



Lori A. Weaver
Commissioner

Marie Noonan
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
Fax: 603-271-4729 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

ARC
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JAN 28 2026

January 6, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Children, Youth and Families, to enter into a **Sole Source** amendment to an existing contract with New Hampshire Juvenile Court Diversion Network, Inc. (VC#270119-B001), Concord, NH to continue providing technical assistance, training, and accreditation support to the Juvenile Justice Court Diversion Program network to maintain and expand juvenile court diversion services, by exercising a contract renewal option by increasing the price limitation by \$2,460,000 from \$2,850,000 to \$5,310,000 and extending the completion date from June 30, 2026 to June 30, 2028, effective upon Governor and Council approval. 59% General Funds. 41% Other Funds (Opioid Abatement Trust Fund).

The original contract was approved by Governor and Council on June 26, 2024, item #55, and amended on July 9, 2025, item #25.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. The Contractor is the only identified organization with established statewide accredited juvenile court diversion programs in underserved regions of the state where such programs had previously not existed. The Contractor provides education, training, oversight, support and organization of the designated accredited programs who provide the Juvenile Court Diversion services pursuant to RSA 169-B:10.

The purpose of this request is to exercise a contract renewal option for the Contractor to continue to maintain and expand juvenile court diversion services statewide for individuals 17 years of age and younger who have been arrested for a first-time offense and may otherwise be prosecuted through the adult court system. Evaluations and reviews will be put into place to support expanding the services and developing sustainability. The Contractor provides technical assistance, training and accreditation support to the Juvenile Justice Court Diversion Program

network, which includes 16 accredited programs (with 2 programs onboarding with accreditation) who are providing Juvenile Diversion services throughout the state that are organized and overseen by the Contractor. The Contractor also supports enhancement and expansion of the juvenile court diversion network, including implementing evidence informed motivational interviewing techniques.

Approximately 500 individuals will be served annually.

Juvenile Diversion services continue to serve youth referred from law enforcement agencies, School Resource Officers, Assessment Juvenile Justice Probation and Parole Officers and schools. Juvenile Diversion services have continued to expand the number of youth served, and the number of youth completing Diversion services since 2022. Successful completion of the program means the juvenile has fulfilled their individualized contractual requirements that were developed with the local Diversion program. These requirements could include, but are not limited to, making and sustaining pro-social and community connections, restorative justice steps, projects, group/individual sessions with mentors and behavioral health services.

While numbers of youth served through Juvenile Diversion has increased, there has been a corresponding decrease in the number of youth with open DCYF Juvenile Justice cases. Specifically, between State Fiscal Years 2023 and 2024, there was a 6% increase in diversion cases, while State Fiscal Years 2024 and 2025 has shown a 10% decrease in open court involved DCYF Juvenile Justice cases to date. Juvenile Diversion Services is effective in minimizing or eliminating further youth involvement with the juvenile justice system. As DCYF continues to transform Juvenile Justice Services to serve youth in their communities as a preventative measure whenever possible, Juvenile Diversion is an integral part of this effort.

The Department will monitor services by reviewing the monthly reports submitted by the Contractor.

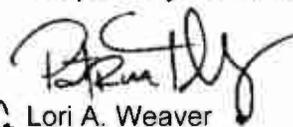
As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for two (2) of the five (5) years available.

Should the Governor and Council not authorize this request, access to juvenile court diversion services in underrepresented regions of the State may not be available. This may result in an increase in the number of juvenile cases prosecuted, increased services and placement costs, may lead to recidivism in adult court, and additional costs to the State for adjudication in the adult court system.

The Department has determined that the Contractor is in good standing with the Secretary of State's Office, has secured the required levels of insurance, and has provided evidence of authority to execute and be bound by the contract.

Area served: Statewide.

Respectfully submitted,


f Lori A. Weaver
Commissioner

Fiscal Details Sheet

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, GOVERNOR COMMISSION (100% Other Funds) (Governor Commission Fund)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|-----------------|------------------|------------------------------|------------------|
| 2025 | 102-500731 | Contracts for Prog Svc | 92058501 | \$200,000 | \$0 | \$200,000 |
| 2026 | 102-500731 | Contracts for Prog Svc | 92058501 | \$200,000 | \$0 | \$200,000 |
| | | | Subtotal | \$400,000 | \$0 | \$400,000 |

05-95-92-920510-39500000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, OPIOID ABATEMENT TRUST FUND (100% Other Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|-----------------|----------------|------------------------------|--------------------|
| 2027 | 102-500731 | Contracts for Prog Svc | TBD | \$0 | \$500,000 | \$500,000 |
| 2028 | 102-500731 | Contracts for Prog Svc | TBD | \$0 | \$500,000 | \$500,000 |
| | | | Subtotal | \$0 | \$1,000,000 | \$1,000,000 |

05-95-92-920510-33800000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES (100% Federal Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|--------------------------------------|-----------------|-----------------|------------------------------|-----------------|
| 2025 | 074-500589 | Interagency Transfers out of Federal | 92056507 | \$75,000 | \$0 | \$75,000 |
| | | | Subtotal | \$75,000 | \$0 | \$75,000 |

05-95-92-920510-31680000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SAPT BLOCK GRANT (100% Federal Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|--------------------------------|-----------------|-----------------|------------------------------|-----------------|
| 2026 | 074-500589 | Grants for Pub Asst and Relief | 92056507 | \$75,000 | \$0 | \$75,000 |
| | | | Subtotal | \$75,000 | \$0 | \$75,000 |

05-95-42-421410-7905000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIVISION FOR CHILDREN, YOUTH & FAMILIES, JUVENILE JUSTICE SERVICES, JUVENILE FIELD SERVICES (100% General Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|-----------------|--------------------|------------------------------|--------------------|
| 2024 | 102-500731 | Contracts for Prog Svc | 42140525 | \$300,000 | \$0 | \$300,000 |
| 2025 | 102-500731 | Contracts for Prog Svc | 42140525 | \$1,200,000 | \$0 | \$1,200,000 |
| 2026 | 102-500731 | Contracts for Prog Svc | 42140525 | \$800,000 | \$0 | \$800,000 |
| 2027 | 102-500731 | Contracts for Prog Svc | 42140525 | \$0 | \$600,000 | \$600,000 |
| | | | Subtotal | \$2,300,000 | \$600,000 | \$2,900,000 |

05-95-42-421010-34430000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION FOR CHILDREN, YOUTH & FAMILIES, CHILD PROTECTION, BCFPS – CHILD & FAMILY PROG 100% General

