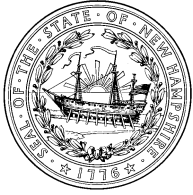


107 - 6/3/26



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Weaver
 Commissioner

Katja S. Fox
 Director

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9544 1-800-852-3345 Ext. 9544
 Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 5, 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 Behavioral Health, to amend existing contracts, which were originally competitively bid, with the Contractors listed below for the continued provision of Recovery Oriented Step-Up Step-Down programs, by exercising contract renewal options by increasing the total price limitation by \$4,000,000 from \$8,000,000 to \$12,000,000 and extending the completion dates from June 30, 2026 to June 30, 2028, effective July 1, 2026, upon Governor and Council approval. 100% General Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

| Contractor Name | Vendor Code | Area Served | Current Amount | Increase (Decrease) | Revised Amount | G&C Approval |
|--|--------------------|--------------------|-----------------------|----------------------------|-----------------------|--|
| Connections Peer Support Center (Portsmouth, NH) | 157070-B001 | Portsmouth | \$1,600,000 | \$800,000 | \$2,400,000 | O: 6/29/22 (Item #25) A1: 5/15/24 (Item #24) |
| H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI (Nashua, NH) | 209287-B001 | Nashua | \$1,600,000 | \$800,000 | \$2,400,000 | O: 6/29/22 (Item #25) A1: 5/15/24 (Item #24) |
| Monadnock Area Peer Support Agency (Keene, NH) | 157973-B001 | Keene | \$3,200,000 | \$1,600,000 | \$4,800,000 | O: 6/29/22 (Item #25) A1: 12/21/22 (Item #28) A2: 5/15/24 (Item #24) |
| On the Road to Recovery, Inc. dba On the Road to Wellness (Manchester, NH) | 158839-B001 | Manchester | \$1,600,000 | \$800,000 | \$2,400,000 | O: 6/29/22 (Item #25) A1: 5/15/24 (Item #24) |
| | | Total: | \$8,000,000 | \$4,000,000 | \$12,000,000 | |

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 3

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in SFY 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

The purpose of this request is to exercise available contract renewal options to support the continued operation of Recovery Oriented Step-Up Step-Down (SUSD) programs for individuals 18 years of age or older, with long term and/or serious mental illness. Additionally, the Department is modifying the scope of work to increase the maximum length of stay from 90 days to 120 days. This change is based on program data indicating that individuals benefit from additional time to connect with community resources and complete transition planning that supports their long-term health and wellness.

The statewide SUSD programs play a critical role in advancing New Hampshire's 10-Year Mental Health Plan, which establishes a coordinated vision for expanding community-based mental health services across the state, and Mission Zero, the Department's initiative to eliminate psychiatric boarding in emergency departments by ensuring individuals receive timely access to the appropriate level of care. These programs help individuals who are ready to transition out of inpatient care (step-down) and provide community-based alternative for those who may be at risk of needing inpatient admission (step-up). Demand for these programs remains high, with quarterly occupancy rates consistently between 80-100%.

Approximately 75 individuals will be served during State Fiscal Years 2027 and 2028.

Three (3) of the Contractors will continue to operate a three (3) bed SUSD program and one (1) Contractor will continue to operate a six (6) bed program. These programs provide short-term mental health peer support services and recovery-based transition services. The Contractors use Intentional Peer Support or other Substance Abuse and Mental Health Services Administration-recognized peer support models to facilitate recovery and wellness with the individuals they serve.

The Department will continue to monitor services through multiple oversight mechanisms including a thorough review and assessment of monthly financial statements, quarterly program and expenditure reports, and quarterly summaries of participant evaluation surveys. The Department also conducts bi-annual quality improvement and/or utilization review activities tied to performance measures, and monthly meetings with the Contractors.

As referenced in Exhibit A of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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) years of the two (2) remaining years available.

Should the Governor and Executive Council not authorize this request, 15 SUSD beds will close. This would leave individuals without access to essential peer support and short-term transitional services. Without these supports, people are more likely to experience unnecessary

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 3 of 3

psychiatric hospitalization, longer lengths of stay, and delays in discharge. SUSD programs help individuals return to the community safely and reduce the need for hospital-level of care, which lowers costs and frees up inpatient beds for people in acute psychiatric crisis.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Weaver". The signature is stylized and cursive.

For:

Lori A. Weaver
Commissioner

| 05-95-92-922010-4117 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, CMH PROGRAM SUPPORT | | | | | |
|--|------------------------|---------------|------------------------|--------------------------------|--------------------------|
| 100% General Funds | | | | | |
| Activity Code: 92204117 | | | | | |
| Monadnock Area Peer Support Agency | | | | | |
| Vendor # 157973 | | | | | |
| State Fiscal Year | Class Title | Class Account | Current Budget | Amount Increase/ (Decrease) | Revised Budget Amount |
| 2023 | Contracts for Prog Svs | 102-500731 | \$ 800,000.00 | \$ - | \$ 800,000.00 |
| 2024 | Contracts for Prog Svs | 102-500731 | \$ 800,000.00 | \$ - | \$ 800,000.00 |
| 2025 | Contracts for Prog Svs | 102-500731 | \$ 800,000.00 | \$ - | \$ 800,000.00 |
| 2026 | Contracts for Prog Svs | 102-500731 | \$ 800,000.00 | \$ - | \$ 800,000.00 |
| 2027 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 800,000.00 | \$ 800,000.00 |
| 2028 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 800,000.00 | \$ 800,000.00 |
| Subtotal | | | \$ 3,200,000.00 | \$ 1,600,000.00 | \$ 4,800,000.00 |
| H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI | | | | | |
| Vendor # 209287 | | | | | |
| State Fiscal Year | Class Title | Class Account | Current Budget | Amount Increase/ (Decrease) | Revised Budget Amount |
| 2023 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2024 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2025 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2026 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2027 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| 2028 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| Subtotal | | | \$ 1,600,000.00 | \$ 800,000.00 | \$ 2,400,000.00 |
| On the Road to Recovery, Inc. | | | | | |
| Vendor # 158839 | | | | | |
| State Fiscal Year | Class Title | Class Account | Current Budget | Amount Increase/ (Decrease) | Revised Budget Amount |
| 2023 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2024 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2025 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2026 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2027 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| 2028 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| Subtotal | | | \$ 1,600,000.00 | \$ 800,000.00 | \$ 2,400,000.00 |
| Connections Peer Support Center | | | | | |
| Vendor # 157070 | | | | | |
| State Fiscal Year | Class Title | Class Account | Current Budget | Amount Increase/ (Decrease) | Revised Budget Amount |
| 2023 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2024 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2025 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2026 | Contracts for Prog Svs | 102-500731 | \$ 400,000.00 | \$ - | \$ 400,000.00 |
| 2027 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| 2028 | Contracts for Prog Svs | 102-500731 | \$ - | \$ 400,000.00 | \$ 400,000.00 |
| Subtotal | | | \$ 1,600,000.00 | \$ 800,000.00 | \$ 2,400,000.00 |
| TOTAL | | | \$ 8,000,000.00 | \$ 4,000,000.00 | \$ 12,000,000.00 |

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

This Amendment to the Recovery Oriented Step-Up Step-Down Programs contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Connections Peer Support Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022 (Item# 25), as amended on May 15, 2024 (Item #24), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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:
\$2,400,000
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:
1.4 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 B, Scope of Services, Section 1.9.3., to read:
1.9.3. Policies that establish a 120-day maximum stay limit per individual, per episode.
5. Modify Exhibit B, Scope of Services, Section 1.18.5., to read:
1.18.5 A maximum 120-day length of stay agreement.
6. Modify Exhibit C, Payment Terms, Section 2., to read:
2. 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 Exhibit C-1 Budget through Exhibit C-5, Budget– Amendment #2.
7. Modify Exhibit C, Payment Terms, Section 3, to read:
3. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

- 3.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
- 3.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 3.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 3.4. Does not include any non-allowable expenses including, but not limited to, the following:
 - 3.4.1. Account fees as assessed by a banking institution.
 - 3.4.2. Interest payments on any business or personal loans, as well as lines of credit.
 - 3.4.3. Payments on any business or personal loans, as well as lines of credit.
 - 3.4.4. Payments made to relatives of any staff or member, unless prior written approval is received by the Board of Directors as well as the Department.
- 3.5. Includes required supporting documentation of allowable costs with each invoice as outlined in guidance documentation provided by the Department. These documents may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 3.6. Includes supporting documentation labeled and organized by budgeted line item.
- 3.7. Is completed, dated, and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 3.8. Is assigned an electronic signature, includes supporting documentation, and is emailed to dhhs.dbhinvoicesmhs@dhhs.nh.gov or mailed to:

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

8. Add Exhibit C-5, Budget– Amendment #2, which is attached hereto and incorporated by reference herein.

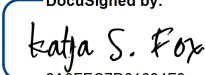
All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

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

5/5/2026

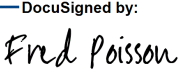
Date

DocuSigned by:

2A0FEC7D81884F3...

Name: Katja S. Fox
Title: Director

5/1/2026

Date

Connections Peer Support Center
DocuSigned by:

AFC5B20882DA4D7...

Name: Fred Poisson
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

5/7/2026

DocuSigned by:
Robyn Guarino
748734844941460

Date

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:

Exhibit C-5, Budget - Amendment #2

| New Hampshire Department of Health and Human Services | | |
|--|---|---|
| Contractor Name: | <i>Connections Peer Support Center</i> | |
| Budget Request for: | <i>Recovery Orientated Step-up Step-Down Programs</i> | |
| Budget Period: | <i>SFY 2027-SFY 2028</i> | |
| Line Item | Program Cost - Funded by DHHS - SFY 27 | Program Cost - Funded by DHHS - SFY 28 |
| 1. Salary & Wages | \$282,688 | \$282,688 |
| 2. Employee Benefits | \$24,837 | \$24,837 |
| 3. Payroll Taxes | \$21,625 | \$21,625 |
| 4. Audit and Accounting | \$8,500 | \$8,500 |
| 5. Occupancy Costs | \$24,000 | \$23,500 |
| 6. Utilities | \$10,600 | \$10,920 |
| 7. Telephone | \$3,420 | \$3,525 |
| 8. Website and Information Technology | \$1,040 | \$1,200 |
| 9. Travel and Mileage | \$3,800 | \$3,800 |
| 10. Office Supplies | \$1,890 | \$1,610 |
| 11. Client Consumables | \$6,500 | \$6,300 |
| 12. Staff development and Training | \$1,200 | \$1,100 |
| 13. Insurance Costs | \$9,900 | \$10,395 |
| 14. Other (Please specify below) | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| Total | \$400,000 | \$400,000 |
| COMBINED TOTAL | \$800,000 | |

Contractor Initials: DS
EP

Date: 5/1/2026

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 CONNECTIONS PEER SUPPORT CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 08, 1992. 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: **175447**

Certificate Number: **0007821211**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of March A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Ardie Henry, 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 Connections Peer Support Center
(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 April 1, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Fred Poisson, Executive Director, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Connections Peer Support Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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 effect 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 was **valid thirty (30) days prior to and 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: 4/2/2026

A. Henry
Signature of Elected Officer

Name: Ardie Henry

Title: President, Board of Directors
Connections Peer Support Center

ADDITIONAL COVERAGES

| | | | | |
|-------------------------|--|-------------------------------|--------------------------|-----------------------------|
| Ref # | Description Paid in Full Discount | Coverage Code PIF | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Medical payments | Coverage Code MEDPM | Form No. | Edition Date |
| Limit 1 5,000 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description Expense constant | Coverage Code EXCNT | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium \$160.00 |
| Ref # | Description Premium discount | Coverage Code PDIS | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium -\$199.00 |
| Ref # | Description Domestic Terrorism, EQ & Catastrophic Accid. | Coverage Code DTEC | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium \$122.00 |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |
| Ref # | Description | Coverage Code | Form No. | Edition Date |
| Limit 1 | Limit 2 | Limit 3 | Deductible Amount | Deductible Type |
| | | | | Premium |

NONPROFIT COVER SHEET

A. Entity Name: Connections Peer Support Center

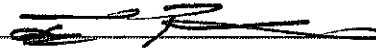
B. Entity's Contact Information:

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Tina Dulac/603-427-6966/tina@connectionspeersupport.org

Person responsible for Accuracy and Completeness of information provided:

Name: Fred Poisson Title: Executive Director

Signature:  4/10/26

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> |
|--|---|
| Ardie Henry (President) | Retired: R.N. |
| Allison Sollee (Secretary) | Retired: M.D., Wentworth-Douglass Board |
| John O'Brien (Treasurer) | Retired: CFO |
| Michael Brousseau | Business Director, Pharmaceutical Industry |
| Dave Cosgrove, Jr. | Finance, Project Management - Broadcom |
| Brenna Fitzgibbon | Customer Service Rep. |
| John Henry | Retired: Electrical Engineer |
| Benjamin Lamothe | Member CPSC |
| Bonnie Ward | Retired: Executive |
| Meryle Zeoli | Leader NH Voc Rehab; NH Council on Developmental Disabilities |
| | |
| | |

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> |
|-------------------------|-----------------------------|----------------------|---------------------------------------|
| Fred Poisson | Executive Director | \$85,000 | \$42,500 |
| Kelly Reynolds | Deputy Director | \$65,000 | \$17,065 |
| Tina Dulac | Finance & Admin. Manager | \$66,000 | \$33,000 |
| Carley Crain | Marketing & Curriculum Dir. | \$55,000 | \$27,500 |
| Jessica Williams | Residential Director | \$47,840 | \$47,840 |
| | | | |
| | | | |
| | | | |
| | | | |

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>

| | | | | | | | |
|-------|--|--------------------------------|------------|----|-------|---|------------|
| 10577 | Connecticut Valley Crime Stoppers, Inc. | PO Box 423 | Alstead | NH | 03602 | X | 5/15/2018 |
| 12086 | Connections Peer Support Center | 544 Islington Street | Portsmouth | NH | 03801 | G | 11/14/2026 |
| 32658 | ConnectWise Foundation, Inc. | 400 N. Tampa Street, Suite 130 | Tampa | FL | 33602 | G | 5/15/2026 |
| 13633 | Connor's Climb Foundation | PO Box 283 | Exeter | NH | 03833 | G | 5/15/2026 |
| 15187 | Conquer Cancer Foundation of the American Society of Clinical Oncology | 2318 Mill Road, Suite 800 | Alexandria | VA | 22314 | G | 5/15/2026 |
| 1849 | Conservancy Foundation, Inc. | 40 Temple Street | Nashua | NH | 03060 | G | 1/15/2027 |
| 18521 | Conservation District Employees Association of NH | 11 Industrial Park Drive | Walpole | NH | 03608 | G | 5/15/2026 |
| 6288 | Conservation Fund | 1655 N. Fort Myer Dr. | Arlington | VA | 22209 | G | 5/15/2026 |
| 5631 | Conservation International Foundation | 2011 Crystal Drive, Suite 600 | Arlington | VA | 22202 | G | 11/15/2025 |
| 4476 | Conservation Law Foundation, Inc. | 62 Summer Street | Boston | MA | 02110 | G | 12/15/2025 |
| 32925 | Conservation Legacy | 701 Camino del Rio Ste 101 | Durango | CO | 81301 | G | 5/15/2026 |
| 30335 | Conservation Nation | 1717 K Street NW Suite 900 | Washington | DC | 20006 | G | 11/15/2026 |

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>Program Services Revenue</i> | \$ | <i>Other salaries & wages</i> | \$ |
| <i>Interest & Dividends</i> | \$ | <i>Payroll taxes & employee benefits</i> | \$ |
| <i>All other Revenue</i> | \$ | <i>Occupancy, rent, utilities, and insurance</i> | \$ |
| <u>Total Revenue</u> | \$ | <i>Printing, publications, postage, office supplies, and IT</i> | \$ |
| | | <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> | \$ | | |



Mission Statement

It is the mission of Connections Peer Support to empower our members as they move toward a sustainable and self-determined recovery by encouraging them to embrace the growth that can come with support, resources and connections to peers.

