various districts throughout the state of NH
- ~ Coordinate pre-employment transition services for deaf and hard of hearing students

**Canterbury Woods Elementary School**, Annandale, VA

February 2021 – June 2021

*Teacher of the Deaf and Hard of Hearing*

- ~ Build trusting relationships with students, parents and co-teachers
- ~ Assess, Plan and Implement lesson plans aligned with students' present levels of skills
- ~ Implement Individualized Education Plans and collaborate with staff on data collection and IEP progress reports.
- ~ Worked with individual students and small groups on various topics based on need

**Canterbury Woods Elementary School**, Annandale, VA

September 2020 – February 2021

*Education Program Student Teacher*

- ~ Build trusting relationships with students, parents and co-teachers
- ~ Assess, Plan and Implement lesson plans aligned with students' present levels of skills
- ~ Worked with individual students and small groups on various topics based on need

**Gallaudet University**, Washington, DC

August 2020 – May 2021

*Sports Information Director's Office Graduate Assistant*

- ~ Assists with day-to-day operations of Sports Information Office
- ~ Take leadership of website maintenance and team roster updates
- ~ Complete various projects as assigned to support the upkeep of the Sports Information Office

**Gallaudet University, Washington, DC** February 2021 – May 2021  
*Education Department Teacher Assistant*

- ~ Work as a teacher assistant in a graduate level linguistic course at Gallaudet University
- ~ Attend weekly class sessions and participate in student activities and lectures
- ~ Collaborate with course instructor for grading and in-class supports
- ~ Hold regular tutoring office hours for students to support with homework, tests and study tips

**Gallaudet University, Washington, DC** January 2020 – May 2020  
*Sports Information Director's Office Student Intern*

- ~ Assists with day-to-day operations
- ~ Set up, operate and close down game day equipment as required
- ~ Complete various projects as assigned to support the upkeep of the Sports Information Office

**Kendall Demonstration Elementary School, Washington, DC** January 2020 – March 2020  
*Education Program Student Intern*

- ~ Assists with day-to-day management of a 1<sup>st</sup>/2<sup>nd</sup> grade classroom
- ~ Worked with individual students and small groups on various topics and activities

**Gallaudet University, Washington, DC** September 2018 – May 2020  
*Department of Public Safety Front Desk Assistant*

- ~ Manages day-to-day parking and ID tasks and transactions
- ~ Assists Gallaudet community in communication with dispatch workers and public safety officers
- ~ Provides Information to questions regarding Gallaudet's campus and emergency services

**School Without Walls at Francis Stevens, Washington, DC** February 2019 – May 2019  
*Education Program Student Intern*

- ~ Assists with day-to-day management of a pre-kindergarten classroom
- ~ Worked with individual students and small groups on various topics and activities
- ~ Attended weekly professional development meetings with Early Childhood Education team

**Executive Health and Fitness Center, Manchester, NH** Summer 2017 - 2019  
*Female Lead Summer Camp Counselor*

- ~ Communicated effectively with staff and parents on a daily basis with any progress, behavior and health related topics
- ~ Supervised children ages 5 to 14
- ~ Organized camp activities with my co-lead counselor for the duration of the summer
- ~ Established a trusting relationship between campers, parents and my fellow counselors

## **HONORS AND AWARDS**

### **Academic Awards**

Dean's List	September 2015 – May 2020
NE-10 Honor Roll	September 2015 - May 2017
Presidents Scholarship with Honors Gallaudet University	August 2017 – May 2020
National Fastpitch Coaches Association All America Scholar-Athlete	2017 - 2018
Chi Alpha Sigma National College Athlete Honor Society	2018
Gallaudet University Dorothy Jordan Education Scholarship	2019
Al Van Nevel Memorial Award	2019
NCAA Woman of the Year Finalist	2019
Gallaudet University Education Department Outstanding Undergraduate Award	2020

Gallaudet University Clerc Scholarship Award	2020
Helen Fay Graduate Award	2021

Professional references available when mutual interest is established.

**Athletic Awards**

Merrimack Athletic Scholarship	September 2015 – May 2017
U21 Deaf Basketball World Championships Gold Medalist	2018
U21 Deaf Basketball World Championships All-Tournament Team	2018
NEAC Softball Rookie of the Year	2018
Team USA Deaf Olympic Basketball Team	2016 - Present
Gallaudet University Female Athlete of the Year	2018 and 2019
NEAC Women's Basketball Player of the Year	2019
Academic All-America Honors (Women's Basketball)	2019
Google Cloud Academic All-America Women's Basketball Division III Team Member of the Year	2019
Google Cloud Academic All-District Honors (Softball)	2019
CoSIDA Academic All-America Honors (Basketball, Softball and Soccer)	2019
New Hampshire Female Athlete of the Year	2015
Wendy's High School Heisman Athlete	2015

**VOLUNTEER EXPERIENCE**

**Youth Basketball Coach, Litchfield, NH** November 2015 – March 2015

- ~ Develop a trusting relationship between players, parents and fellow coaches.
- ~ Interact with players during drills and games to develop their confidence and help build on their abilities.
- ~ Stand as a role model for young, hopeful kids on how become a successful student-athlete.