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|-----------------|----------------|------------------------------|------------------|
| 2026 | 102-500731 | Contracts for Prog Svc | 42104322 | \$0 | \$30,000 | \$30,000 |
| 2027 | 102-500731 | Contracts for Prog Svc | 42104322 | \$0 | \$30,000 | \$30,000 |
| 2028 | 102-500731 | Contracts for Prog Svc | 42104322 | \$0 | \$800,000 | \$800,000 |
| | | | Subtotal | \$0 | \$860,000 | \$860,000 |

| | | | | | | |
|--|--|--|--------------|--------------------|--------------------|--------------------|
| | | | Total | \$2,850,000 | \$2,460,000 | \$5,310,000 |
|--|--|--|--------------|--------------------|--------------------|--------------------|

**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Juvenile Court Diversion Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and New Hampshire Juvenile Court Diversion Network, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 26, 2024 (Item #55), as amended on July 9, 2025 (Item #25), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2028
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$5,310,000
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.4., to read:
 - 1.3 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 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, RSA 151:21 Patients' Bill of Rights, 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.
4. Modify Exhibit C, Payment Terms; Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 3% Federal funds from U.S. Department of Health Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant, as awarded on February 15, 2023 and February 24, 2025, ALN #93.959, FAIN #B08T1085821 and FAIN #B08T1088120.
 - 1.2. 26% Other funds (Governor Commission Funds & Opioid Abatement Trust Fund).
 - 1.3. 71% General Funds
5. Modify Exhibit C, Payment Terms; Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget – Amendment #2 through C-2 Budget – Amendment #2.
6. Modify Exhibit C, Payment Terms; Section 4.6., to read:

4.6. Is assigned an electronic signature and is emailed to DCYFInvoices@dhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

7. Modify Exhibit C-1, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-1, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
8. Add Exhibit C-2, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/16/2025

Date

DocuSigned by:
Marie Noonan

Name: Marie Noonan
Title: DCYF Director

New Hampshire Juvenile Court Diversion Network, Inc.

12/15/2025

Date

Signed by:
Alissa Cannon

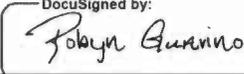
Name: Alissa Cannon
Title: Executive Director

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/23/2025

Date

DocuSigned by:

 Name: Robyn Guarino
 Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

| New Hampshire Department of Health and Human Services | | | | | |
|---|---|--|---|---|---|
| Contractor Name: <i>New Hampshire Juvenile Court Diversion Network, Inc.</i> | | | | | |
| Budget Request for: <i>Juvenile Court Diversion Services</i> | | | | | |
| Budget Period: <i>June 26, 2024 through June 30, 2026</i> | | | | | |
| Indirect Cost Rate (if applicable) 0.00% | | | | | |
| Line Item | Program Cost - Funded by DHHS - SFY 24 DCYF | Program Cost - Funded by DHHS - SFY 25 BDAS | Program Cost - Funded by DHHS - SFY 25 DCYF | Program Cost - Funded by DHHS - SFY 26 BDAS | Program Cost - Funded by DHHS - SFY 26 DCYF |
| 1. Salary & Wages | \$0 | \$110,416 | \$100,047 | \$110,416 | \$138,285 |
| 2. Fringe Benefits | \$0 | \$4,770 | \$15,230 | \$4,770 | \$11,060 |
| 3. Consultants | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4. Equipment | \$0 | \$0 | \$0 | \$0 | \$0 |
| Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | | | | | |
| 5(a) Supplies - Educational | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5(b) Supplies - Lab | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5(c) Supplies - Pharmacy | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5(d) Supplies - Medical | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5(e) Supplies - Office | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6. Travel | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7. Software | \$0 | \$0 | \$0 | \$0 | \$0 |
| 8. (a) Other - Marketing/Communications | \$0 | \$0 | \$0 | \$0 | \$0 |
| 8. (b) Other - Education and Training | \$0 | \$10,074 | \$119,723 | \$10,074 | \$78,426 |
| 8. (c) Other - Other (specify below) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (Outreach) | \$0 | \$40,265 | \$15,000 | \$40,265 | \$79,229 |
| Other (Evaluation) | \$0 | \$0 | \$50,000 | \$0 | \$0 |
| Other (please specify) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (please specify) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (please specify) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (please specify) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other (please specify) | \$0 | \$0 | \$0 | \$0 | \$0 |
| 9. Subrecipient Contracts (SBIRT) | \$300,000 | \$109,475 | \$900,000 | \$109,475 | \$523,000 |
| Total Direct Costs | \$300,000 | \$275,000 | \$1,200,000 | \$275,000 | \$830,000 |
| Total Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 |
| Subtotals | \$300,000 | \$275,000 | \$1,200,000 | \$275,000 | \$830,000 |
| | | | TOTAL | | |
| | | | | \$2,880,000 | |

Initial
AC

Contractor Initials:

12/15/2025

Date:

| New Hampshire Department of Health and Human Services | | | | |
|--|---|--|---|---|
| Contractor Name: <i>New Hampshire Juvenile Court Diversion Network, Inc.</i> | | | | |
| Budget Request for: <i>Juvenile Court Diversion Services</i> | | | | |
| Budget Period: <i>July 1, 2026 though June 30, 2028</i> | | | | |
| Indirect Cost Rate (if applicable) 0.00% | | | | |
| Line Item | Program Cost - Funded by DHHS - SFY 27 DCYF | Program Cost - Funded by DHHS - SFY 27 BDAS | Program Cost - Funded by DHHS - SFY 28 DCYF | Program Cost - Funded by DHHS - SFY 28 BDAS |
| 1. Salary & Wages | \$154,584 | \$125,416 | \$162,534 | \$134,617 |
| 2. Fringe Benefits | \$22,230 | \$4,770 | \$22,430 | \$6,770 |
| 3. Consultants | \$0 | \$0 | \$0 | \$0 |
| 4. Equipment | \$0 | \$0 | \$0 | \$0 |
| Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | \$0 | \$0 | \$0 | \$0 |
| 5.(a) Supplies - Educational | \$0 | \$0 | \$0 | \$0 |
| 5.(b) Supplies - Lab | \$0 | \$0 | \$0 | \$0 |
| 5.(c) Supplies - Pharmacy | \$0 | \$0 | \$0 | \$0 |
| 5.(d) Supplies - Medical | \$0 | \$0 | \$0 | \$0 |
| 5.(e) Supplies - Office | \$0 | \$0 | \$0 | \$0 |
| 6. Travel | \$2,000 | \$1,500 | \$2,000 | \$10,000 |
| 7. Software | \$0 | \$0 | \$0 | \$0 |
| 8. (a) Other - Marketing/Communications | \$5,000 | \$14,500 | \$5,000 | \$9,500 |
| 8. (b) Other - Education and Training | \$40,312 | \$47,074 | \$41,623 | \$30,074 |
| 8. (c) Other - Other (specify below) | \$0 | \$0 | \$0 | \$0 |
| <i>Other (Outreach)</i> | \$30,874 | \$47,265 | \$36,413 | \$43,864 |
| <i>Other (Evaluation)</i> | \$0 | \$0 | \$10,000 | \$5,000 |
| <i>Other (please specify)</i> | \$0 | \$0 | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 | \$0 | \$0 |
| 9. Subrecipient Contracts (SBIRT) | \$375,000 | \$259,475 | \$520,000 | \$260,175 |
| Total Direct Costs | \$630,000 | \$500,000 | \$800,000 | \$500,000 |
| Total Indirect Costs | \$0 | \$0 | \$0 | \$0 |
| Subtotals | \$630,000 | \$500,000 | \$800,000 | \$500,000 |
| | | | TOTAL | \$2,430,000 |

Initial
AC

Contractor Initials: _____
Date: 12/15/2025

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 NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 11, 1994. 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: **211850**

Certificate Number: **0007198292**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of June A.D. 2025.