Vision Statement

We envision a reality for our members where they can thrive in their communities despite behavioral health challenges. They will feel empowered to engage with peers in a stigma free environment. Members of Connections Peer Support will feel connected to their community. They will have the capacity and social skills to access resources for personal needs, goals, and recovery.

CONNECTIONS PEER SUPPORT CENTER

FINANCIAL STATEMENTS

Years Ended June 30, 2025 and 2024

AND SUPPLEMENTARY INFORMATION

Year Ended June 30, 2025

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Connections Peer Support Center
Portsmouth, NH 03801

Opinion

We have audited the accompanying financial statements of Connections Peer Support Center (a New Hampshire nonprofit corporation), which comprise the statements of financial position as of June 30, 2025 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Connections Peer Support Center as of June 30, 2025 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Connections Peer Support Center and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Connections Peer Support Center's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Connections Peer Support Center's internal control. Accordingly, no such opinion is expressed.

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Connections Peer Support Center's ability to continue as a going concern for a reasonable period of time.

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

Report on Summarized Comparative Information

The 2024 financial statements of Connections Peer Support Center were audited by other auditors whose report dated January 24, 2025, expressed an unmodified opinion on those statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2024, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Bureau of Mental Health Services (BMHS) Reconciliation of BMHS Contract is presented for purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management as a derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subject to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
September 17, 2025

**CONNECTIONS PEER SUPPORT CENTER
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2025 AND 2024
See Independent Auditors' Report**

| ASSETS | 2025 | 2024 |
|--|--------------------------|--------------------------|
| CURRENT ASSETS | | |
| Cash and cash equivalents | \$ 29,896 | \$ 41,513 |
| Restricted cash and cash equivalents | 50,000 | - |
| Accounts receivable | 107,770 | 115,805 |
| Prepaid expenses | 3,664 | 3,058 |
| Total Current Assets | <u>191,330</u> | <u>160,376</u> |
| PROPERTY AND EQUIPMENT, at cost | | |
| Building | 391,441 | 391,441 |
| Building improvements | 231,997 | 209,296 |
| Furniture and equipment | 52,316 | 52,317 |
| Vehicles | 65,165 | 65,165 |
| Land | 149,596 | 149,596 |
| | <u>890,515</u> | <u>867,815</u> |
| Less accumulated depreciation | (283,391) | (233,615) |
| | <u>607,124</u> | <u>634,200</u> |
| OTHER ASSETS | | |
| Right of use asset, operating | 3,641 | 6,119 |
| | <u>3,641</u> | <u>6,119</u> |
| Total Assets | <u><u>802,095</u></u> | <u><u>800,695</u></u> |
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES | | |
| Current portion of long-term debt | 10,858 | 10,407 |
| Current portion of right of use liability, operating | 2,628 | 2,478 |
| Accounts payable | 10,520 | 8,415 |
| Accrued payroll and related taxes | 34,056 | 30,278 |
| Total Current Liabilities | <u>58,062</u> | <u>51,578</u> |
| LONG-TERM LIABILITIES | | |
| Right of use liability, operating , less current portion | 1,013 | 3,641 |
| Long-term debt, net of current portion | 229,741 | 240,427 |
| Total Long-Term Liabilities | <u>230,754</u> | <u>244,068</u> |
| Total Liabilities | <u>288,816</u> | <u>295,646</u> |
| NET ASSETS | | |
| Without donor restriction | 463,279 | 505,049 |
| With donor restriction | 50,000 | - |
| | <u>513,279</u> | <u>505,049</u> |
| Total Liabilities and Net Assets | <u><u>\$ 802,095</u></u> | <u><u>\$ 800,695</u></u> |

**CONNECTIONS PEER SUPPORT CENTER
STATEMENTS OF ACTIVITIES, AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2025 AND 2024
See Independent Auditors' Report**

| | 2025 | | | 2024 |
|--|-------------------------------|---------------------------|-------------------|-------------------|
| | Without Donor Restrictions | With Donor Restriction | Total | |
| REVENUES, GAINS AND OTHER SUPPORT | | | | |
| Grants and contracts | \$ 827,026 | \$ 50,000 | \$ 877,026 | \$ 849,419 |
| Contributions | 17,530 | - | 17,530 | 32,988 |
| Contributions, non cash | 3,250 | - | 3,250 | 36,292 |
| Contributions, in-kind services | 3,308 | - | 3,308 | - |
| Interest | 39 | - | 39 | 37 |
| Realized gains on sales of propety | - | - | - | 7,500 |
| Miscellaneous income | 419 | - | 419 | - |
| Total support and revenue | <u>851,572</u> | <u>50,000</u> | <u>901,572</u> | <u>926,236</u> |
| EXPENSES | | | | |
| Program | 828,144 | | 828,144 | 777,477 |
| Management & General | 65,198 | | 65,198 | 52,956 |
| Total expenses | <u>\$ 893,342</u> | <u>\$ -</u> | <u>\$ 893,342</u> | <u>\$ 830,433</u> |
| Increase (Decrease) in net assets | (41,770) | 50,000 | 8,230 | 95,803 |
| Net assets, beginning of year | <u>505,049</u> | <u>-</u> | <u>505,049</u> | <u>394,746</u> |
| Prior period adjustment | - | - | - | 14,500 |
| Net assets, end of year | <u>\$ 463,279</u> | <u>\$ 50,000</u> | <u>\$ 513,279</u> | <u>\$ 505,049</u> |

**CONNECTIONS PEER SUPPORT CENTER
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2025 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2024
See Independent Auditors' Report**

| | PSA Costs | SUSD Costs | Total Programs | Management & General | Total 2025 | Total 2024 |
|-----------------------------|-------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|
| Salaries | 286,443 | 270,330 | 556,773 | 47,545 | 604,318 | 572,443 |
| Payroll taxes | 23,487 | 21,846 | 45,333 | 3,284 | 48,617 | 45,296 |
| Depreciation | 21,901 | 21,902 | 43,803 | 5,973 | 49,776 | 41,814 |
| Benefits | 11,320 | 28,868 | 40,188 | - | 40,188 | 37,762 |
| Office supplies and postage | 15,712 | 8,028 | 23,740 | 3,899 | 27,639 | 25,553 |
| Repairs and maintenance | 6,924 | 9,800 | 16,724 | 457 | 17,181 | 19,271 |
| Professional fees | 19,148 | 9,347 | 28,495 | 3,308 | 31,803 | 17,173 |
| Interest | - | 11,763 | 11,763 | - | 11,763 | 14,757 |
| Utilities | 5,162 | 10,923 | 16,085 | - | 16,085 | 12,287 |
| Insurance | 7,831 | 7,893 | 15,724 | - | 15,724 | 11,821 |
| Travel | 5,875 | 3,021 | 8,896 | 233 | 9,129 | 11,625 |
| Telephone | 5,453 | 4,080 | 9,533 | - | 9,533 | 10,935 |
| Other | 2,347 | 2,413 | 4,760 | 499 | 5,259 | 8,008 |
| Dues and subscriptions | 455 | 455 | 910 | - | 910 | 924 |
| Staff development | 4,605 | 812 | 5,417 | - | 5,417 | 764 |
| TOTAL | \$ 416,663 | \$ 411,481 | \$ 828,144 | \$ 65,198 | \$ 893,342 | \$ 830,433 |

Notes to Financial Statements

**CONNECTIONS PEER SUPPORT CENTER
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2025 AND 2024
See Independent Auditors' Report**

| | <u>2025</u> | <u>2024</u> |
|--|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Increase in net assets | \$ 8,230 | \$ 95,803 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: | | |
| Realized gains on sales of property | - | (7,500) |
| Noncash contributions of property and equipment | - | (36,292) |
| Depreciation | 49,776 | 41,814 |
| (Increase) decrease in assets: | | |
| Accounts receivable | 8,035 | (37,079) |
| Prepaid expenses | (606) | (1,735) |
| Increase (Decrease) in net assets | | |
| Accounts payable | 2,105 | (339) |
| Accrued payroll and related taxes | 3,778 | 9,322 |
| Refundable advances - other | - | (25,000) |
| Net Cash Provided By Operating Activities | <u>71,318</u> | <u>38,994</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| Purchases of property and equipment | (22,700) | (52,230) |
| Proceeds from sales of property and equipment | - | 7,500 |
| Net Cash (Used) by Investing Activities | <u>(22,700)</u> | <u>(44,730)</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES | | |
| Principal payments on long term debt | (10,235) | (9,776) |
| Net Increase (Decrease) in Cash and cash equivalents | <u>38,383</u> | <u>(15,512)</u> |
| Cash and cash equivalents, Beginning of Year | <u>41,513</u> | <u>57,025</u> |
| Cash and cash equivalents, End of Year | <u>\$ 79,896</u> | <u>\$ 41,513</u> |
| SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION | | |
| Cash paid during the years for interest | <u>\$ 11,763</u> | <u>\$ 14,757</u> |
| Contributions, in-kind services | <u>\$ 3,308</u> | <u>\$ -</u> |
| Non-cash Contributions | <u>\$ 3,250</u> | <u>\$ 36,292</u> |

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 1. Nature of the Organization

Connections Peer Support Center (the Center) is a nonprofit organization that was established on June 8, 1992 and whose operations are located in Portsmouth, New Hampshire and Northwood, New Hampshire. The Center's purpose is to implement a consumer agenda for improving the quality of life of adult consumers of mental health services in Rockingham County. A majority of the Center's support is provided by two grants from the State of New Hampshire Bureau of Mental Health Services, (BMHS).

Note 2. Significant Accounting Policies

The summary of significant accounting policies of the Center is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Center's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for the Center are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

The financial statements of the Center have been prepared on the accrual basis of accounting whereby revenues are recorded when earned and expenses are recorded when the obligation is incurred. The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions: include net assets that are not subject to any donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. These net assets may be used at the discretion of the Center's management and board of directors.

Net assets with donor restrictions: include net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2024, from which the summarized information was derived.

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 2. Significant Accounting Policies (continued)

Use of Estimates

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

Cash and Cash Equivalents

For purposes of reporting cash flows, the Center considers all highly liquid debt instruments with an initial maturity of three months or less to be cash equivalents, excluding amounts the use of which is limited restriction. The following table provides a reconciliation of cash and cash equivalents reported within the statement of financial position to the sum of the corresponding amounts within the statement of cash flows as of June 30:

| | <u>2025</u> | <u>2024</u> |
|--------------------------------------|------------------|------------------|
| Cash and Cash Equivalents | \$ 29,896 | \$ 41,513 |
| Restricted Cash and Cash Equivalents | <u>50,000</u> | <u>-</u> |
| Total | <u>\$ 79,896</u> | <u>\$ 41,513</u> |

Prior Period Adjustment

During the year ended June 30, 2025 it was discovered that accrued audit fees as of June 30, 2022 were not reversed during the year ended June 30, 2023. This resulted in accrued expenses being overstated by \$14,500. A prior period adjustment in this amount appears on the statements of activities and changes in net assets.

Accounts Receivable

Accounts receivable consists of amounts due from the State of New Hampshire Bureau of Mental Health Services. The Organization has no formal policy for requiring collateral. Management believes that the composition of accounts receivable at year end is consistent with historical conditions as credit terms and practices have not changed. There are no known disputes or financial difficulties with those responsible for the outstanding balances. An allowance for credit losses is established based on historical experience and management's evaluation of outstanding accounts receivable at the end of each fiscal year. At June 30, 2025 and 2024, no allowance was deemed necessary. As of June 30, 2025 and 2024, the accounts receivable balances were \$107,770 and \$115,805 respectively.

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments

Unless otherwise indicated, fair values of all reported assets and liabilities that are financial instruments approximate the carrying values of such amounts.

The Center received assistance from the BMHS to aid in the purchase of their Northwood property. Under the terms of the grant, failure to utilize the property in accordance with the grant would require the Center to receive disposition instructions from the State. Under the terms of the grant, one of the following alternatives would be utilized: 1) the Center would be required to reimburse the State of New Hampshire based upon their percentage of participation in the purchase of the building, 2) selling the property and reimbursing the State for their percentage of participation, or 3) transfer title of the property to a designated third party approved by the State.

Property and Equipment

Purchases of property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Costs for repairs and maintenance are charged against operations. Renewals and betterments, which material extend the life of the assets, are capitalized.

Depreciation is provided over the estimated useful lives of the individual assets using the straight-line method. The estimated useful lives are as follows:

| | <u>Years</u> |
|---------------------------|--------------|
| Building and improvements | 7 - 40 |
| Vehicles | 5 |
| Furniture and equipment | 3 - 10 |

Depreciation expense for the years ended June 30, 2025 and 2024 was \$49,776 and \$41,814, respectively.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statements of Activities. The Statements of Functional Expenses presents the natural classification of expenses by function. Accordingly, certain costs have been allocated amount the programs and supporting services benefited. The expenses that are allocated include occupancy and depreciation, which are allocated on a square footage basis, as well as personnel costs, professional services, office expenses, insurance, and other, which are allocated on the basis of estimated time and effort.

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 2. Significant Accounting Policies (continued)

Revenue Recognition Policy

The Center derives revenue primarily from grants, contracts, and contributions. Grants are recognized as revenue upon receipt if there are no conditions attached. If conditions exist, the revenue is recorded once the conditions are met. Contract revenue is recognized when the service has been performed.

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Support that is restricted is reported as an increase in net assets without donor restrictions if the restriction expires in the same reporting period in which the contribution is received. All other donor restricted contributions are reported as net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributed Goods and Services

The Center records various types of in-kind support, including contributed goods and professional services. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. All contributed services were considered without donor restriction and were valued at fair-market-value. Contributions of tangible goods are recognized at fair value when received. The amounts reflected in the accompanying financial statements as contributed goods and services are offset by amounts included in expenses.

The Center received non-cash contributions with a fair market value of \$3,250 and \$36,292 for the year ended June 30, 2025, and 2024, respectively.