**Gallaudet University Basketball Clinics, Framingham, MA and Plains, NY** Nov. 2017 – Feb. 2019

- ~ New York State School for the Deaf and The Learning Center for the Deaf.
- ~ Assist in running a basketball clinic for the students at both schools.
- ~ Talk with students during the meal about their various questions.
- ~ Serve as a role model for the Deaf and Hard of Hearing students.

**Transition Fair Day for NH Deaf/Hard of Hearing Students, Concord, NH** May 2019

- ~ Assist families learning about continuing education opportunities for Deaf/Hard of Hearing students.
- ~ Promote socialization between student attendees.
- ~ Lead a Q & A sessions for parents and students.
- ~ Serve as a role model for the Deaf and Hard of Hearing students.

**SKILLS**

Bilingual (English and American Sign Language)  
 Strong Verbal Communications Skills  
 Leadership  
 Time Management  
 Creative  
 Microsoft: Word, PowerPoint and Excel

**ACTIVITIES**

NCAA Division II Women's Basketball  
NCAA Division III Women's Basketball, Soccer and Softball  
National Society of Leadership and Success  
Honors Program  
USA Deaf Women's Basketball Association

August 2015 – May 2017  
August 2017 – November 2020  
September 2016 – Present  
January 2016 – May 2020  
June 2016 - Present

## PAMELA D. LOVEJOY

### EDUCATION

**Gallaudet University, Washington, D.C.**

Master of Arts, Dual license in Deaf Education and Early Childhood Education

Dec. 2012

Certification: Deaf and Hard of Hearing Infants, Toddlers and Families

Aug. 2012

**College of the Holy Cross, Worcester, MA**

Bachelor of Arts, *Cum Laude*, Psychology, Deaf Studies Certificate

May 2009

### EXPERIENCE

**Northeast Deaf and Hard of Hearing Services (NDHHS), Concord, NH**

*Education & Resource Center Program Coordinator/ Teacher of the Deaf*

July 2017-present

- Collaborate with Family-Centered Early Supports and Services early intervention programs and school districts across NH to provide consultation and direct services, as well as develop contracts for services
- Coordinate NH's Deaf/Hard of Hearing Role Model Program
- Provide oversight for outreach team members within NDHHS's Education & Resource Center
- Complete initial, ongoing and transition to Part B assessments/evaluations
- Participate in IFSP and IEP meetings
- Provide trainings related to working with children who are deaf or hard of hearing

**The Maine Educational Center for the Deaf & Hard of Hearing, Brewer, ME**

*Teacher of the Deaf/Early Childhood and Family Services Consultant*

Nov 2014-June 2017

- Provided home visits, specially designed instruction and consultation services to families, their children who are deaf or hard of hearing, ages 0-5, and educational programs
- Participated in IFSP and IEP team meetings
- Collaborated with regional early intervention team members and attended team meetings on a weekly basis
- Completed assessments for eligibility and transition purposes
- Maintained up to date records through a statewide computer data system

**Onslow County Partnership for Children, Jacksonville, NC**

*Early Head Start Home Visitor*

July 2013-Oct 2014

- Delivered comprehensive services to low-income families and their children, ages 0-3, as well as expectant families in a home-based setting
- Collaborated with families on a weekly basis to develop and prepare lesson plans for their children
- Partnered with community agencies to provide resources and referrals to families
- Maintained accurate and timely documentation for all services provided
- Planned and facilitated bi-monthly group socialization experiences for children and families

**Davila Day School for the Deaf, San Diego, CA**

*Substitute Teacher*

Jan-April 2013

- Instructed approximately 6-8 deaf/hard of hearing preschool students in a special education program

**California School for the Deaf, Riverside, Riverside, CA**

*Student Teacher*

Fall 2012

- Responsible for full-day planning and teaching of first grade students for a period of 10 weeks
- Developed and supervised activities for children ages 3-18 during the weekly family sign classes

**Montgomery County Infants and Toddlers Program, Montgomery County, MD**

*Intern*

Spring 2012

- Observed weekly home visits, team meetings, assessments and development of an IFSP

**Bridges Public Charter School, Washington, D.C.**

*Student Teacher*

Spring 2012

- Assumed all classroom roles and responsibilities in a preschool setting (ages 3-5)
- Assisted supervising teacher with classroom activities, lessons and plans

**Princeton in Asia Fellowship, Nan, Thailand**

*Teaching Fellow*

June 2009-Feb 2010

- Taught English to over 200 students in northern Thailand, ages 9-11
- Developed weekly lesson plans and materials to provide English instruction to second language learners

**University of Massachusetts Early Intervention and Family Support Program, Worcester, MA**

*Intern*

Spring 2009

- Shadowed a speech and language pathologist on weekly home visits and intakes
- Assisted with weekly playgroups for children ages 0-3 with developmental delays, observing development and writing daily progress reports for each child

**LICENSES/CREDENTIALS**

**State of New Hampshire**

May 2017

- Teacher of the Deaf and Hard of Hearing

**American Sign Language Proficiency Interview (ASLPI), Level 3**

March 2011

## Michelle McConaghy

### Experience

#### Summary:

Experienced 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	MSoftware 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](http://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 – September 2020  
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

Kinterville, 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

# Gayle P. Baird

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## 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

*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

*07/1991 - 04/1992*

### **Database Manager and Admin Assistant II**

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