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

David M. Scanlan
Secretary of State

Filing History

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| | |
|--|--------------------|
| Business Name | Business ID |
| NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK, INC. | 211850 |

| Filing# | Filing Date | Effective Date | Filing Type | Annual Report Year |
|------------|-------------|----------------|------------------------------|--------------------|
| 0007352660 | 12/29/2025 | 12/29/2025 | Nonprofit Report | 2025 |
| 0005375092 | 06/01/2021 | 06/01/2021 | Revival | N/A |
| 0005375091 | 06/01/2021 | 06/01/2021 | Nonprofit Report | 2020 |
| 0005305495 | 01/01/2021 | 01/01/2021 | Admin Dissolution/Suspension | N/A |
| 0004776043 | 01/16/2020 | 01/16/2020 | Annual Report Reminder | N/A |
| 0003359792 | 09/12/2016 | 09/12/2016 | Change of Business Address | N/A |
| 0003184425 | 11/04/2015 | 11/04/2015 | Nonprofit Report | 2015 |
| 0000729243 | 02/28/2011 | 02/28/2011 | Reinstatement | 2010 |
| 0000729242 | 02/15/2011 | 02/15/2011 | Admin Dissolution/Suspension | N/A |
| 0000729241 | 10/08/2010 | 10/08/2010 | Reminder Letter | N/A |
| 0000729240 | 04/04/2006 | 04/04/2006 | Reinstatement | 2005 |
| 0000729239 | 03/01/2006 | 03/01/2006 | Admin Dissolution/Suspension | N/A |
| 0000729238 | 02/22/2001 | 02/22/2001 | Reinstatement | 2000 |
| 0000729237 | 02/01/2001 | 02/01/2001 | Withdraw/Dissolve/Cancel | N/A |
| 0000729236 | 01/10/1995 | 01/10/1995 | Annual Report | 2011 |
| 0000729235 | 10/20/1994 | 10/20/1994 | Amendment | N/A |
| 0000729234 | 07/11/1994 | 07/11/1994 | Business Formation | N/A |

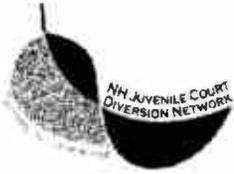
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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us](#)

[\(/online/Home/ContactUS\)](#)

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NH JUVENILE COURT DIVERSION NETWORK

10 Ferry Street, Suite 315
Concord, NH 03301

Office: 603-369-8250
www.NHCourtDiversion.org

CERTIFICATE OF AUTHORITY

I, Steve Pappajohn, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of NH Juvenile Court Diversion Network, Inc.
(Corporation/LLC Name)
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Nov. 20, 2025, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Alissa Cannon, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)
is duly authorized on behalf of NH Juvenile Court Diversion Network, Inc. to enter into contracts
(Name of Corporation/ LLC)
or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

3. 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/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. 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: November 24, 2025

Signature of Elected Officer
Name: Steve Pappajohn
Title: Board Chair

NONPROFIT COVER SHEET

- A. Entity Name:** New Hampshire Juvenile Court Diversion Network, Inc.
- B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):**

Alissa Cannon, Executive Director – Alissa@nhcourtdiversion.org, 603-369-8250

C. List Board of Directors and Affiliations

| <u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President) | <u>Affiliations</u> |
|--|--|
| Steve Pappajohn (Chairperson) | Dover Juvenile Court Diversion Program |
| Alyssa Bender-Jesse (Vice Chairperson) | Keene Youth Services |
| Dorothy Thrush (Treasurer) | Individual |
| Nicole Mitchell (Director) | Grafton County Diversion Program |
| Jacob Berrington (Director) | Individual |
| Janelle LaPlante (Director) | Individual |
| Lidia Martinez (Director) | Merrimack County Diversion Program |
| | |
| | |
| | |
| | |

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

| <u>Name</u> | <u>Role</u> | <u>Annual Salary</u> | <u>Amount Paid From This Contract</u> |
|----------------------|----------------------------------|----------------------|---------------------------------------|
| Alissa Cannon | Executive Director | \$90,640.00 | \$85,000.00 |
| Diane Casale | Program Coordinator | \$23,790.00 | \$23,790.00 |
| Maeve Dubiel | Executive Assistant | \$47,320.00 | \$47,320.00 |
| Lori Walter | Operations & Training Specialist | \$68,000.00 | \$68,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

**** Note:** Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>

| New Hampshire Department of Justice | | Registered Charities List | | | | Charitable Trusts Unit | |
|--|---|----------------------------|-------------|-------|-------|------------------------|------------|
| G = Good Standing; X = Not in Good Standing; S = Suspended | | | | | | | |
| Reg. No. | Charity Name | Address | City | State | Zip | Status | Report Due |
| 5625 | NH Juvenile Court Diversion Network, Inc. | 10 Ferry Street, Suite 315 | Concord, NH | NH | 03301 | G | 5/15/2026 |

FINANCIAL DISCLOSURES

G. Check one the following:

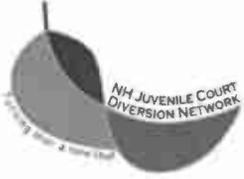
- The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization’s most recently completed fiscal year:

1. INCOME STATEMENT

| <u>Revenue</u> | | <u>Expenses</u> | |
|---------------------------------|----|---|----|
| <i>Grants</i> | \$ | <i>Compensation of officers, directors, and key personnel</i> | \$ |
| <i>Donations</i> | \$ | <i>Other salaries & wages</i> | \$ |
| <i>Program Services Revenue</i> | \$ | <i>Payroll taxes & employee benefits</i> | \$ |
| <i>Interest & Dividends</i> | \$ | <i>Occupancy, rent, utilities, and insurance</i> | \$ |
| <i>All other Revenue</i> | \$ | <i>Printing, publications, postage, office supplies, and IT</i> | \$ |
| <u>Total Revenue</u> | \$ | <i>All other expenses</i> | \$ |
| | | <u>Total Expenses</u> | \$ |