The Center also received in-kind contributions with a fair value \$3,308 and \$0 for the years ended June 30, 2025 and 2024, respectively.

Leases

The Center recognizes ASU 2016-02, Leases (Topic 842). A lessee is required to recognize assets and liabilities for leases with lease terms of more than twelve months. Consistent with current GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily depends on its classification as a finance or operating lease. The ASU requires both types of leases to be recognized on the statement of financial position.

For leases with term of less than twelve months, the Center will elect the short-term lease recognition exemption for all applicable classes of underlying assets.

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 3. Income Taxes

The Center has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Center is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Center are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Center follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

Note 4. Demand Note Payable

In November 2023, the Center established a \$66,000 line of credit agreement with its primary financial institution to provide working capital support. Interest is stated at a prime plus .00301% periodic which was 11% as of June 30, 2025. The note is secured by all assets that are not real property. There was no outstanding balance at June 30, 2025 and 2024, respectively. The line is subject to renewal each January.

Note 5. Liquidity and Availability

As part of the Center’s liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Management is focused on sustaining the financial liquidity of the Center throughout the year. This is done through monitoring and reviewing cash flow needs on a weekly basis. The Center’s financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, are as follows at June 30:

| | <u>2025</u> | <u>2024</u> |
|--------------------------------|-------------------|-------------------|
| Cash and cash equivalents | \$ 79,896 | \$ 41,513 |
| Accounts receivable | 107,770 | 115,805 |
| Less amounts | | |
| With donor imposed restriction | <u>(50,000)</u> | <u>(-)</u> |
| | <u>\$ 137,666</u> | <u>\$ 157,318</u> |

Note 6. Compensated Absence

The Center has accrued a liability for future compensated leave time which its employees have earned and which is vested with the employee. The amounts at June 30, 2025 and 2024 were \$16,191 and \$15,018, respectively, and are included in accrued payroll and related taxes on the Statements of Financial Position.

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 7. Concentration of Risk

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2025 and 2024 the Organization had no uninsured cash balances.

The Center receives the majority of its support from two grants issued by the State of New Hampshire, Department of Health and Human Services, Bureau of Mental Health Services. Continuation of the Center’s programs are contingent upon future funding from this agency.

Note 8. Subsequent Events

The Center has evaluated subsequent events through September 17, 2025, the date the financial statements were available to be issued to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

Note 9. Related Party Transactions

During the year ended June 30, 2024, the Center received short term loans from the Board President and the Interim Executive Director in the amount of \$5,000 each. These loans were uncollateralized and noninterest bearing. Both loans were for cash flow purposes due to the timing of receivables and were fully repaid by the Center five days after receipt. There were no related party transactions during the year ended June 30, 2025.

Note 10. Board Designated Net Assets

The Center has no board designated net assets as of June 30, 2025.

Note 11. Donor-Restricted Net Assets

The Center had restricted net assets for the following purpose as of June 30:

| | | |
|-----------------------|------------------|-------------|
| | <u>2025</u> | <u>2024</u> |
| Property Improvements | <u>\$ 50,000</u> | <u>\$ -</u> |

**CONNECTIONS PEER SUPPORT CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024**

Note 12. Long Term Debt

The long term debt of the Center consisted of the following at June 30:

| | <u>2025</u> | <u>2024</u> |
|---|-------------------|-------------------|
| Note payable to a bank requiring 120 monthly installments of \$1,737. Interest is stated at 4.25% for the first five years. In June of 2026, the interest rate adjusts to 2.25% plus the five-year federal home loan bank rate. The final installment is due June 2031. The note is secured by an assignment of leases and rents on the property. | \$ 240,599 | \$ 250,834 |
| Less current portion due within on year | <u>10,858</u> | <u>10,407</u> |
| | <u>\$ 229,741</u> | <u>\$ 240,427</u> |

The scheduled maturities of long term debt were as follows at June 30:

| | |
|------------|-------------------|
| 2026 | \$ 10,858 |
| 2027 | 11,329 |
| 2028 | 11,820 |
| 2029 | 12,332 |
| 2030 | 18,018 |
| Thereafter | <u>176,242</u> |
| | <u>\$ 240,599</u> |

Note 13. Lease Commitment

The Center entered into an operating lease for a copier during the fiscal year ended June 30, 2018. The lease agreement required monthly payments of \$250 and was due to expire in November 2022. The lease was extended in April 2022 for a period of 56 months until December 2026. The lease agreement extension requires monthly payments of \$219. The lease agreement contains an end of lease purchase option at the fair value of the equipment.

The Center accounts for its operating leases under FASB ASC 842. As such, a right of use (“ROU”) asset and corresponding lease liability are recorded in the statement of financial position. ROU assets represent the Center’s right to use an underlying asset for the lease term and the lease liabilities represent their obligation to make the lease payments arising from the lease.

**CONNECTIONS PEER SUPPORT CENTER
 NOTES TO FINANCIAL STATEMENTS
 Years Ended June 30, 2025 and 2024**

Note 13. Lease Commitment (Continued)

Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The discount rate related to the Organization’s lease liability as of June 30, 2025 was 4.2% which is based upon the risk-free borrowing rates commensurate with the lease terms. At June 30, 2025, the right of use asset and lease liability is \$3,641.

Lease liability maturities as of June 30, 2025 are as follows:

| | |
|------------------------------------|-----------------|
| 2026 | \$ 2,628 |
| 2027 | <u>1,095</u> |
| Total undiscounted lease liability | 3,723 |
| Less imputed interest | <u>(82)</u> |
| Total lease liability | <u>\$ 3,641</u> |

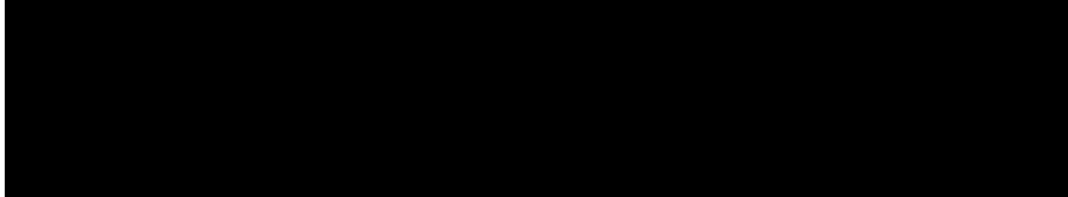
The copier lease expense of \$2,628 and \$2,847 is included in office supplies for the years ended June 30, 2025 and 2024, respectively.

**CONNECTIONS PEER SUPPORT CENTER
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2025
See Independent Auditors' Report**

| | State Approved BMHS Funds | Non-BMHS Funds | Total |
|---|------------------------------|----------------|------------|
| REVENUES, GAINS AND OTHER SUPPORT | | | |
| Grants and contracts | \$ 817,026 | \$ 60,000 | \$ 877,026 |
| Contributions | - | 17,530 | 17,530 |
| Contributions, non-cash and in-kind | 250 | 6,308 | 6,558 |
| Interest | - | 39 | 39 |
| Miscellaneous income | - | 419 | 419 |
| Total support and revenue | 817,276 | 84,296 | 901,572 |
| EXPENSES | | | |
| Wages | 556,773 | 47,545 | 604,318 |
| Employee benefits | 40,188 | - | 40,188 |
| Payroll taxes | 45,333 | 3,284 | 48,617 |
| Office supplies and postage | 23,740 | 3,899 | 27,639 |
| Repairs and maintenance | 16,724 | 457 | 17,181 |
| Professional fees | 28,495 | 3,308 | 31,803 |
| Interest expense | 11,763 | - | 11,763 |
| Utilities | 16,085 | - | 16,085 |
| Insurance | 15,724 | - | 15,724 |
| Travel | 8,896 | 233 | 9,129 |
| Telephone | 9,533 | - | 9,533 |
| Dues and subscriptions | 910 | - | 910 |
| Staff development | 5,417 | - | 5,417 |
| Depreciation | - | 49,776 | 49,776 |
| Other expenses | 4,760 | 499 | 5,259 |
| Total expenses | 784,341 | 109,001 | 893,342 |
| Net Increase (Decrease) in Operating Net Assets | 32,935 | (24,705) | 8,230 |
| BMHS funds allowed for principle debt payments | (10,235) | 10,235 | - |
| BMHS funds allowed for capital purchases | (22,700) | 22,700 | - |
| Total BMHS allowed expenses | (32,935) | 32,935 | - |
| Net Increase in Net Assets | - | 8,230 | 8,230 |
| Net assets, beginning of year | - | 505,049 | 505,049 |
| Net assets, end of year | \$ - | \$ 513,279 | \$ 513,279 |

Resume

Frederick Poisson



Certified Agile Facilitator, Certified Agile Human Resources Learning and Development, Advanced Certified Scrum Master, Certified Scrum Product Owner, Certified Health and Wellbeing Coach, CCAR Recovery Coach, and Certified Intentional Peer Support Specialist with certifications in Plant Based Nutrition, Mindfulness/Meditation and Group Coaching as well. I am the Executive Director of Connections Peer Support Center as well as a private coach to multiple clients with success in helping individuals achieve and successfully maintain long term goals. I have a strong understanding of HIPAA policy and take a compassionate and empathetic approach with my clients. I possess a BA in English from Keene State College.

Professional Experience

Executive Director Connections Peer Support (October 2023-Present)

In my role as the Executive Director I have worked to transform Connections into a dynamic environment where not only are our members receiving superior support and services, but my colleagues have an environment in which they can grow, thrive and work towards their professional goals. My background is in private pay, for profit mental health and executive functioning support. My goal in coming to Connections is to offer the same level of support to this community that is offered in a private pay model. Since beginning in October I have rewritten all of the job descriptions and structured them with specific goals and strategies so my colleagues have a clear path to success. I have rewritten policies and created systems to create unity between our two locations. I secured a \$65,000 renovation on our Portsmouth location through the Portsmouth Rotary Club and have supported the organization to triple the funds we have raised in comparison with the same time frame last year. I have helped to rebuild and retrain our Board of Directors and have so far secured three new, highly qualified Board members which will allow us to begin succession planning, create a strategic plan and strengthen our governance. I have also consulted with On the Road To Wellness in Manchester, Infinity Peer Support in Rochester, and Monadnock Peer Support in Keene, supporting them to resolve staffing issues as well as rewrite a number of their policies and move to more sustainable models. My overall goal with Peer Support in NH is to create a unified organization that operates across the state, with uniform systems and approaches that allow for us to offer top notch mental health and recovery support to all those who seek it.

**Program Manager/Director
Cornerstones of Maine
(October 2018-October 2023)**

In my role as the Program Manager (and later Director) for Cornerstones of Maine, I created a collaborative environment where my colleagues felt empowered to do the best job possible and to work together as a team in the most professional manner possible. I adapted the Scrum process and utilized it for the purpose of enhancing and improving our policies, structure and staff culture. I worked to create an environment where our Clinical staff worked in collaboration with our Life Skills staff to optimize the outcomes for our clientele. I trained my team in a hope based approach, resolved issues with medication tracking, reorganized our food ordering structure and created a healthy peer culture among our clients, all while fostering positive growth in each of my colleagues. I guided our program through the first two years of the pandemic without a single infection among our staff or clients, all the while keeping our program running with clients working and volunteering in the community. I wrote the entire protocol for the launch of our third house, developing systems for both staff and clients to optimize the results of our program. In 2022 I planned and executed the movement of our satellite house in Kennebunkport to Biddeford and created an entirely new design for the Biddeford house and its daily operations without ever having to shut the program down. I successfully guided multiple clients through their personalized programs, helping them to reach new heights of personal empowerment in their health and wellbeing. I have guided them in terms of diet, physical fitness, executive functioning skills, interpersonal and professional development as well as helping them to develop healthy coping skills to manage their depression and anxiety. I have also established extensive relationships in the community with volunteer opportunities, sober houses, educational institutions and healthcare facilities all in the interest of enhancing the Cornerstones brand and reputation.

Education

- *Certified Agile Facilitator
- *Certified Agile Human Resources Learning and Development
- *Certified Advanced Scrum Master
- *Certified Scrum Product Owner
- *Certified Health and Wellness Coach, Wellcoaches School of Health and Wellness Coaching
- *Certified in Plant Based Nutrition
- *Certified in Mindfulness and Meditation
- *Certified Intentional Peer Support Specialist

- *CCAR Recovery Coach
- *Hearing Voices Network Facilitator
- *BA in English From Keene State College

Personal Vision Statement

I believe in the power of hope to help others reach their greatest potential and I bring this belief with me everywhere I go. The importance of listening to those we work with and for can not be understated and I value input from every member of my team. I approach negative situations with the understanding that every negative thought, emotion or action is masking an unmet need, when we can figure out what that need is we can approach it head on and move toward a common goal together.

Kelly Reynolds, BS, NBC-HWC, CPSS

Professional Summary

Resourceful and compassionate **Health and Wellness Coach** with over 10 years of experience leading client engagement, program coordination, and team development within diverse wellness and behavioral health settings. Known for fostering collaboration, improving health literacy, and driving lasting behavior change through evidence-based coaching and program management. Combines strategic thinking with a people-first approach to build inclusive, effective wellness programs that enhance individual and organizational well-being. Certified **National Board Health & Wellness Coach (NBC-HWC)** with proven success in coaching, curriculum development, and workforce training.

Key Skills

Program Development & Management • Health & Wellness Coaching • Behavior Change Strategies • Team Leadership & Training • Health Education & Literacy • Stakeholder Engagement • Curriculum Design • Community Outreach • Data Tracking & Evaluation • Remote Client Support • Collaborative Communication • Client Retention Strategies

Professional Experience

Deputy Director

Connections Peer Support Center | 12/2025 - Present

Provide strategic leadership and operational oversight for the organization's Peer Support Center and Step-Up/Step-Down programs in collaboration with the Executive Director. Facilitate the New Hampshire Peer Support Specialist Certification – Community of Practice Co-Learning curriculum, strengthening workforce competency and professional development.

- Support and guide the Residential Director and Curriculum Director in the implementation and continuous improvement of the Step-Up/Step-Down program.
- Lead organization-wide staff training and professional development initiatives to ensure high-quality, recovery-oriented services.
- Collaborate with the Administrative Director and Executive Director to develop, refine, and advance organizational policies and procedures.
- Foster an inclusive, supportive, and peer-driven environment by empowering staff and promoting best practices in peer support.
- Deliver the New Hampshire Peer Support Certification – Community of Practice curriculum to enhance the confidence, skills, and effectiveness of the peer workforce.

Health and Wellness Coach (Independent Contractor)

Self-Employed | 05/2017 – Present

Provide individual and group coaching leveraging National Board and Wellcoach® certified practices to empower clients toward self-directed, sustainable behavior change. Develop structured wellness programs that promote health literacy, professional growth, and emotional well-being.