2. BALANCE SHEET

| <u>Assets</u> | | <u>Liabilities</u> | |
|---|----|------------------------------|----|
| <i>Cash & Equivalents</i> | \$ | <i>Accounts Payable</i> | \$ |
| <i>Investments</i> | \$ | <i>Loans Payable</i> | \$ |
| <i>Real Estate (less any depreciation)</i> | \$ | <i>All other liabilities</i> | \$ |
| <i>Other Property & Equipment (less any depreciation)</i> | \$ | <u>Total Liabilities</u> | \$ |
| <i>Pledges, grants, accounts receivable</i> | \$ | | |
| <i>All other assets</i> | \$ | | |
| <u>Total Assets</u> | \$ | | |



NH JUVENILE COURT DIVERSION NETWORK

MISSION STATEMENT

PURPOSE

To promote and support community-based alternatives to the formal court process that integrate restorative justice practices, promote positive youth development, and reduce juvenile crime and recidivism.

OBJECTIVES

- Promote principles of Restorative Justice
- To advocate for each member program and support the community-based individuality of each
- Utilize evidence based programming and best practices
- Promote principles of Restorative Justice in shaping juvenile law and policy in NH
- Promote the use of common data across diversion programs to substantiate outcomes
- To aid in maintaining high educational standards by sponsoring joint trainings and seminars

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

| | |
|---|---|
| A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025 | |
| B Check if applicable: <input checked="" 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 | C Name of organization NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK |
| | Doing business as |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 Ferry Street Suite 315 |
| | City or town, state or province, country, and ZIP or foreign postal code Concord, NH 03301 |
| D Employer identification number 02-0458455 | E Telephone number 603-225-9540 |
| F Name and address of principal officer: Alissa Cannon 10 Ferry Street Suite 315, Concord, NH 03301 | G Gross receipts \$ 1,390,589 |
| H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. | H(c) Group exemption number |
| I 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 | L Year of formation: 1994 M State of legal domicile: NH |
| J Website: NHCOURTDIVERSION.ORG | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>To create a more effective way to assist low-risk juvenile offenders who do not belong in court.</u> | | |
| | 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 | 5 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 5 |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 299,036 | 1,272,231 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,306 | 21,098 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 23 | 31 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 369,648 | 1,390,589 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 108,525 | 959,000 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 104,317 | 157,710 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 10,388 | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 107,905 | 195,947 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 320,747 | 1,312,657 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 48,901 | 77,932 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 352,710 | 488,738 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 28,408 | 86,504 |
| | | 324,302 | 402,234 |

Part II Signature Block

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

| | | |
|------------------|--|------|
| Sign Here | Signature of officer | Date |
| | Alissa Cannon, Executive Director Type or print name and title | |

| | | | | | |
|-------------------------------|---|------------------------------|-------------------------------|--|------------------|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN |
| | Amity Ollis | | | | P00407296 |
| | Firm's name Lifeboat Accounting PLLC | Firm's EIN 83-3547055 | Phone no. 603-304-8676 | | |

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: The Network supports accredited Diversion programs for at-risk youth involved with law enforcement to hold them accountable for their actions, ignite growth and community engagement, and encourage opportunities to develop compassion and connection with those they have harmed.

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 \$ 1,239,144 including grants of \$ 959,070) (Revenue \$ 21,098)
The NH Juvenile Court Diversion Network is dedicated to accrediting and supporting diversion programs throughout New Hampshire. Our programs serve referred youth who have faced various offenses with law enforcement. They offer a comprehensive approach to youth justice, incorporating restorative justice principles, holding youth accountable for their actions, and providing crucial substance use prevention and mental health support. Each year, the Network also offers a wide range of trainings and educational events for program staff, volunteers, and community partners- enhancing their ability to effectively support youth through this critical process. Together, our programs serve an average of 500 young people annually, fostering accountability, growth, and healthier futures.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 1,239,144

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)? <i>If "Yes," complete Schedule A</i> | ✓ | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | | ✓ |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | ✓ |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | ✓ |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part VI</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | ✓ | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | ✓ | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | | ✓ |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | ✓ |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | ✓ |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | ✓ |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | | ✓ |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | ✓ |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | ✓ | |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | ✓ | |

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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule J</i> | | ✓ |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | ✓ |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | ✓ |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | ✓ |
| 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 | ✓ | |

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? | ✓ | |

| 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 | 3 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | ✓ |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | ✓ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | ✓ |
| 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 the instructions and file Form 4720, Schedule N. | 15 | | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | ✓ |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any 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. | | |
| 1b | 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | <input checked="" type="checkbox"/> | |
| b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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 | <input checked="" type="checkbox"/> | |
| b | Other officers or key employees of the organization | | <input checked="" type="checkbox"/> |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 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.

Alissa Cannon, (603)330-7149
 10 Ferry Street Suite 315, Concord, NH 03301

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---|----------------------|--|--------------------------------------|---|---|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a 0 | | | | |
| | b | Membership dues | 1b 450 | | | | |
| | c | Fundraising events | 1c 0 | | | | |
| | d | Related organizations | 1d 0 | | | | |
| | e | Government grants (contributions) | 1e 1,262,437 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 9,344 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ 0 | | | | |
| | h | Total. Add lines 1a-1f | | 1,272,231 | | | |
| | Program Service Revenue | 2a | Conference Revenue | 624110 | 21,098 | 21,098 | 0 |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | 0 | 0 | 0 | |
| g | | Total. Add lines 2a-2f | | 21,098 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 31 | 0 | 0 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | |
| | 5 | Royalties | | 0 | 0 | 0 | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | 0 | 0 | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | 0 | 0 | | |
| | d | Net gain or (loss) | | | | | |
| 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | 8a | 0 | | | | |
| b | Less: direct expenses | 8b | 0 | | | | |
| c | Net income or (loss) from fundraising events | | 0 | | 0 | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | 97,229 | | | | |
| b | Less: direct expenses | 9b | 0 | | | | |
| c | Net income or (loss) from gaming activities | | 97,229 | 0 | 0 | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 0 | | | |
| 12 | Total revenue. See instructions | | 1,390,589 | 21,098 | 0 | 97,260 | |

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 | 959,000 | 959,000 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 79,498 | 63,598 | 11,925 | 3,975 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 47,813 | 38,250 | 7,172 | 2,391 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 7,395 | 5,916 | 1,109 | 370 |
| 10 | Payroll taxes | 23,004 | 18,403 | 3,451 | 1,150 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 1,628 | 0 | 1,628 | 0 |
| c | Accounting | 4,623 | 0 | 4,623 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 9,734 | 0 | 9,734 | 0 |
| 12 | Advertising and promotion | 7,823 | 7,823 | 0 | 0 |
| 13 | Office expenses | 11,165 | 6,696 | 3,265 | 1,204 |
| 14 | Information technology | 3,966 | 3,173 | 595 | 198 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 17,832 | 14,265 | 2,675 | 892 |
| 17 | Travel | 1,318 | 1,318 | 0 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 109,901 | 109,901 | 0 | 0 |
| 20 | Interest | 1,370 | 0 | 1,370 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 | Insurance | 4,154 | 3,323 | 623 | 208 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a | Program expenses | 260 | 260 | 0 | 0 |
| b | Board expenses and board development | 20,204 | 5,249 | 14,955 | 0 |
| c | Memberships | 1,969 | 1,969 | 0 | 0 |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,312,657 | 1,239,144 | 63,125 | 10,388 |
| 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 | 131,888 | 1 | 160,602 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 206,245 | 4 | 252,384 |
| | 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 | 1,418 | 9 | 852 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | 10a | |
| | b Less: accumulated depreciation | | 10b | 10c |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 13,159 | 15 | 74,900 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 352,710 | 16 | 488,738 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,905 | 17 | 11,604 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 9,344 | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 13,159 | 25 | 74,900 |
| | 26 Total liabilities. Add lines 17 through 25 | 28,408 | 26 | 86,504 |
| 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 | 324,302 | 27 | 402,234 |
| | 28 Net assets with donor restrictions | 0 | 28 | 0 |
| | 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 Total net assets or fund balances | 324,302 | 32 | 402,234 | |
| 33 Total liabilities and net assets/fund balances | 352,710 | 33 | 488,738 | |

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 | 1,390,589 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,312,657 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 77,932 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 324,302 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 402,234 |

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 | | ✓ |
| b | 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 | | ✓ |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization: NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK; Employer identification number: 02-0458455

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 362,303 | 275,866 | 261,427 | 299,036 | 1,271,232 | 2,469,864 |
| 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 | 362,303 | 275,866 | 261,427 | 299,036 | 1,271,232 | 2,469,864 |
| 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) | | | | | | 0 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,469,864 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | 362,303 | 275,866 | 261,427 | 299,036 | 1,271,232 | 2,469,864 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 17 | 20 | 18 | 23 | 31 | 109 |
| 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.) | | | | 66,283 | 97,229 | 163,512 |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,633,485 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | | 21,098 |
| 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 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 93.79 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.99 % |
| 16a 33 1/3% support test—2024. 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 type="checkbox"/> | | |
| b 33 1/3% support test—2023. 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 checked="" type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2024. 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—2023. 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | | % |

Section D. Computation of Investment Income Percentage

| | | | |
|---|-----------|--|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | | % |
| 19a 33 1/3% support tests—2024. 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 <input type="checkbox"/> | | | |
| b 33 1/3% support tests—2023. 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 <input type="checkbox"/> | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i> | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i> | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <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? <i>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.</i> | | |
| 2a | | |
| 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? <i>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.</i> | | |
| 2b | | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | |

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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 | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 . . . | | |
| b | Excess from 2021 . . . | | |
| c | Excess from 2022 . . . | | |
| d | Excess from 2023 . . . | | |
| e | Excess from 2024 . . . | | |

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK | Employer identification number 02-0458455 |
|---|---|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.

| | Amount |
|---|--------|
| 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 in Part XIII

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|-----|----|
| 3a(i) Unrelated organizations? | | |
| 3a(ii) Related organizations? | | |
| 3b 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, line 10c, column (B)) | | | | |

Part VII Investments—Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (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) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (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) Lease ROU Asset | 74,900 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 74,900 |

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) Lease ROU Liability | 74,900 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 74,900 |

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 II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|--|---|---|--|---|
| | | 1 Gross revenue | | | 97,229 |
| Direct Expenses | 2 Cash prizes | | | | 0 |
| | 3 Noncash prizes | | | | 0 |
| | 4 Rent/facility costs | | | | 0 |
| | 5 Other direct expenses | | | | 0 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | 0 | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 97,229 | |

9 Enter the state(s) in which the organization conducts gaming activities: NH

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name RMH NH LLC - AKA The Brook

Address 319 New Zealand Road Seabrook, NH 03874

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ 97,229 and the amount of gaming revenue retained by the third party \$ 277,797
- c If "Yes," enter the name and address of the third party:

Name RMH NH LLC - AKA The Brook

Address 319 New Zealand Road Seabrook NH 03874

16 Gaming manager information:

Name RMH NH LLC AKA The Brook

Gaming manager compensation \$ 0

Description of services provided See Schedule G, Part IV, Statement 1

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 97,229

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G, Part III, Line 16 - The organization does not directly conduct gaming. As part of the New Hampshire Lottery Commission's requirement of gaming rooms to give 35% of proceeds to nonprofit organizations, the organization is a recipient of the proceeds for up to 10 days of gaming per year. The organization does not pay the gaming operation directly for any management activities.

Schedule G, Part III, Line 17a - The state of NH requires all gaming rooms to give 35% of proceeds to charities within NH.

Schedule G, Part III, Line 17b - The State of NH requires all poker rooms/games of chance to distribute 35% of daily proceeds to nonprofits registered in NH for up to ten days per year.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK

Employer identification number

02-0458455

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
- 3 Enter total number of other organizations listed in the line 1 table 0

Schedule I, Part IV, Statement 1

NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK

Form: Schedule I (2024)

EIN: 02-0458455

Page: 1

Part II, Line 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|--|---------------|--------------------|------------------------|
| Name and address | Belknap County Restorative Justice 34 County Drive Laconia, NH 03246 | | 53,131 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | CADY Inc 94 Highland Ave Plymouth, NH 03264 | 57-1212859 | 53,701 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | City of Keene Youth Services 12 Washington St Keene, NH 03431 | | 56,488 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile court diversion | | | |
| Name and address | Coos County Juvenile Diversion c/o The North Country Health Consor 260 Cottage Street Littleton, NH 03561 | 02-0503184 | 50,362 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile court diversion | | | |
| Name and address | Dover Juvenile Court Diversion 288 Central Ave Dover, NH 03820 | | 50,987 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Goffstown Area Juvenile Diversion PO Box 411 Goffstown, NH 03045 | | 52,174 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Grafton County Juvenile Restorative Justice 3801 Dartmouth College Highway North Haverhill, NH 03774 | | 52,965 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |

Schedule I, Part IV, Statement 1

NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK

| | | | | |
|--------------------------------|--|------------|--------|---|
| Name and address | Greater Derry Juvenile Diversion 36 Tsienneto Rd Derry, NH 03038 | 02-0400769 | 60,475 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Hillsboro Juvenile Court Diversion Program 22 Municipal Drive Hillsboro, NH 03244 | | 56,166 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Manchester Police Athletic League 409 Beech Street Manchester, NH 03101 | 02-0459470 | 52,491 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Merrimack County Juvenile Services 163 N Main Street Suite 102 Concord, NH 03301 | | 61,048 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Nashua Police Athletic League 52 Ash Street Nashua, NH 03060 | 02-0427526 | 69,642 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Office of Youth Services Manchester 848 Elm Street Suite 302 Manchester, NH 03101 | | 17,497 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Rochester Juvenile Diversion 23 Wakefield Street Rochester, NH 03867 | | 54,265 | 0 |
| IRC code section | Government entity | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Seacoast Community Diversion Program 440 Portsmouth Ave Greenland, NH 03840 | 02-0485737 | 54,748 | 0 |
| IRC code section | 501(c)(3) | | | |

Schedule I, Part IV, Statement 1

NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK

| | | | | |
|--------------------------------|--|------------|--------|---|
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Sullivan County Court Diversion PO Box 474 211 North Main Street White River Junction, VT 05001 | 03-0285093 | 54,140 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Valley Court Diversion PO Box 474 211 North Main Street White River Junction, VT 05001 | 03-0285093 | 57,589 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |
| Name and address | Youth Assistance Program Tilton 291 Main Street Suite 5 Tilton, NH 03276 | 02-0355700 | 51,130 | 0 |
| IRC code section | 501(c)(3) | | | |
| Method of valuation | FMV | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Juvenile Court Diversion | | | |

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

NEW HAMPSHIRE JUVENILE COURT DIVERSION NETWORK

02-0458455

Form 990, Part VI, Section B, Line 11b - The entire board receives an electronic copy of IRS Form 990 for review prior to filing.

Form 990, Part VI, Section B, Line 12c - The board reviews & signs any conflicts of interest on an annual basis. The board chair reviews and approves all invoices and ensures no conflicts exist. At such time as any matter comes before the board in such a way as to give rise to a conflict of interest, the affected director shall make known the potential conflict, whether disclosed by his/her written statement or not, and after answering any questions that might be asked of him/her shall withdraw from the meeting so long as the matter shall continue under discussion. Should the matter be brought to a vote, neither the affected Director nor any other Director with a pecuniary benefit transaction with the corporation vote on it.

Form 990, Part VI, Section B, Line 15 - On an annual basis the organization reviews the Executive Director's compensation and compares data from independent sources, communications, and/or job descriptions from other similar nonprofit organizations, local wage and benefit reports, and information obtained from IRS Form 990 filings of similar organizations.

Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents, conflicts of interest policy, and financial statements available to the public upon request.

Alissa D. Cannon

EDUCATION

University of New Hampshire 2019

Nonprofit Management Certificate

Granite State College 2018

Psychology, BS

Granite State College 2008

Behavioral Science, AS

SKILLS AND CERTIFICATIONS

- *Statement of Eligibility for Health Education, State of New Hampshire*
- *Statement of Eligibility for Family and Consumer Science, State of New Hampshire*
- *Certified Paraprofessional II, State of New Hampshire*
- *Certified Prevention Specialist, International Credentialing & Reciprocity Consortium*
- *Certified in Youth Mental Health First Aid*
- **Trained in the Strategic Prevention Framework and Coordinated School Health**
- **Trained in A Skills-Based Approach to Health Education**

EXPERIENCE

2018-Present

Executive Director – NH Juvenile Court Diversion Network

Serving as the statewide Juvenile Court Diversion Network Executive Director - managing state grant funding, supporting regional S.B.I.R.T. (Screening, Brief Intervention, Referral to Treatment) initiatives for juveniles entering court diversion programs and facilitating monthly meetings for the Board of Directors and the full Network of programs; Voting member of the New Futures statewide Alcohol & Other Drug Policy Committee; Voting member of the statewide Budget Taskforce of the Governor's Commission on Prevention, Treatment & Recovery.

2018 - 2020

Paraprofessional II – Barrington Middle School

Worked with students with varying educational and emotional disabilities in the OnTrack Program and grade-level teams; Collaborated with teachers, administrators and special educators to increase students' accessibility to the curriculum, while implementing positive reinforcement for the behavioral management of assigned students within the classroom; Used prevention skills and encouraged overall wellness for the students and their behaviors; Served as Student Council Advisor.

2016-2018

Substance Misuse Prevention – Strafford County Public Health Network/Goodwin Community Health

Served Strafford County as the Coordinator for Substance Misuse Prevention - organizing local partners; building relationships and sector capacity; helping implement Coordinated School Health curriculum in two school districts; serving on local wellness committees; assessing needs in the community to plan substance misuse prevention programs and activities for youth and at-risk populations; coordinating the implementation of the Youth Risk Behavior Survey for middle schools; convening the Prevention Leadership Workgroup – a working collaboration of prevention specialists; utilizing local data to develop strategic plans and annual work plans in order to reduce the use of alcohol, marijuana and other drugs among teens and young adults.

2016

Coalition Coordinator – Somersworth Prevention Coalition

Held the position of Coordinator for a community coalition, collaborating with local partners to organize and plan substance misuse prevention activities that align with requirements of the Drug Free Communities Support Program; Utilizing the strategic prevention framework process to analyze community needs, develop action plans and implement programs, and cultivate partnerships geared towards the reduction of drug and alcohol use among teens and community education of substance misuse issues.

2015-2016

Paraprofessional – Rye Junior High School

Worked with students with varying educational and emotional disabilities; Collaborated with teachers, administrators and special educators to increase students' accessibility to the curriculum, while implementing positive reinforcement for the behavioral management of assigned students within the classroom and encouraged overall wellness for the students and their behaviors.

2014 - 2015

Marketing Assistant – Options, Inc.

Worked in a local non-profit organization serving men and women with developmental disabilities in a clerical position with daily use of Microsoft Office products and broad internet knowledge; Coordinating with department managers to construct effective marketing tools that benefit their departments, including the development of social media strategies; Supervising two resale store employees as the Manager for the store; Creating monthly newsletters for employees, as well as Constant Contact emails for general interest population; Developing policies and procedures and maintaining records for the agency's volunteer base; Assisting with the development and coordination of agency activities that include small events and large fundraising events.

2011-2013

Community Outreach Coordinator – TRACC Coalition, Tangipahoa Parish Government

Worked closely with local law enforcement agencies and conducting monthly meetings with designated law enforcement coalition partners; organizing and overseeing the youth prevention program alongside various community agency partners; planning and executing various training seminars in relation to youth and substance use/abuse, as well as law enforcement and substance use/abuse trainings; Scheduling and planning all monthly TRACC Coalition meetings, as well as communicating with partners; Using data to develop strategies to implement alcohol abuse and underage drinking prevention tools within the community.