- Designed and implemented personalized coaching frameworks to improve client satisfaction and retention.
- Guided clients in reconnecting with meaningful career paths and aligning goals to support mental and emotional health.
- Facilitated re-centering and self-reflection practices to enhance self-worth and reduce burnout.
- Supported clients in developing actionable wellness plans, emphasizing goal setting, progress tracking, and accountability.
- Applied creative strategies in nutrition, weight management, and holistic wellness that strengthened self-efficacy and long-term engagement.

Community of Practice Coordinator

On The Road to Wellness | 04/2024 – 11/2025

Oversaw development and facilitation of the **Community of Practice** for NH Peer Specialist Certification, integrating workforce training with peer support best practices.

- Planned and executed a yearlong calendar of events, workshops, and skill-building sessions for peer professionals.
- Organized and facilitated monthly workforce meetings, promoting knowledge sharing and collaboration.
- Evaluated curriculum effectiveness and implemented adjustments to strengthen workforce competence.
- Fostered a community culture centered on professional growth, equity, and ethical peer support.

Life Skills Manager

Cornerstones of Maine, Inc. | 07/2021 – 08/2023

Directed the Life Skills and Academic Success Coach team in a young adult transitional living program serving individuals with ADHD, anxiety, ASD, and mental health challenges.

- Promoted to **Leadership Team** within six months of hire for contributions to program growth and team excellence.
- Created a “Coaching 101” staff training program that standardized coaching methods and documentation.
- Managed and coached a team of 11 staff, providing supervision, performance evaluations, and ethical coaching support.
- Collaborated with clinical, residential, and dietary staff to coordinate wellness, nutrition, and daily living education.
- Championed executive functioning and life skills development through individualized client coaching.

Diet Clerk, Food & Nutrition Services

Froedtert & Medical College of Wisconsin | 01/2019 – 03/2020

Coordinated patient meal selections and dietary compliance within a hospital setting, ensuring accuracy and exceptional service.

- Rewrote and optimized 17 shift workflows, improving efficiency and interdepartmental coordination.
- Provided empathetic, informed communication with patients, families, and healthcare staff.
- Assisted supervisors in troubleshooting dietary challenges and meeting departmental quality goals.

Sports Nutrition Assistant (Internship)

University of Wisconsin–Milwaukee Athletics | 02/2017 – 05/2019

Supported the Director of Sports Nutrition in managing budget, programming, and athlete education.

- Coordinated nutrition assessments and recovery programs for Division I athletic teams.
- Managed Panther Recovery Stations and implemented nutrition education initiatives.

Nutrition Lead (Internship)

Riverwest Food Pantry, Milwaukee, WI | 01/2016 – 12/2018

Delivered community-based nutrition education, meal planning, and wellness workshops for underserved populations.

Assistant Store Manager (First Mate)

Trader Joe's East, Inc. | 10/2003 – 09/2012

Supervised store operations across multiple Massachusetts locations. Led hiring, training, and performance reviews.

- Recognized for community outreach and fostering team culture rooted in safety, service, and collaboration.

Education

Bachelor of Science, Nutritional Sciences

University of Wisconsin–Milwaukee | 2017

Focus: Sports Nutrition • Community & Public Health • Wellness Management • Peer Support

Certifications & Affiliations

- **Hoffman-Haas Fellow**, NH Center for Nonprofits - 2025
- **Grant Writing Certificate**, University of New Hampshire – 2025
- **Certified Peer Support Specialist (NH)** – 2024
- **Mental Health First Aid** – 2024
- **Recovery Coaching Basics (CCAR)** – 2024
- **Certified Scrum Product Owner**, Scrum Alliance – 2023
- **Adult & Pediatric First Aid/CPR/AED**, American Red Cross – 2023

- **National Board Certified Health & Wellness Coach (NBC-HWC) – 2022**
- **Certificate in Lifestyle Medicine, American College of Lifestyle Medicine – 2020**
- **Wellcoaches® Certified Health & Well-being Coach – 2018**

Tina M. Dulac

Ability Summary

Accounting/bookkeeping skills, payroll processing, and general Human Resource responsibilities.

Office experience including administrative responsibilities, customer service, and vendor communications.

MS Word and Excel, QuickBooks, ADP Run, Zenefits, as well as many industry-specific applications and programs.

Key strengths include attention to detail, problem solving, prioritizing, customer/vendor relations and an integrity-based work ethic.

Experience

Connections Peer Support Center, Portsmouth, NH – Nov. 2016 to present

Finance & Administrative Manager

- Prepares, reviews, and finalizes monthly and annual financial reporting materials
- Oversees cash flow for administration and programs.
- Coordinates all audit activities.
- Partners with the executive director on the organization's financial, budgeting, and administrative processes, including HR, payroll, and benefits functions, with an eye to continuously developing and improving systems.
- Ensures compliance with insurance requirements
- Carries out duties related to human resource management such as payroll and onboarding requirements.

The Channel Company, Dover, NH - Apr. 2014 to Dec. 2015

Office Manager

- Performed all tasks related to processing the bi-weekly payroll for 15 employees and coordinated with employment agencies regarding temporary employee's hiring paperwork and payroll.
- Responsible for many bookkeeping/accounting duties, including processing accounts payable, reconciling bank and credit card accounts, and preparing monthly/yearly company financial reports.
- Executed all duties related to Human Resources, such as onboarding paperwork, company orientation, company policy formation, and communication with the state's unemployment office.

Sprague Energy, Portsmouth, NH – Oct. 2001 to May 2004

Marketing Data Coordinator

- Ensured accuracy of all customer data in multiple operating systems, and extracted data to generate information used in strategic decision making.

Customer Pricing Coordinator

- Communicated the company's daily price for oil and gas products to over 400 potential customers.
- Coordinated pricing in multiple platforms for accurate customer billing.
- Liaison between customers, sales, accounting, and billing for resolution of pricing disputes.

Accounts Payable Associate

- Processed accounts payable and maintained accurate account balances for over 400 customers.

Education

University of Central Florida, Orlando, FL (1999 – 2001)

- Completed 30 hours of undergraduate and 9 hours of graduate course work in accounting and business.

Bachelor of Arts Degree, Political Science - University of South Florida, Tampa, FL – 1996

Carley Crain

Education

Springfield College - B.S. & B.A.

Journalism and Sociology

May 2023 Springfield College
Springfield, MA

UNH Nonprofit Management Certificate

2025-present

Relevant Experience

Connections Peer Support

Marketing & Curriculum Director, NH Certified Peer Support Specialist

September 2023 - Present

- *In charge of creating monthly newsletter on Canva that includes group calendar, event updates, and fundraiser information*
- *Manage all social media channels including Tiktok, Instagram and Facebook*
- *Co-organize fundraisers such as NH Gives, Giving Tuesday, and our Amazon Wish List that surpassed company goals*
- *Collaborate with other local nonprofits in the area to increase awareness of Connections and our mission*
- *In charge of organizing and scheduling the SUSD curriculum*
- *Assist with the creation and editing of grants*
- *Provide 1 on 1 peer support for members*

NH Reproductive Freedom Fund Intern, September 2022-December 2022

- *Wrote blog posts about abortion access in NH : [How are Anti-Abortion Centers being funded and supported throughout the Granite State? - ReproFund NH](#)*
- *Led educational campaign about crisis pregnancy centers*
- *Worked directly with patients in need through the clinic's hotline*
- *Organized a Plan B distribution campaign in NH*

New Hampshire Youth Movement

Summer Field Organizer, May 2023-August 2023

- *Canvassed throughout the state of New Hampshire regarding LGBTQ+ rights and affordable*

housing

- *Planned and facilitated community hub meetings with co-workers*
- *Attended weekly meetings with staff to go over goals and visions for the organization*
- *Phonebanked NH residents through EveryAction and other data platforms*

Massachusetts State Senator Adam Gomez

Intern, January 2023 - May 2023

- *Conducted research on cannabis policy and community fridge programs*
- *Wrote letters of testimony and talking points for the senator*
- *Attended senate hearings and budget proposal meetings at the State House*

The Pride Sports Journal

Writer & Editor-In-Chief January 2020- May 2023

- *Reported and created numerous in-depth magazine feature stories about Springfield College Athletes : [Carley Crain, Author at The Springfield Student](#)*
- *Led the production of the entire magazine, assigned writers, edited stories, created story ideas, and assisted in layout/design*

JESSICA WILLIAMS



SKILLS

Grounded in the principles of peer support and community connection, proficient in Word, Excel, and Quickbooks, and competencies across an array of digital platforms. Skilled in collaborative decision making and working successfully with diverse populations and stakeholders.

EXPERIENCE

Connections Peer Support Center | Portsmouth and Northwood, NH

Residential Director, Step Up Step Down

February 2026 – Present

Direct and support staff, participants, and the program as needed.

Assistant Program Manager, Step Up Step Down

July 2023 – February 2026

Responsible for staff scheduling and oversight, data entry, program adherence.

Peer Support Specialist, Step Up Step Down

January 2023 – July 2023

Providing excellent peer support and fostering connection with program participants.

Seed & Story | York, ME

Business Manager and Co-Owner

May 2018 – August 2022

Responsible for payroll, tax preparation, state and federal filings, sales metrics, inventory, hiring and terminating employees, scheduling and assigning workloads, and advertising.

Cocheco Arts and Technology Academy | Dover, NH

Office Manager

November 2011 – June 2016

Responsible for all state and federal reporting, data entry, coordinating fundraising efforts between community stakeholders, community connection including social media and weekly newsletters, creating and tracking professional development opportunities for teaching staff.

University of New Hampshire | Durham, NH

Teaching Assistant

August 2008 – May 2011

History of English, English Grammar, ESL/ESOL including TOEFL

Sands by the Sea Motel | York, ME

May 2007 – November 2011

Manager

Responsible for extensive customer service, payroll, directing a 12-person staff including international student workers and providing staff supports including ESOL, transportation, banking assistance, visa processing and residency applications as required.

EDUCATION

Bachelor of Arts, Linguistics and International Affairs

University of New Hampshire | Durham, NH

2007

NH Peer Support Specialist Certification (2026)

REFERENCES

Available upon request

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

This Amendment to the Recovery Oriented Step-Up Step-Down Programs contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022 (Item# 25), as amended on May 15, 2024 (Item #24), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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:
\$2,400,000
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:
1.4 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 B, Scope of Services, Section 1.9.3., to read:
1.9.3. Policies that establish a 120-day maximum stay limit per individual, per episode.
5. Modify Exhibit B, Scope of Services, Section 1.18.5., to read:
1.18.5 A maximum 120-day length of stay agreement.
6. Modify Exhibit C, Payment Terms, Section 2., to read:
2. 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 Exhibit C-1 Budget through Exhibit C-5, Budget – Amendment #2
7. Modify Exhibit C, Payment Terms, Section 3, to read:
3. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

Initial
TM

- 3.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
- 3.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 3.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 3.4. Does not include any non-allowable expenses including, but not limited to, the following:
 - 3.4.1. Account fees as assessed by a banking institution.
 - 3.4.2. Interest payments on any business or personal loans, as well as lines of credit.
 - 3.4.3. Payments on any business or personal loans, as well as lines of credit.
 - 3.4.4. Payments made to relatives of any staff or member, unless prior written approval is received by the Board of Directors as well as the Department.
- 3.5. Includes required supporting documentation of allowable costs with each invoice as outlined in guidance documentation provided by the Department. These documents may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 3.6. Includes supporting documentation labeled and organized by budgeted line item.
- 3.7. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 3.8. Is assigned an electronic signature, includes supporting documentation, and is emailed to dhhs.dbhinvoicesmhs@dhhs.nh.gov or mailed to:

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

8. Add Exhibit C-5, Budget – 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 July 1, 2026, upon Governor and Council approval.

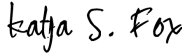
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/8/2026

Date

DocuSigned by:



2A0FEC7D81684F3...

Name: Katja S. Fox

Title: Director

H.E.A.R.T.S. Peer Support Center of Greater Nashua
Region VI

Signed by:



7C1C69699F12438...

Name: Teresa Moler

Title: President

5/8/2026

Date

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

OFFICE OF THE ATTORNEY GENERAL

5/8/2026

Date

DocuSigned by:
Robyn Guarino
748734844941460...

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:

Exhibit C-5, Budget - Amendment #2

| New Hampshire Department of Health and Human Services | | |
|--|---|--|
| Contractor Name: | <i>H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI</i> | |
| Budget Request for: | <i>Recovery Orientated Step-up Step-Down Programs</i> | |
| Budget Period: | <i>SFY 2027-SFY 2028</i> | |
| Line Item | Program Cost - Funded by DHHS - SFY 27 | Program Cost - Funded by DHHS - SFY 28 |
| 1. Salary & Wages | \$254,000 | \$254,000 |
| 2. Employee Benefits | \$44,288 | \$44,288 |
| 3. Payroll Taxes | \$19,440 | \$19,440 |
| 4. Audit and Accounting | \$11,772 | \$11,772 |
| 5. Occupancy Costs | \$36,000 | \$36,000 |
| 6. Utilities | \$0 | \$0 |
| 7. Telephone | \$6,000 | \$6,000 |
| 8. Website and Information Technology | \$2,000 | \$2,000 |
| 9. Travel and Mileage | \$4,500 | \$4,500 |
| 10. Office Supplies | \$4,000 | \$4,000 |
| 11. Client Consumables | \$10,000 | \$10,000 |
| 12. Staff development and Training | \$2,000 | \$2,000 |
| 13. Insurance Costs | \$6,000 | \$6,000 |
| 14. Advertising | \$2,000 | \$2,000 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| Total | \$400,000 | \$400,000 |
| COMBINED TOTAL | \$800,000 | |

Contractor Initials: Initial
TM

State of New Hampshire

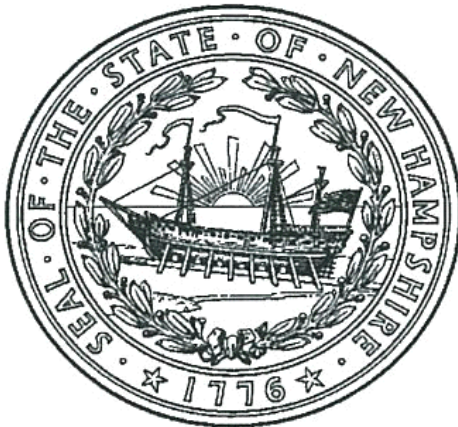
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA REGION VI is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 19, 2009. 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: **608796**

Certificate Number: **0007905429**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Sheila Considine Sweeney, 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 H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI.
(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 April 16, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: Teresa Molee: President & Diane Hebert: Treasurer (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI to enter into contracts 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 effect 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 was **valid thirty (30) days prior to and 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: 04/16/2026

Sheila Considine Sweeney
Signature of Elected Officer
Name: Sheila Considine Sweeney
Title: Secretary

NONPROFIT COVER SHEET

A. Entity Name: H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI

B. Entity's Contact Information: Teresa Moler/Ken Lewis

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Ken Lewis/ (603) 809-7884/ kenl@hearts-psa.org

Person responsible for Accuracy and Completeness of information provided:

Name: Ken Lewis Title: Executive Director

Signature: 

C. List Board of Directors and Affiliations

| <u>Name (Identify any additional role(s) in Parentheses)</u> | <u>Affiliations</u> |
|--|---------------------|
| E.g., John Doe (President) | |
| Teresa Moler (President) | |
| Luann Woodbury (Vice President) | |
| Diane Hebert (Treasurer) | |
| Sheila Considine Sweeney (Secretary) | |
| Claire Peddle (BOD's) | |
| Cathy Gurski (BOD's) | |
| Pat Henle (BOD's) | |
| Mary Espaillat (BOD's) | |
| Larry Woodbury (BOD's) | |
| | |
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| | |

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> |
|-------------------------|----------------------|----------------------|---------------------------------------|
| Ken Lewis | Executive Director | 83,200.00 | 41,600.00 |
| (OPEN) | Director of Programs | 68,640.00 | 34,320.00 |
| Cheryl Thibodeau | Program Director | 45,760.00 | 45,760.00 |
| | | | |
| | | | |
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|--|--|--|--|
| | | | |
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| | | | |

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>

FINANCIAL DISCLOSURES

G. Check one the following:

- [X] 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>Program Services Revenue</i> | \$ | <i>Other salaries & wages</i> | \$ |
| <i>Interest & Dividends</i> | \$ | <i>Payroll taxes & employee benefits</i> | \$ |
| <i>All other Revenue</i> | \$ | <i>Occupancy, rent, utilities, and insurance</i> | \$ |
| <u>Total Revenue</u> | \$ | <i>Printing, publications, postage, office supplies, and IT</i> | \$ |
| | | <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> | \$ | | |

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI

Mission Statement

Our mission, as peers, is to support one another as people who are challenged by the daily effects of living with, coping with, and recovering from mental health issues. Everyone will be encouraged to develop relationships that will enable and empower each other to learn, to grow, and to understand each other's world view. In addition, our aim is to develop greater awareness of personal and relational patterns and to support and challenge each other through peer support, self-advocacy, empowerment, and education. Our ultimate goal is to achieve recovery and ongoing wellness.