Diane Casale, CPS

Professional Experience

July 2021- To date New Hampshire Juvenile Court Diversion Network Program Coordinator

- **Accreditation-** Work collaboratively with the Accreditation Committee to review the Accreditation Standards Questionnaire on a regular basis, making updates that reflect ongoing improvements in restorative practices. Conduct annual site reviews and provide programs with feedback that highlights strengths and identifies areas for growth. Coordinate and host the Accreditation Review with the Committee every two years. Serve as a resource to programs throughout the accreditation period, offering interpretation, guidance, and general support.
- **Newsletter-** Create a monthly newsletter for the Network with upcoming trainings, webinars, events and resources.
- **Community of Practice-** Create a calendar of speakers who vary in topics from Restorative Justice to Community Resources. Facilitate the CoP Discussion held via Zoom for one hour and a half every other month.
- **Advisory Team-** Create and facilitate an Advisory Team composed of representatives from program sites. Utilize the Advisory Team to gather input and clarify program perspectives on emerging issues, challenges, and systemic needs. Collaboratively frame program concerns, acknowledge successes, and identify areas for growth. Communicate Advisory Team feedback to the Board of Directors and Executive Director to inform decision-making and organizational development.
- **Peer Mentoring-** Develop and implement a peer mentoring program for the Network, providing new programs and staff with access to experienced mentors who can offer guidance, support, and practical advice. This mentoring structure will foster shared learning, build professional confidence, and strengthen consistency and quality across the Network.
- **Volunteer Training-** This program will equip volunteer facilitators with competencies in Restorative Justice principles, Motivational Interviewing, and additional evidence-based strategies that support a clear understanding of their roles and responsibilities within Restorative practices.

1993- May 2021 The Upper Room, Family Resource Center, Inc. Derry, NH

July 1994- May 2021 Program Coordinator, Greater Derry Juvenile Diversion Program

January 2011- May 2021 Administrative Coordinator

- Researched, designed and implemented pilot diversion program originally for the Derry District Court in conjunction with the local police departments, District Court Judge, and Juvenile Service Officers. This program offers an alternative to court for appropriate juvenile offenders. This is accomplished with the aid of volunteer members of the community, Community Review Team (CRT), who agree to set up contractual conditions. Currently responsible for all comprehensive family intakes, coordination of services, case management, training and coordination of volunteers, facilitation of youth and CRT meetings and final closing of the youth's case. The reporting of data and statistics to all funding sources and to the agency's development division is an important part of the position. Continuous evaluation of the program models and outcomes.
 - Incorporated the following resources for the community as the need became apparent:

Adolescent Wellness Program a comprehensive wellness program which focuses on promoting healthy adolescent behavior by providing youth with prevention and intervention services related to substance use and/or anger and parents with timely and effective support.

AWP increases youth knowledge of the consequences of substance use, increase skills to handle anger appropriately, and increase parent's ability to cope with child's anger or substance use resulting in an increase number of youth living healthier lives. AWP utilizes the following three components:

1. **Challenge Course** – a psycho-educational program, using a group format, which provides adolescents an opportunity to learn more about alcohol and other drugs while they explore their personal relationship with substances.
2. **Take Control** – Educational program, using a group format, providing adolescents an opportunity to learn about anger and how it affects their lives.
3. **UR Parents** – A facilitated group providing information and support to parents who face the challenges of raising teenagers in today's society. Multiple topics.

Y.E.S. (Shoplifter's Alternative) – An educational program, using a group format, providing youth the opportunity for youth to learn the effect shoplifting has on their lives and the community as a whole.

CSLO (Community Service-Learning Opportunities) – Opportunity for youth who need to meet community service obligations to learn about and help others within their community.

- **Administrative Coordinator:** Became the Administrative Coordinator for the agency in 2011 with several areas of responsibility.
 - IT/Technology- responsible for all repairs, maintenance and upgrading of major equipment i.e. computers, phones, copier, TVs etc.
 - Supervision of Database Specialist, as well as, AWP Coordinator.
 - Data collection development 2020- to date
 - Coordinate the volunteer and internship program for the agency.

Accomplishments

- Twenty eight years coordinating Greater Derry Juvenile Diversion
- Incorporation of community resources:
 - Challenge Course
 - Y.E.S. (Youth Education on Shoplifting)
 - Parents and Caregivers Cafe
- Development and creation of community resources:
 - Take Control
 - CSLO (Community Service Learning Opportunities)
- Applied for, through the Center for Excellence Service to Science, Take Control being recognized as a Promising Practice in the State of NH. Received endorsement in October 2012. Take Control was endorsed by the NH Expert Panel as evidence-based program August 9, 2013.
- Initial accreditation of Greater Derry Juvenile Diversion program with the State of NH Judicial Branch in 2011, and maintaining of that accreditation.

Professional Memberships

- New Hampshire Juvenile Court Diversion Network, Member-at-large on the Executive Committee (2015-May 2021) Chair (2005-2007)

I have worked on the following endeavors for the NHJCDN:

Data Collection and evaluation-1996

Recidivism Study- 1997 to 2005 (continued with the Derry Family Court to-date)

JusticeWorks, U.N.H. Durham – 1999

Data Collection and Reporting- 2003 to 2004 Worked collaboratively with police departments, Department of Safety, Administrative Office of the Courts and Division of Juvenile Justices Services in gathering statistical and demographic information to be reported to the federal government regarding crimes and detention in the state of New Hampshire.

Accreditation Committee, Chair- 2010-2022 (became a duty of the NHJCD Network Program Coordinator in 2022

Strategic Planning Committee- 2013-2021

- Prevention Certification Board of NH, Treasurer – (2006-2013)
- Citizen’s Advisory Board/ NH State Prison for Women-Goffstown (2000-2013)
- Challenge Course Advisory Committee Member, Committee Chair (Former)
- State Advisory Group- (2013-2015)
- Youth Suicide Prevention Alliance- 2021-to date

Education

- Hesser College- Nashua
Associates in Computer Science- January 1983
- Lesley College- Boston
Courses related to Human Services- 1992- 1993
- New Hampshire Technical Institute- Concord
Paralegal Certificate- August, 2001
- Guardian Ad Litem –NHTI-Concord October 2005
- Nashua Community College September 2009 to June 2011
Studied in Liberal Arts
Concentration in Peace and Social Justice

Volunteer Experience/Trainings

- Challenge Course, Facilitator/Coordinator
- SASSI Administration and Scoring, Administrator
(Substance Abuse Subtle Screening Inventory)
- GAINQ certified (Global Appraisal of Individual Needs-Quick)
- Certified Prevention Specialist, since June 2006
- CPI –Nonviolent Crisis Intervention

Maeve Dubiel

EDUCATION

Merrimack College, North Andover, MA August 2021

Master of Science in Criminology and Criminal Justice
Master Thesis: FEMA & Emergency Management

Merrimack College, North Andover, MA May 2020

Bachelor of Arts in Criminology and Criminal Justice
Minor in Psychology

North Shore Community College, Danvers, MA May 2018

Associate of Science in Criminal Justice

WORK EXPERIENCE

New Hampshire Juvenile Court Diversion Network, Concord, NH

Executive Assistant

March 2025 – Present

- Manage the Executive Director's calendar, including scheduling appointments and coordinating meetings.
- Draft essential organizational documents such as correspondence and reports.
- Conduct research and provide project support for various organizational initiatives.
- Serve as the primary liaison and support for the Board of Directors, Advisory Team, and Community of Practice by scheduling meetings, distributing materials, recording minutes, and maintaining updated contact lists.
- Assist with the planning and coordination of training sessions and events.
- Oversee all social media platforms and community outreach efforts.

Merrimack College Police Academy, North Andover, MA

Police Academy Program Coordinator

November 2021 – May 2024

- Oversaw the day-to-day operations of the police academy.
- Coordinated with relevant offices and personnel including the Municipal Police Training Committee (MPTC), chiefs of police, college administration, academy director, and law enforcement agencies daily.
- Organized academy-related events such as graduation, chief meet and greet, and volunteer experiences.
- Managed the administrative and technical support functions related to all academy operations, including correspondence, MPTC Acadis records, meetings, instructor scheduling, contracts, and invoices.
- Maintained academy budget, payroll, resources, and equipment.
- Managed all social media accounts, photography & community engagement.
- Coordinated the recruitment, supervision, and advising of the MPTC instructors.

RELATED EXPERIENCE

- Nahant Police Emergency Management CERT Member
- Merrimack College Police Department Security

December 2022 – Present

September 2020 – May 2021

SKILLS AND CERTIFICATIONS

- Restorative Panel Process Issued July 2025
- FEMA IS-00100.c.: Introduction to Incident Command System, ICS-100 Issued May 2024
- FEMA IS-20.24: Diversity Awareness Course Issued January 2024
- FEMA IS-317.a: Introduction to Community Emergency Response Team (CERTs) Issued December 2022
- FEMA IS-315.a: CERT and the Incident Command System (ICS) Issued December 2022
- 51A Mandated Reporter Training Issued March 2021

LORI J. WALTER, CMP

PROFESSIONAL HISTORY

NH Juvenile Court Diversion Network // Concord, NH

Operations & Training Specialist // November 2025 to Present

Event & General Support Contractor // March 2025 to November 2025

- Leads full-cycle planning and execution of the Network's annual Summit, including committee coordination, vendor contracting, sponsorship outreach, marketing, logistics, and event app/website development.
- Manages additional special events and training throughout the year, adapting to evolving program needs and timelines.
- Provides daily operational support, including state invoicing, accounts payable, and administrative coordination that keeps systems running smoothly.
- Oversee ongoing website management, updates, and content organization to ensure accurate, accessible information for partners and the public.

Community Health Institute // JSI Research & Training Institute, Inc. // Bow, NH

Training & Event Manager // July 2007 to February 2025

- Managed 4 major conferences annually (100–400 attendees) plus multiple trainings, collaboratives, and special events.
- Led full-cycle event planning, including concept development, committees, vendor contracting, marketing/sponsorships, logistics, and event app/website creation.
- Achieved a 95% participant satisfaction rating across all events.
- Developed organization-wide SOPs for registration standards, accessibility needs, pronoun capture, and media consent.

Event Team Lead

- Supervised and mentored a team of 2–4 event staff, leading weekly meetings and establishing consistent planning templates and workflows.
- Fostered a collaborative team culture and co-developed marketing materials highlighting team services.

CEU Administrator

- Managed CNE and NAADAC accreditations, including applications, renewals, compliance, and documentation.
- Oversaw CE submissions for nursing, LADC, CRSW, LCSW, and physician credits; issued certificates and served as the organization's CE and licensing expert.

Consultant & Business Development

- Developed proposals and budgets for new training and event contracts.
- Advised internal teams and clients on event strategy and specialized planning needs.

Lori Walter Weddings & Events // Concord, NH

Owner/Lead Planner // January 2006 to October 2019

- Planned, designed, and managed weddings, nonprofit events, and professional gatherings from concept through on-site execution.
- Provided full-service client support, including timelines, budgets, design concepts, vendor coordination, and day-of management.
- Oversaw all business operations, including finance, marketing, contracts, and client relations.
- Served a diverse client base, including wedding clients, a former U.S. Secretary of State, Volunteer NH, and the NH Municipal Managers Association.

- Held annual contracts with Canterbury Shaker Village (2017–2018) to manage its wedding program.

NH Center for Nonprofit // Concord, NH

Member Services Coordinator // November 2006 to February 2007

- Processed event registrations and payments with accuracy and timeliness.
- Managed membership applications, renewals, and associated payment processing.
- Provided ongoing correspondence and customer service to current and prospective members.
- Supported event planning efforts, including coordinating speakers, preparing materials, managing site logistics, and overseeing onsite registration operations.
- Delivered administrative support to the Executive Director and Assistant Director, ensuring smooth daily operations.

NH Local Government Center/NH Municipal Association // Concord, NH

Event Manager // September 1999 to December 2005

- Planned and executed conferences, trade shows, and organizational events from concept through on-site management.
- Managed RFPs, site inspections, and vendor/venue contracts to ensure smooth logistics.
- Led marketing efforts and built relationships with exhibitors, sponsors, and advertisers.
- Coordinated speakers, presentation materials, registration, catering, and audiovisual needs.
- Supervised event staff and supported member services, awards, and scholarship programs.
- Conducted post-event evaluations to guide improvements.
- Awarded 2003 Employee of the Year for outstanding performance.

EDUCATION

- Associate of Science - General Business // Ashworth University // May 2016
- Certificate - Bridal Consulting // Professional Career Development Institute // 2006
- Certificate - Hotel Administration // NH Technical Institute // Concord, NH // May 2002
- Certificate - Travel & Tourism // Professional Career Development Institute // May 2002
- Coursework in Marketing // NH Technical Institute // Concord, NH // September 1999-May 2002

CERTIFICATIONS

- Certified Meeting Professional (CMP) - Events Industry Council (since 2005)
- Inclusive Event Strategist - Meeting Professionals International (2020)

COMMUNITY SERVICE & VOLUNTEER WORK

- NH Get Your Rear in Gear 5k, Race Day Registration Volunteer since 2014
- Concord Mom Prom, Planning Committee 2014 - 2024