H.E.A.R.T.S. PEER SUPPORT CENTER
OF GREATER NASHUA
FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024
AND SUPPLEMENTAL INFORMATION
Years Ended June 30, 2025

DRAFT

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
H.E.A.R.T.S. Peer Support Center of Greater Nashua
Nashua, New Hampshire

Opinion

We have audited the accompanying financial statements of H.E.A.R.T.S. Peer Support Center of Greater Nashua (a New Hampshire nonprofit corporation), which comprise the statements of financial position as of June 30, 2025 and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of H.E.A.R.T.S. Peer Support Center of Greater Nashua as of June 30, 2025 and the statements of activities and changes in its net assets, cash flows and functional expenses for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of H.E.A.R.T.S. Peer Support Center of Greater Nashua and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about H.E.A.R.T.S. Peer Support Center of Greater Nashua's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of H.E.A.R.T.S. Peer Support Center of Greater Nashua's internal control. Accordingly, no such opinion is expressed.

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about H.E.A.R.T.S. Peer Support Center of Greater Nashua's ability to continue as a going concern for a reasonable period of time.

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

Report on Summarized Comparative Information

We have previously audited H.E.A.R.T.S. Peer Support Center of Greater Nashua's 2024 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 27, 2024. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2024, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 15 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

DRAFT

Rowley & Associates, P.C.
Concord, New Hampshire
December 3, 2025

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2025 AND 2024

| ASSETS | <u>2025</u> | <u>2024</u> |
|---|-----------------------|-----------------------|
| CURRENT ASSETS | | |
| Cash and cash equivalents | \$ 87,216 | \$ 4,484 |
| Cash and cash equivalents, with restriction | 155 | 2,299 |
| Total cash and cash equivalents | <u>87,371</u> | <u>6,783</u> |
| Accounts receivable | 66,443 | 122,584 |
| Prepaid insurance | - | 5,122 |
| Total Current Assets | <u>153,814</u> | <u>134,489</u> |
| PROPERTY AND EQUIPMENT, at cost | | |
| Leasehold Improvements | 28,037 | 27,000 |
| Furniture & Fixtures | 23,377 | 19,477 |
| Equipment | 6,429 | 6,429 |
| Vehicles | 171,079 | 144,315 |
| | <u>228,922</u> | <u>197,221</u> |
| Less accumulated depreciation | <u>106,050</u> | <u>85,361</u> |
| | <u>122,872</u> | <u>111,860</u> |
| OTHER ASSETS | | |
| Security deposit | <u>8,000</u> | <u>8,000</u> |
| Total Assets | <u>284,686</u> | <u>254,349</u> |
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES | | |
| Accounts payable | 59,074 | 32,337 |
| Accrued expenses | 19,240 | 17,392 |
| Line of credit | 50,000 | 49,979 |
| Other liabilities | 140 | 140 |
| Total Current Liabilities | <u>128,454</u> | <u>99,848</u> |
| NET ASSETS | | |
| Net Assets Without Donor Restriction | 156,077 | 152,202 |
| Net Assets With Donor Restriction | 155 | 2,299 |
| Total Net Assets | <u>156,232</u> | <u>154,501</u> |
| Total Liabilities and Net Assets | <u>\$ 284,686</u> | <u>\$ 254,349</u> |

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEAR ENDED JUNE 30, 2025 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2024**

| | 2025 | | | 2024 Total |
|--|------------------------------|---------------------------|-------------------|-------------------|
| | Without Donor Restriction | With Donor Restriction | Total | |
| REVENUES, GAINS AND OTHER SUPPORT | | | | |
| Grant income | \$ 900,279 | \$ - | \$ 900,279 | \$ 870,340 |
| Donations | 1,881 | - | 1,881 | 5,793 |
| Other revenue | 4,235 | - | 4,235 | - |
| Total support and revenue | <u>906,395</u> | <u>-</u> | <u>906,395</u> | <u>876,133</u> |
| Net assets released from donor imposed restrictions | <u>2,144</u> | <u>(2,144)</u> | <u>-</u> | <u>-</u> |
| EXPENSES | | | | |
| Program | 776,016 | - | 776,016 | 766,613 |
| Management & general | 128,648 | - | 128,648 | 130,621 |
| Total expenses | <u>904,664</u> | <u>-</u> | <u>904,664</u> | <u>897,234</u> |
| Increase (Decrease) in net assets | 3,875 | (2,144) | 1,731 | (21,101) |
| Net assets, beginning of year | <u>152,202</u> | <u>2,299</u> | <u>154,501</u> | <u>175,602</u> |
| Net assets, end of year | <u>\$ 156,077</u> | <u>\$ 155</u> | <u>\$ 156,232</u> | <u>\$ 154,501</u> |

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2025 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2024**

| | <u>Program Services</u> | <u>Management & General</u> | <u>Total 2025</u> | <u>2024</u> |
|------------------------------------|-----------------------------|-------------------------------------|-----------------------|-------------------|
| Salaries and wages | \$ 447,589 | \$ 66,881 | \$ 514,470 | \$ 559,883 |
| Employee benefits | 72,905 | 10,894 | 83,799 | 61,968 |
| Payroll taxes | 35,779 | 5,346 | 41,125 | 43,334 |
| Rent | 93,120 | 2,880 | 96,000 | 96,000 |
| Accounting fees | - | 30,078 | 30,078 | 28,681 |
| Training | 649 | - | 649 | 500 |
| Insurance | 19,060 | 824 | 19,884 | 23,642 |
| Client travel and transportation | 8,462 | - | 8,462 | 12,977 |
| Telephone | 11,608 | 359 | 11,967 | 11,772 |
| Website and Information technology | 18,246 | 564 | 18,810 | - |
| Building and household supplies | 17,172 | - | 17,172 | 6,990 |
| Office supplies and equipment | - | 8,604 | 8,604 | 9,336 |
| Client food | 4,185 | - | 4,185 | 3,524 |
| Member support | 768 | - | 768 | 1,497 |
| Advertsing and promotion | 3,445 | - | 3,445 | 1,615 |
| Staff travel and transportation | 436 | - | 436 | 200 |
| Interest expense | 3,354 | - | 3,354 | 2,415 |
| Other expenses | - | 232 | 232 | 869 |
| Printing | - | 1,482 | 1,482 | 277 |
| Postage and shipping | - | 504 | 504 | 325 |
| Grant writing | 5,000 | - | 5,000 | - |
| Depreciation | 34,238 | - | 34,238 | 31,429 |
| | <u>\$ 776,016</u> | <u>\$ 128,648</u> | <u>\$ 904,664</u> | <u>\$ 897,234</u> |

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2025 AND 2024**

| | <u>2025</u> | <u>2024</u> |
|--|------------------|-----------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Increase (Decrease) in net assets | \$ 1,731 | \$ (21,101) |
| Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities | | |
| Depreciation | 34,238 | 31,429 |
| (Increase) decrease in operating assets | | |
| Accounts receivable | 56,141 | (60,483) |
| Prepaid insurance | 5,122 | (5,122) |
| Increase (decrease) in operating liabilities | | |
| Accounts payable | 26,737 | 18,419 |
| Accrued expenses | 1,848 | 855 |
| Net Cash Provided (Used) By Operating Activities | <u>125,817</u> | <u>(36,003)</u> |
| CASH USED BY INVESTING ACTIVITIES | | |
| Purchases of property and equipment | <u>(45,250)</u> | <u>(3,760)</u> |
| CASH PROVIDED BY FINANCING ACTIVITIES, | | |
| Repayments of long-term notes payable | - | (14,002) |
| Net proceeds from line of credit | 21 | 49,978 |
| Net Cash Provided By Financing Activities | <u>21</u> | <u>35,976</u> |
| Net Increase (Decrease) in Cash and Cash Equivalents | 80,588 | (3,787) |
| Cash and Cash Equivalents, Beginning of Year | <u>6,783</u> | <u>10,570</u> |
| Cash and Cash Equivalents, End of Year | <u>\$ 87,371</u> | <u>\$ 6,783</u> |
| SUPPLEMENTAL DISCLOSURE OF NON-CASH TRANSACTIONS | | |
| Cash paid during the years for: | | |
| Interest | <u>\$ 3,354</u> | <u>\$ 2,415</u> |

See Independent Auditors' Report and Notes to Financial Statements

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 1 NATURE OF ORGANIZATION

H.E.A.R.T.S. Peer Support Center of Greater Nashua (the Organization) is a New Hampshire nonprofit organization corporation providing support to people who are challenged by the daily effects of living with, coping with and recovering from mental health issues. Program support is derived primarily from fee for service contracts through the State of New Hampshire.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Organization is presented to assist in understanding the organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for the Organization are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

Basis of Presentation: The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash equivalents

For purposes of reporting cash flows, the Organization considers all highly liquid debt instruments with an initial maturity of three months or less to be cash equivalents, excluding amounts the use of which is limited restriction. At years ended June 30, 2025 and 2024 the Organization had no cash equivalents.

Support and revenue

H.E.A.R.T.S. Peer Support Center of Greater Nashua receives support primarily through grants from the Federal Government and the State of New Hampshire.

Property and Equipment

Property and equipment are recorded at cost of purchase or, if contributed, at fair market value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulation, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed on the Modified Accelerated Cost Recovery System (MACRS) and on the straight-line basis over the useful lives of the assets as listed below. Depreciation expense was \$34,238 and \$31,429 for the years ended June 30, 2025 and 2024, respectively. Expenditures for repairs and maintenance are expensed when incurred.

| | |
|----------------------|-----------|
| Furniture & Fixtures | 7 Years |
| Office Equipment | 5-7 Years |
| Vehicles | 5 Years |

Functional Expenses and Cost Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on estimates that are based on their relationship to those activities. Those expenses include payroll and payroll related expenses and occupancy costs. Occupancy costs are allocated based on square footage. Payroll and payroll related expenses are based on estimates of time and effort. Other cost allocations are based on the relationship between the expenditure and the activities benefited.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Advertising costs

The Organization expenses advertising costs as they are incurred. Advertising expense was \$3,445 and \$1,615 for the years ended June 30, 2025 and 2024, respectively.

Accounts Receivable

Accounts receivable are comprised of amounts due from customers for services provided. The Organization considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income tax status

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to the Organization's program services. These services are not included in donated materials and services because the value has not been determined.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2024, from which the summarized information was derived.

Financial Instruments

The carrying value of cash and cash equivalents, accounts receivable, accounts payable and accrued expenses are stated at carrying cost at June 30, 2025 and 2024, which approximates fair value due to the relatively short maturity of these instruments.

Leases

The Organization recognizes ASU 2016-02, Leases (Topic 842). A lessee is required to recognize assets and liabilities for leases with lease terms of more than twelve months. Consistent with current GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily depends on its classification as a finance or operating lease. However, unlike current GAAP—which required only capital leases to be recognized on the statement of financial position—the new ASU requires both types of leases to be recognized on the statement of financial position.

The Organization has elected the short-term lease recognition exemption for its two leases. Leases with an initial term of 12 months or less, that do not include an option to purchase the underlying asset that we are reasonably certain to exercise, are not recorded on the statement of financial position.

NOTE 3 RETIREMENT PLAN

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses the Organization for the expenses. Eligible employees do not make salary reduction contributions. The Organization made \$24,076 and \$17,056 in retirement contributions for the years ended June 30, 2025 and 2024, respectively.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 4 COMPENSATED ABSENCES

The Organization has accrued a liability for future compensated vacation leave time that its employees have earned and which is vested with the employees. Accrued vacation time as of June 30, 2025 and 2024 was \$8,428 and \$7,320 respectively.

NOTE 5 CONCENTRATION OF CREDIT RISK

Economic Dependency

The Organization currently receives grant funds from the State of New Hampshire Bureau of Mental Health Services. These funds are the primary source of the Organization's support. If a significant reduction or delay in the level of support were to occur, it would have an adverse effect on the Organization's programs and activities. For the years ended June 30, 2025 and 2024, the State grants made up 99% of the Organization's total support.

Cash Balances

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2025 and 2024 the Organization had no uninsured cash balances.

NOTE 6 LEASING ACTIVITIES

The Organization leases office space under the terms of a non-cancellable lease agreement. The Organization is a tenant at will. Rent expense related to this agreement was \$60,000 for the years ended June 30, 2025 and 2024, respectively. There are no future minimum rent requirements.

In May 2022, the Organization entered into another lease agreement with the same lessor for another suite to support its Step-Up Step-Down program. This lease became a tenant at will agreement in April, 2023. Rent expense related to this agreement was \$36,000 for the year ended June 30 2025 and 2024, respectively. There are no future minimum rent requirements.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 7 FISCAL SPONSORSHIP

In December 2023 the Organization took over fiscal sponsorship for New Hampshire Mental Health Peer Alliance (NHMHPA). The Organization received contributions and assisted NHMHPA in filing for tax exempt and other incorporated documents, and in accordance with applicable laws and U.S. GAAP recorded these funds as donations on the Statement of Activities and Changes in Net Assets during the year they were received. The fiscal sponsorship is expected to be completed in September, 2025.

NOTE 8 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at June 30 were as follows:

| | Fair Value | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant other Observable inputs (Level 2) |
|---------------------|-------------------|---|---|
| <u>2025</u> | | | |
| Accounts Receivable | \$ <u>66,443</u> | \$ _____ - | \$ <u>66,443</u> |
| <u>2024</u> | | | |
| Accounts Receivable | \$ <u>122,584</u> | \$ _____ - | \$ <u>122,584</u> |

The fair value of accounts receivable are estimated at the present value of expected future cash flows.

NOTE 9 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2025 and 2024, respectively.

NOTE 10 RESTRICTED NET ASSETS

The Organization had restricted net assets for the following purpose as of June 30:

| | | |
|--------------------|-------------|-------------|
| | <u>2025</u> | <u>2024</u> |
| Fiscal Sponsorship | \$ 155 | \$ 2,299 |

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2025 and 2024

NOTE 11 LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization’s primary source of support is grants. That support is held for the purpose of supporting the Organization’s budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

| | <u>2025</u> | <u>2024</u> |
|-------------------------------------|-------------------|-------------------|
| Cash and cash equivalents | \$ 87,371 | \$ 6,783 |
| Accounts receivable | 66,443 | 122,584 |
| Less amounts with donor restriction | <u>(155)</u> | <u>(2,299)</u> |
| | <u>\$ 153,659</u> | <u>\$ 127,068</u> |

NOTE 12 LINE OF CREDIT

The Organization has a working capital line of credit agreement with a local bank. The line of credit is secured by one of the Organizations vehicles. The LOC is for \$50,000, the interest rate is 7.5% and matures on Sept 1, 2028. The LOC balance was \$50,000 and \$49,979 as of June 30, 2025 and 2024, respectively.

NOTE 13 RELATED PARTY TRANSACTIONS

The Organization subcontracts a bookkeeper, to perform accounting services. In July and October 2024 the organization received interest free loans totaling \$11,000 to cover payroll costs. This loan was repaid within a week of receipt. While the Organization has the Line of Credit (LOC) with a local bank to cover these gaps in the future, the Organization was unable to pay down the LOC and continued to engage in these related party transactions.

NOTE 14 SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 3, 2025, the date on which the financial statements were available to be issued, to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF ACTIVITIES
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2025

| | State Approved BMHS Funds | State Approved SUSD Funds | State Approved Total | Non-BMHS Funds | Total |
|--|------------------------------|------------------------------|-------------------------|-------------------|-------------------|
| REVENUES, GAINS AND OTHER SUPPORT | | | | | |
| Grant income, current year | \$ 553,559 | \$ 346,720 | \$ 900,279 | \$ - | \$ 900,279 |
| Donations | - | - | - | 1,881 | 1,881 |
| Other revenue | - | - | - | 4,235 | 4,235 |
| Total support and revenue | <u>553,559</u> | <u>346,720</u> | <u>900,279</u> | <u>6,116</u> | <u>906,395</u> |
| EXPENSES | | | | | |
| Salaries and wages | 289,445 | 225,025 | 514,470 | - | 514,470 |
| Employee benefits | 49,736 | 34,063 | 83,799 | - | 83,799 |
| Payroll taxes | 23,030 | 18,095 | 41,125 | - | 41,125 |
| Rent | 60,000 | 36,000 | 96,000 | - | 96,000 |
| Accounting fees | 19,553 | 10,526 | 30,079 | - | 30,079 |
| Training | 224 | 425 | 649 | - | 649 |
| Insurance | 12,248 | 7,636 | 19,884 | - | 19,884 |
| Client travel and transportation | 7,476 | 986 | 8,462 | - | 8,462 |
| Telephone | 7,913 | 3,894 | 11,807 | 160 | 11,967 |
| Website and information technology | 12,290 | 6,520 | 18,810 | - | 18,810 |
| Building and household supplies | 11,078 | 6,093 | 17,171 | - | 17,171 |
| Office supplies and equipment | 4,999 | 3,605 | 8,604 | - | 8,604 |
| Client food | 3,316 | 869 | 4,185 | - | 4,185 |
| Member support | 732 | - | 732 | 36 | 768 |
| Advertising and promotion | 2,474 | 971 | 3,445 | - | 3,445 |
| Staff travel and transportation | 385 | 51 | 436 | - | 436 |
| Interest expense | - | - | - | 3,354 | 3,354 |
| Other expenses | - | - | - | 232 | 232 |
| Printing | 791 | 607 | 1,398 | 84 | 1,482 |
| Postage and shipping | 321 | 183 | 504 | - | 504 |
| Grant writing | 5,000 | - | 5,000 | - | 5,000 |
| Depreciation | - | - | - | 34,238 | 34,238 |
| Total expenses | <u>511,011</u> | <u>355,549</u> | <u>866,560</u> | <u>38,104</u> | <u>904,664</u> |
| Net Increase (Decrease) in Net Assets | 42,548 | (8,829) | 33,719 | (31,988) | 1,731 |
| BMHS funds spent for capital purchases | <u>(40,313)</u> | <u>(3,037)</u> | <u>(43,350)</u> | <u>43,350</u> | <u>-</u> |
| Net assets (deficit), beginning of year | <u>11,361</u> | <u>(18,052)</u> | <u>(6,691)</u> | <u>161,192</u> | <u>154,501</u> |
| Net assets (deficit), end of year | <u>\$ 13,596</u> | <u>\$ (29,918)</u> | <u>\$ (16,322)</u> | <u>\$ 172,554</u> | <u>\$ 156,232</u> |

See Independent Auditors' Report and Notes to Financial Statements

Ken Lewis

OBJECTIVE

Secure a position working with people challenged by disabilities, using my knowledge, supervisory skills and past experiences with individuals who are mentally challenged, chemically dependent, homeless, and/or hearing impaired.

EXPERIENCE

2010- present Executive Director of H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI
 Moved and opened a 900 sq. ft. Peer Support Center at 3 Pine St. Ext. Unit B with an Asst. Director, Members, and Participants on July 1, 2010. Overseen daily operations of this Peer Support Center, which is open 8:00 am to 4:00 pm Monday thru Friday. Provided peer support, literature, and training to one paid/peer staff, volunteers, and all its members. Facilitated groups, attended training, completed, and maintained certifications, attended required meetings, imputed and submitted all statistical reports and documents. I continued to develop the H.E.A.R.T.S. program and a Board of Directors, reporting to the BOD, as well as registering and submitted all required paperwork. On July 1, 2011, moved and opened a larger center of 1,540 sq. at 5 Pine St. Ext. Unit 2K due to increased membership size. Continue to develop programming, promoting in all regional areas and community providers working with the members communities and the BOD to ensure and improve the communication of a Consumer run organization. Working hard on collaboration with local mental health center and Lamprey Health Clinic on a Healthy Connections and Whole Health and Wellness Program and continuing to support and grow these groups to be more of a peer supportive model. Oversee increased Staff of 1 full time Assistant and 6 part-time staff hired from within membership to support continued population growth to date. I am aggressively making great strides to develop community collaborations and connections with community providers within its Continuum of Care, community stakeholders, our two local hospitals, Access Team, the Act Team, and local clinics to ensure peer support and H.E.A.R.T.S. PSC is represented and is part of the consumer community. I am on the local mental health community advisory committee and. I am d on the IDN also on a regional public health committee to improve better access for all. I am a member of the NH State Behavioral Health Advisory Council. I am also the Chair of the Consumer Council. With the B.O.D. and Asst. Director's support, H.E.A.R.T.S., we operate a Peer Support Crisis Respite Center attached to the located facility with 9 + more employees trained in IPS and WRAP crisis / trauma. Now as of May 19, 2022, open and operate a 3-bedroom SUSD Short-term Transitional Stay Program adjacent to the main building with Program Manager and 10 more staff.

2009-2010 Executive Director of H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI /HHI
 Overseen daily operations of this Peer Support Center, which is open 8:00 am to 4:00 pm Monday thru Friday. Provided peer support, literature, and training to one paid/peer staff, volunteers, and all its members. Facilitated groups, attended training, completed and maintained certifications, attended required meetings, imputed and submitted all statistical reports and documents. Continued to develop the H.E.A.R.T.S. program and a Board of Directors, reporting to the BOD, as well as registering and submitting all required paperwork to allow H.E.A.R.T.S. PSA to become a totally peer run Independent 501(C) 3 corporation by end of Fiscal year FY10 June 30, 2010.

2007-2009 Program Manager of Connections at Harbor Homes (HHI) 45 High St. Nashua, NH 03060
 Became the program manager and was responsible for the day-to-day supervision and operation of the peer support / information resource program for HHI. Knowledge of available services and proved proficient in referring mentally challenged and homeless individuals to the proper agencies. Supervised mentally challenged individuals satisfactorily and maintained proper boundaries. Duties include but are not limited to; supervising staff, volunteers, and members daily, tracking data necessary for grant outcomes and information where tracking would be needed; assurance of facility operating in a safe manner; help creating and organizing new programs emphasizing peer support; organizing and facilitating groups using IPS and WRAP training methods. Responsible for evolving the peer support program to become its own independent 501©3 PSA Center and developing an Interim Board of Directors reporting directly to the BOD.

2005-2007 Program Coordinator of Connections at Harbor Homes (HHI) 45 High St. Nashua, NH 03060
 Assisted the program manager in the day-to-day supervision and operation of the peer support / information resource program for HHI. Knowledge of available services and proved proficient in referring mentally challenged and homeless individuals to the proper agencies. Supervised mentally challenged individuals satisfactorily and maintained proper boundaries. Duties include but are not limited to; supervising staff, volunteers, and members daily, tracking data necessary for grant outcomes and information where tracking would be needed; assuring of facility operating in a safe manner; help create and organize new program emphasizing peer support; Organizing and facilitating groups using IPS and WRAP training methods.

- 2003-2005 Machine Operator/NC Operator at Sanmina-Sci Corp. in Wilmington, MA
- 2002-2003 Assistant Manager at Spring Glow Services in Oroville, CA
- 1998-2002 Craftsman-Pipe Fitter/Boilermaker at NEPCO Corp. in Sacramento, CA
- 1989-1998 Engineering Technician at HADCO Corp. in Hudson, NH
- 1986-1989 Incoming Inspection QA/QC at Digital Corp. in Nashua, NH
- 1984-1986 Electronic Technician at Wang Corp. in Haverhill, MA
- 1983-1984 Electronic Technician at Lockheed/Sanders in Nashua, NH

EDUCATION

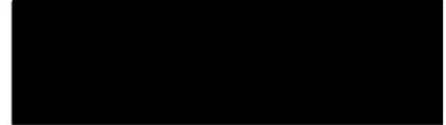
- 2004 – 2007 New Hampshire Community Technical College, Nashua, NH
 Certificate in American Sign Language I, II, III, IV; Deaf Culture I, II
- 1974-1978 Sunnyvale High School, Sunnyvale, CA Graduated 1978

TRAINING

- Certified in IPS Facilitators Training and continuing a two-year Recertification as well as quarterly Co-Supervision trainings each year
- Certified in WRAP Facilitators Training and continuing a two-year Recertification
- Certified in WHAM Facilitators Training and continuing a two-year Recertification
- Substance Abuse State of New Hampshire Training
- Certified in Recovery Coach for Alcohol and Drugs
- Planting the Seeds for Health and Wholeness Training
- Smoking Cessation Program
- Certified in SOAR Program
- Certified in First Aid and CPR
- Certification in American Sign Language
- Safe Food Handling Class from NHFB
- Administrative Training
- Members Rights and Responsibilities / Sexual Harassment
- Certified Peer Support Specialist Old & New State Certification

Cheryl Thibodeau

March 1, 2019



Skills

- Time Management
- Manager-Customer Service
- Accounting
- Case Management-Out Reach
- Designer-Special Projects
- Professional Writing
- Communication Skills

Education

- Associate Degree Human Services
- Continuing on Bachelor Degree
- IPS Crisis Respite Training Refresher
- Co-Reflection
- Wrap Groups

Training

- Peer Support Specialist
- Respite Staff
- Co-Facilitator of WRAP
- Co-Facilitator of IPS
- WHAM Course
- Recovery Coach

Certified Peer Specialist

Life Experience

Single parent raised 4 boys with mental health issues involving Bi-polar, ADHD, High Function Autism, OCD, and a Severe Brain Injury. Involved with Nashua Community Council for over 20 years and recognizing behavioral patterns and applying coping skills as a parent. Recently graduate with a 4 year Associate Degree in Human Services at Nashua Community College and will continue an education for Bachelor, Master, and PHD in Behavioral Mental Health.

Employment

| | |
|------------------------|---|
| H.E.A.R.T.S Center: | Member/Staff Peer Support Specialist |
| Crisis Respite Center: | Member/Staff Peer Support Specialist |
| Wal-Mart: | Cashier, Customer Service Manager, Accounting |
| Afternoon Delight: | Prep Food-Delivery |
| Michael's Arts: | Floral Designer |
| Mountain Ridgeview: | Distributed Pet Toys, Designed, Inventory, Shipping |
| Cleaning Business: | Owned a cleaning business for homes and restaurants |
| Child Care: | Home Day Care |

**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Recovery Oriented Step-Up Step-Down Programs contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Monadnock Area Peer Support Agency ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022 (Item# 25), as amended on December 21, 2022 (Item #28), and amended on May 15, 2024 (Item #24), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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:
\$4,800,000
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:
1.4 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 B, Scope of Services, Section 1.9.3., to read:
1.9.3. Policies that establish a 120-day maximum stay limit per individual, per episode.
5. Modify Exhibit B, Scope of Services, Section 1.18.5., to read:
1.18.5 A maximum 120-day length of stay agreement.
6. Modify Exhibit C, Payment Terms, Section 2., to read:
2. 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 Exhibit C-1 Budget through, Exhibit C-6, Budget – Amendment #3
7. Modify Exhibit C, Payment Terms, Section 3, to read:
3. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

- 3.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
- 3.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 3.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 3.4. Does not include any non-allowable expenses including, but not limited to, the following:
 - 3.4.1. Account fees as assessed by a banking institution.
 - 3.4.2. Interest payments on any business or personal loans, as well as lines of credit.
 - 3.4.3. Payments on any business or personal loans, as well as lines of credit.
 - 3.4.4. Payments made to relatives of any staff or member, unless prior written approval is received by the Board of Directors as well as the Department.
- 3.5. Includes required supporting documentation of allowable costs with each invoice as outlined in guidance documentation provided by the Department. These documents may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 3.6. Includes supporting documentation labeled and organized by budgeted line item.
- 3.7. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 3.8. Is assigned an electronic signature, includes supporting documentation, and is emailed to dhhs.dbhinvoicesmhs@dhhs.nh.gov or mailed to:

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

8. Add Exhibit C-6, Budget – Amendment #3, 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 July 1, 2026, upon Governor and Council approval.

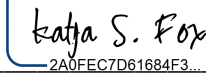
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/5/2026

Date

DocuSigned by:



2A0FEC7D61684F3...

Name: Katja S. Fox

Title: Director

Monadnock Area Peer Support Agency

5/4/2026

Date

Signed by:



CA687ED2418E4CC...

Name: Melissa Callender

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

5/6/2026

Date

DocuSigned by:
Robyn Guarino
748734844941460

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:

Exhibit C-6, Budget Sheet - Amendment #3

| New Hampshire Department of Health and Human Services | | |
|--|---|---|
| Contractor Name: | | <i>Monadnock Area Peer Support Agency</i> |
| Budget Request for: | | <i>Recovery Orientated Step-up Step-Down Programs</i> |
| Budget Period: | | <i>SFY 2027-SFY 2028</i> |
| Line Item | Program Cost - Funded by DHHS - SFY 27 | Program Cost - Funded by DHHS - SFY 28 |
| 1. Salary & Wages | \$451,859 | \$451,859 |
| 2. Employee Benefits | \$55,411 | \$55,411 |
| 3. Payroll Taxes | \$34,567 | \$34,567 |
| 4. Audit and Accounting | \$16,500 | \$16,500 |
| 5. Occupancy Costs | \$72,224 | \$72,224 |
| 6. Utilities | \$27,172 | \$27,172 |
| 7. Telephone | \$3,000 | \$3,000 |
| 8. Website and Information Technology | \$32,000 | \$32,000 |
| 9. Travel and Mileage | \$3,000 | \$3,000 |
| 10. Office Supplies | \$13,000 | \$13,000 |
| 11. Client Consumables | \$25,000 | \$25,000 |
| 12. Staff development and Training | \$7,000 | \$7,000 |
| 13. Insurance Costs | \$20,000 | \$20,000 |
| 14. Other (Equipment rentals, equipment maintainence and vehicle maintainence) | \$10,000 | \$10,000 |
| <i>Other (Capital Expenditures)</i> | \$24,000 | \$24,000 |
| <i>Other (Consultants and Professional Fees)</i> | \$5,267 | \$5,267 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| Total | \$800,000 | \$800,000 |
| COMBINED TOTAL | | \$1,600,000 |

State of New Hampshire

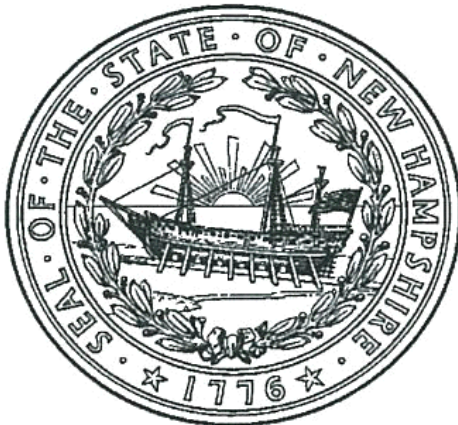
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MONADNOCK AREA PEER SUPPORT AGENCY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 23, 1995. 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: **239259**

Certificate Number: **0007892552**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, John Letendre, 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 Monadnock Area Peer Support Agency
(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 February 26, 2026, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Melissa Callender (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Monadnock Area Peer Support Agency to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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 effect 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 was **valid thirty (30) days prior to and 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: 4/29/26



Signature of Elected Officer
Name: JOHN S LETENDRE
Title: BOARD CHAIR

NONPROFIT COVER SHEET

A. Entity Name: Monadnock Area Peer Support Agency

B. Entity's Contact Information:

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Melissa Callender, (603) 352-5093, Melissa@MonadnockPSA.org

Person responsible for Accuracy and Completeness of information provided:

Name: Melissa Callender

Title: Acting Executive Director

Signature: 

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> |
|--|---------------------------------|
| John Letendre (Chair) | Cheshire Medical Center |
| Lisa Steadman (Vice Chair) | Kapiloff Insurance |
| Zachary Allen (Treasurer) | The Well School |
| Eleni Peterson | Monadnock Family Services |
| Kevin Tighe | The Mountain View Retreat |
| Morgan Britton | Monadnock Family Services |
| Samantha Spielberg | Cornish Elementary School |
| Julie Minkler | Stripe It Seal It |
| Timothy Weeks | NAMI; Monadnock Family Services |
| | |
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| | |

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> |
|-------------------|-----------------------|----------------------|---------------------------------------|
| Melissa Callender | Acting Executive Dir. | \$77,500 | \$21,252 |
| Stacy Wilbur | Senior Program Dir. | \$70,000 | \$34,996 |
| Karen Richi | Administrative Dir. | \$62,500 | \$15,626 |
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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>

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>Program Services Revenue</i> | \$ | <i>Other salaries & wages</i> | \$ |
| <i>Interest & Dividends</i> | \$ | <i>Payroll taxes & employee benefits</i> | \$ |
| <i>All other Revenue</i> | \$ | <i>Occupancy, rent, utilities, and insurance</i> | \$ |
| <u>Total Revenue</u> | \$ | <i>Printing, publications, postage, office supplies, and IT</i> | \$ |
| | | <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> | \$ | | |



Monadnock PEER SUPPORT

Who We Are



OUR MISSION

Providing mental health support for individuals seeking wellness through a mutually supportive peer community.



OUR DESIRED IMPACT

Mental health differences are universally accepted and understood and the communities where we work collaborate to reduce stigma, with the result that no one feels alone, ashamed or judged for their mental health struggles



- We believe in the inherent value of each individual
- We are honest and show a consistent and uncompromising adherence to ethical principles
- We believe in the ability to identify and understand other people's emotions
- We believe in journeying together
- We believe that we are each accountable for our actions

ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

46 N STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

MONADNOCK AREA PEER SUPPORT
INSTRUCTIONS FOR FILING FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX – 2023

FILED: The return was electronically filed on May 13, 2025

TAX DUE: None.

SPECIAL
INSTRUCTIONS: None.

May 13, 2025

CLIENT COPY

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)

2023

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 7/1/2023, and ending 6/30/2024

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

C Name of organization Monadnock Area Peer Support
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 258
 City or town State ZIP code
Keene NH 03431
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 02-0484723

E Telephone number (603) 355-5093

F Name and address of principal officer:
Eli Rivera P.O. Box 258, Keene, NH 03431

G Gross receipts \$ 1,168,035

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions

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

J Website: monadnockpsa.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1995

M State of legal domicile: NH

H(c) Group exemption number _____

| Part I Summary | | Prior Year | Current Year |
|---|--|--|--------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>PROMOTE WELLNESS AND RECOVERY THROUGH INTENTIONAL PEER SUPPORT AND TO PROVIDE ADVOCACY, EDUCATIONAL VOCATIONAL, INTERPERSONAL, SOCIAL AND SPIRITUAL OPPORTUNITIES TO ADULTS WHO UTILIZE MENTAL HEALTH SERVICES</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 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 24 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 14 |
| | 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 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,093,482 | 1,116,386 |
| | 9 Program service revenue (Part VIII, line 2g) | 12 | 25 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 54 | 37 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 104,390 | 25,912 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,197,938 | 1,142,360 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 763,270 | 706,508 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 3,822 | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 493,410 | 387,150 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,256,680 | 1,093,658 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -58,742 | 48,702 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,090,287 | End of Year 1,114,527 |
| | 21 Total liabilities (Part X, line 26) | 415,472 | 391,010 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 674,815 | 723,517 |

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: Eli Rivera Date: _____
 Title: Board Chair

Paid Preparer Use Only

Print/Type preparer's name: Eric C Rowley Preparer's signature: _____ Date: 5/6/2025 PTIN: P00581700
 Check if self-employed

Firm's name: Rowley & Associates, PC Firm's EIN: 02-0522619
 Firm's address: 46 N. State Street, Concord, NH 03301 Phone no.: (603) 228-5400

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:
PROMOTE WELLNESS AND RECOVERY THROUGH INTENTIONAL PEER SUPPORT AND TO PROVIDE ADVOCACY,
EDUCATIONAL VOCATIONAL, INTERPERSONAL, SOCIAL AND SPIRITUAL OPPORTUNITIES TO ADULTS WHO
UTILIZE MENTAL HEALTH SERVICES

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.

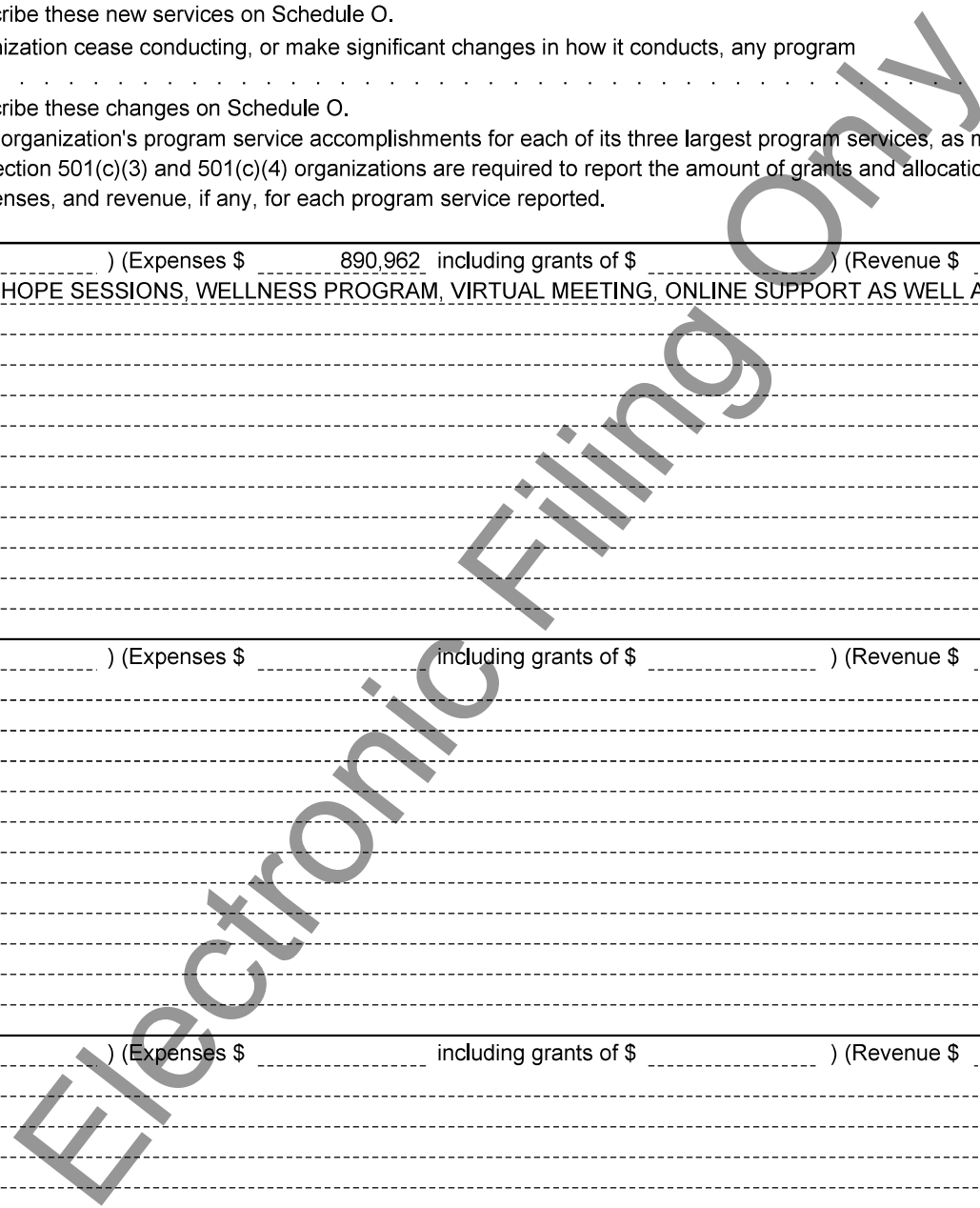
4a (Code:) (Expenses \$ 890,962 including grants of \$) (Revenue \$ 25)
ACTIVATED HOPE SESSIONS, WELLNESS PROGRAM, VIRTUAL MEETING, ONLINE SUPPORT AS WELL AS IN-PERSON MEETINGS

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 890,962



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> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | X |
| 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> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> | | X |
| 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> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | X | |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | X | |
| 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> | X | |
| 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> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions. | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | | X |
| 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> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|---|--|------------|----|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 24 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i> | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 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 | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i> | 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 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | 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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) David Ports, Lovell Price & Associates Interim Executive Director | 40.00 0.00 | | | X | | | 57,550 | | | |
| (2) Karen Richi Interim Executive Director | 40.00 0.00 | | | X | | | 5,397 | | | |
| (3) Chris Minkler Board Member | 1.00 0.00 | X | | | | | | | | |
| (4) Tara Abbott Board Member | 1.00 0.00 | X | | | | | | | | |
| (5) Devan Blake Board Member | 1.00 0.00 | X | | | | | | | | |
| (6) Jennifer Friedman Board Member | 1.00 0.00 | X | | | | | | | | |
| (7) Gretchen Wittenborg Board Member | 1.00 0.00 | X | | | | | | | | |
| (8) Sara Cannell Board Member | 1.00 0.00 | X | | | | | | | | |
| (9) Julie Minkler Board Member | 1.00 0.00 | X | | | | | | | | |
| (10) Eli Rivera Board Chair | 2.00 0.00 | | | X | | | | | | |
| (11) Kevin Tighe Vice Chair | 2.00 0.00 | | | X | | | | | | |
| (12) Eleni Peterson Secretary | 2.00 0.00 | | | X | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | 62,947 | 0 | 0 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0 | 0 | 0 | |
| d Total (add lines 1b and 1c) | | | | | | | 62,947 | 0 | 0 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|----------------------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 0 | | | | |
| | 1b | Membership dues | 0 | | | | |
| | 1c | Fundraising events | 0 | | | | |
| | 1d | Related organizations | 0 | | | | |
| | 1e | Government grants (contributions) | 1,087,161 | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | 29,225 | | | | |
| | 1g | Noncash contributions included in lines 1a-1f | \$ 0 | | | | |
| | h | Total. Add lines 1a-1f | 1,116,386 | | | | |
| | Program Service Revenue | 2a | Program & other income | 25 | 25 | | |
| | | b | ----- | 0 | | | |
| c | | ----- | 0 | | | | |
| d | | ----- | 0 | | | | |
| e | | ----- | 0 | | | | |
| f | | All other program service revenue | 0 | | | | |
| g | | Total. Add lines 2a-2f | 25 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 37 | | | 37 | |
| | 4 | Income from investment of tax-exempt bond proceeds | 0 | | | | |
| | 5 | Royalties | 0 | | | | |
| | 6a | Gross rents | (i) Real | 51,587 | | | |
| | | | (ii) Personal | | | | |
| | | | 6a | 51,587 | | | |
| | 6b | Less: rental expenses | 25,675 | | | | |
| | 6c | Rental income or (loss) | 25,912 | 0 | | | |
| | d | Net rental income or (loss) | 25,912 | | | 25,912 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 0 | | | |
| | | | (ii) Other | 0 | | | |
| | | | 7a | 0 | 0 | | |
| | 7b | Less: cost or other basis and sales expenses | 0 | 0 | | | |
| | 7c | Gain or (loss) | 0 | 0 | | | |
| | d | Net gain or (loss) | 0 | | | | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | 0 | | | | |
| | | 8a | 0 | | | | |
| | | 8b | 0 | | | | |
| c | Net income or (loss) from fundraising events | 0 | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | | 0 | | | | |
| | | 9a | 0 | | | | |
| | | 9b | 0 | | | | |
| c | Net income or (loss) from gaming activities | 0 | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | 0 | | | | |
| | | 10a | 0 | | | | |
| | | 10b | 0 | | | | |
| c | Net income or (loss) from sales of inventory | 0 | | | | | |
| Miscellaneous Revenue | 11a | ----- | | | | | |
| | b | ----- | | | | | |
| | c | ----- | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | 0 | | | | |
| 12 | Total revenue. See instructions | 1,142,360 | 25 | 0 | 25,949 | | |

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 | 0 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 137,860 | 137,860 | 0 | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 463,193 | 463,193 | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 58,323 | 58,323 | | |
| 10 | Payroll taxes | 47,132 | 47,132 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 5,842 | | 5,842 | |
| c | Accounting | 19,199 | | 19,199 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 155,757 | | 155,757 | |
| 12 | Advertising and promotion | 2,873 | 800 | 89 | 1,984 |
| 13 | Office expenses | 26,194 | 23,575 | 2,619 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 77,024 | 66,754 | 10,270 | |
| 17 | Travel | 671 | 671 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 3,992 | 3,992 | | |
| 20 | Interest | 16,909 | 15,218 | 1,691 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 41,451 | 41,451 | 0 | 0 |
| 23 | Insurance | 15,517 | 13,965 | 1,552 | |
| 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 | Food | 2,695 | 2,426 | 269 | |
| b | Assistance to Individuals | 3,298 | 3,298 | | |
| c | Vehicle expense | 7,995 | 7,995 | | |
| d | Fundraising | 1,838 | | | 1,838 |
| e | All other expenses | 5,895 | 4,309 | 1,586 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,093,658 | 890,962 | 198,874 | 3,822 |
| 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) | | (B) | |
|---|--|--------------------|-----------|-------------|---------|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash—non-interest-bearing | 200 | 1 | 45,452 | |
| | 2 Savings and temporary cash investments | 117,766 | 2 | 39,202 | |
| | 3 Pledges and grants receivable, net | 62,808 | 3 | 62,808 | |
| | 4 Accounts receivable, net | 107,059 | 4 | 197,246 | |
| | 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 | 0 | 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) | 0 | 6 | | |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 | |
| | 8 Inventories for sale or use | 0 | 8 | | |
| | 9 Prepaid expenses and deferred charges | 9,935 | 9 | 18,751 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 852,563 | | | |
| | b Less: accumulated depreciation | 10b 108,036 | 785,978 | 10c | 744,527 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 | |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 | |
| | 14 Intangible assets | 0 | 14 | 0 | |
| | 15 Other assets. See Part IV, line 11 | 6,541 | 15 | 6,541 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 1,090,287 | 16 | 1,114,527 | |
| Liabilities | 17 Accounts payable and accrued expenses | 26,840 | 17 | 37,791 | |
| | 18 Grants payable | 0 | 18 | | |
| | 19 Deferred revenue | 0 | 19 | | |
| | 20 Tax-exempt bond liabilities | 0 | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 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 | 0 | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 388,632 | 23 | 353,219 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 | |
| | 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 | 0 | 25 | 0 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 415,472 | 26 | 391,010 |
| 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 | 674,815 | 27 | 723,517 | |
| | 28 Net assets with donor restrictions | 0 | 28 | | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | 0 | 29 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | 0 | 30 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 0 | 31 | | |
| | 32 Total net assets or fund balances | 674,815 | 32 | 723,517 | |
| 33 Total liabilities and net assets/fund balances | | 1,090,287 | 33 | 1,114,527 | |

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 | 1,142,360 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,093,658 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 48,702 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 674,815 |
| 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 | 723,517 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 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? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023

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.

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (Monadnock Area Peer Support) and Employer identification number (02-0484723)

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 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
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...
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)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
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 [0]
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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test—2023. 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; b 33 1/3% support test—2022. 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; 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 0.00%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 0.00%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 0.00%.

- 19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | 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? 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. | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|----------|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 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? If "Yes" or "No," provide details in Part VI . | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | | |
| 2 | Recoveries of prior-year distributions | | |
| 3 | Other gross income (see instructions) | | |
| 4 | Add lines 1 through 3. | 0 | 0 |
| 5 | Depreciation and depletion | | |
| 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) | | |
| 7 | Other expenses (see instructions) | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 0 | 0 |

| 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 | | |
| b | Average monthly cash balances | | |
| c | Fair market value of other non-exempt-use assets | | |
| d | Total (add lines 1a, 1b, and 1c) | 0 | 0 |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | | |
| 3 | Subtract line 2 from line 1d. | 0 | 0 |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 0 | 0 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 0 | 0 |
| 6 | Multiply line 5 by 0.035. | 0 | 0 |
| 7 | Recoveries of prior-year distributions | 0 | 0 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 0 | 0 |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|--|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | | 0 |
| 2 | Enter 0.85 of line 1. | | 0 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | | 0 |
| 4 | Enter greater of line 2 or line 3. | | 0 |
| 5 | Income tax imposed in prior year | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | | 0 |

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

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 0 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 0 |
| 10 | Line 8 amount divided by line 9 amount | 10 0.000 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | 0 | | |
| b | From 2019 | 0 | | |
| c | From 2020 | 0 | | |
| d | From 2021 | 0 | | |
| e | From 2022 | 0 | | |
| f | Total of lines 3a through 3e | 0 | | |
| g | Applied to underdistributions of prior years | | 0 | |
| h | Applied to 2023 distributable amount | | | 0 |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | 0 | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ 0 | | | |
| a | Applied to underdistributions of prior years | | 0 | |
| b | Applied to 2023 distributable amount | | | 0 |
| c | Remainder. Subtract lines 4a and 4b from line 4. | 0 | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | 0 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | 0 |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | 0 | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | 0 | | |
| b | Excess from 2020 | 0 | | |
| c | Excess from 2021 | 0 | | |
| d | Excess from 2022 | 0 | | |
| e | Excess from 2023 | 0 | | |

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization: Monadnock Area Peer Support; Employer identification number: 02-0484723

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a small table for lines 2a-2d.

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.

Form with rows 1a-1b and 2a-2b for reporting on art and historical treasures, including dollar amounts.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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 | 0 | 0 | 0 | | |
| 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 | 0 | 0 | 0 | 0 | 0 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 93,200 | | 93,200 |
| b Buildings | 0 | 743,863 | 95,119 | 648,744 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 0 | 0 | 0 |
| e Other | 0 | 15,500 | 12,917 | 2,583 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). | | | | 744,527 |

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 | 0 | |
| (2) Closely held equity interests | 0 | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)). | 0 | |

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)). | 0 | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). | 0 |

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 | 0 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). | 0 |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,168,035 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 25,675 | |
| e | Add lines 2a through 2d | | 2e | 25,675 |
| 3 | Subtract line 2e from line 1 | | 3 | 1,142,360 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 1,142,360 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,119,333 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 25,675 | |
| e | Add lines 2a through 2d | | 2e | 25,675 |
| 3 | Subtract line 2e from line 1 | | 3 | 1,093,658 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 1,093,658 |

Part XIII Supplemental Information.

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

Part X Line 2 The Organization has been notified by the Internal Revenue Service that it

 is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

 The Organization is further classified as an organization that is not a private foundation

 under Section 509(a)(3) of the Code. The most significant tax positions of the

 Organization are its assertion that it is exempt from income taxes and its determination

 of whether any amounts are subject to unrelated business tax (UBIT). The Organization

 follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income

 Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than

 not for recognition and recognition of tax positions taken or expected to be taken in a

 tax return. All significant tax positions have been considered by management. It has been

 determined that it is more likely than not that all tax positions would be sustained upon

 examination by taxing authorities. Accordingly, no provision for income taxes has been

 recorded.

Part XIII **Supplemental Information** *(continued)*

Part XI Line 2d Direct rental expenses of \$25,675

Part XII Line 2d Direct rental expenses of \$25,675

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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Monadnock Area Peer Support

Employer identification number

02-0484723

Form 990, Part XII, Line 2c: Board of Directors approves financial report

Form 990, Part VI, Line 8: Board of Directors minutes for all meetings are recorded and

archived

Form 990, Part VI, Line 12c: Added as an agenda item for each annual meeting of the Board of

Directors

Form 990, Part VI, Section B, Line 11b: 990 is reviewed by Board of Directors prior to

submission.

Form 990, Part VI, Line 19: The Organization's documents, policies and financial statements

are available to the public upon request.

Form 990, Part VI, Line 15b: Annually as part of the budget process the Board reviews employee

salaries.

Form 990, Part IX, Line 11g: Consulting expenses of \$155,757

Electronic Filing Only

Name of the organization

Employer identification number

Monadnock Area Peer Support

02-0484723

Electronic Filing Only

Melissa Callender



Professional Experience

Monadnock Peer Support, Keene, NH

Acting Executive Director

March 16, 2026 - present

- Direct the organization in keeping with the vision outlined by the Board of Directors
- Provides general oversight of all activities, manages the day-to-day operations, and assures a smoothly functioning, efficient organization using appropriate delegation skills to accomplish this responsibility
- Coordinate collaboration amongst member PSAs and establish and maintain relationships with various organizations throughout the state and utilize those relationships to strategically enhance MPS's Mission.
- Develop and produce RFP applications for, and contract with the BMH/DHHS and attend Bidder's Conference
- Supervise staff and volunteers, administering annual reviews of staff and managing behavior and performance matters as they arise
- Ensure proper training and continuing education for all staff
- Assess program needs and initiate a quality assurance plan that supports the principles and concepts of Peer Support
- Stay current with developments in Peer Support curriculum and research
- Report to and work closely with the Board of Directors to seek their involvement in policy decisions, fundraising and to increase the overall visibility of the organization throughout the State
- Serve as MPS's primary spokesperson to the organization's constituents, the media, and the general public. Manage public image of the organization by acting as figurehead in all public-facing matters
- Report monthly to the Board of Directors.
- Serve as an ex-officio member of all board committee's
- Attend all Board meetings and trainings as required. Implement Board Policies
- Handle all personal matters
- Prepare annual budgets and judiciously monitor revenues and expenses
- Create green sheets/exhibit b sheets/goldenrod sheets with invoices
- Oversee all financial transactions and fiduciary activities. Process monthly, quarterly and annual reconciliation with
- state accountant.
- Maintain petty cash and petty cash log
- Identify funding sources, write grants and submit subsequent fulfillment documentation
- Enroll organization in corporate giving and discount programs
- Maintain proof of nonprofit status and submit eligibility with funders and suppliers
- Manage agency insurance and benefits contracts
- Maintain and Ensure adherence to the organization's Accounting Policies and Procedures Manual
- New-hire onboarding organization-wide including setting up defensive driving courses and collecting information for submission of 1-9 and background checks
- Maintain job descriptions and Organizational Chart
- Maintain the Employee Handbook and Bylaws

- Develop and propose policies and procedures that increase organizational efficiency
- Negotiate contracts with vendors including, but not limited to utilities, office machines, cleaning services, telecommunications, building maintenance, office supplies, software and hardware
- Assist colleagues with technology issues
- Act as Technical Admin Google Workspace and Office 365
- Order office supplies, maintenance supplies, and office technologies
- Acts as an advocate for issues relevant to MPS, as defined by the membership.
- Collaborate with government bodies, PSAs, peers, and representatives of the non-profit agencies to advocate for policies that address the issues of MPS constituents
- Ensure the practices stipulated in the Accounting Policies and Procedures manual are implemented and maintained
- Develop alternative sources of revenue
- Oversee fundraising activities and Donor Relations
- Ensure that all documentation required by the state and city is completed and submitted in a timely manner
- Assures the filing of all legal and regulatory documents and monitors compliance with relevant laws and regulations.
- Maintain appropriate licensing and permitting for the organization
- Oversee all major capital projects and the organization's Capital Improvement Plan
- Create and maintain organizational health and safety protocols
- Ensure a high level of engagement with Community partners
- Attend Directors' Meeting with other PSA Directors
- Maintain confidentiality of information. Breach of this responsibility may be cause for termination of employment
- Perform other job functions as assigned by the full Board of Directors that are not specifically described here
- Approve time sheets weekly

Director of Mission Impact

October 7, 2024 - March 15, 2026

Consultant, Floating Lanterns Festival

April 15, 2024 - June 15, 2024

Marketing Director

November 1, 2021 - June 16, 2023

- As the Marketing Advertising, and PR specialist:
 - Evaluate and develop marketing strategies to ensure those who need us are aware of the programs and services we offer
 - Build brand awareness in the region
 - Oversee social media marketing strategy and website
 - Analyzes target market information
 - Design and order of marketing materials
 - Assist with the Annual Report, as directed by the Executive Director
 - Design and distribute the monthly Newsletter
- As the Financial Development Specialist:
 - Establish an annual financial development plan
 - Collaborate with senior staff members to develop growth plans for the organization
 - Oversee fundraising efforts including events, annual giving, grant writing, and major donors as needed
- As the SUSD Director:
 - Participate in hiring, onboarding and training of all residential staff
 - Conduct performance evaluations that are timely, constructive and forward moving

- Handle coaching and performance improvement plans with employees in accordance with company policy
- Ensure work environments are adequate, safe and well-equipped
- Oversee the SUSD paperwork is completed per DHHS contract standards
- Meet weekly with SUSD participants to ensure they are supported in working toward their goals
- Maintain all paperwork needed for each participant and make available to the ED and/or the staff when asked
- Communicate and explain new directives, policies and procedures to staff and maintain morale
- Review, analyze and evaluate residential procedures. Discuss suggestions for change with Executive Director
- Improve guest satisfaction through guest-driven inclusion and make appropriate adjustments
- Conduct 30, 60 and 90 day follow ups with program participants
- Hold a quarterly staff meeting with residential staff
- Adhere to the contracted requirements for the SUSD programs passed down by DHHS
- Maintain quarterly statistics forms for SUSD
- Other Responsibilities:
 - Lead program groups as assigned
 - Coordinate community outreach including tabling and distribution of marketing materials with the Program Director
 - Project a positive image of the organization to employees, members, industry and community
 - Maintain and promote an atmosphere of confidentiality
 - Maintain knowledge of MPS programs and offerings and ensure that they are inclusive to all who seek peer support
 - Complete a monthly board report
 - Hold the role of Manager on Duty (MOD) on a rotating schedule
 - Work closely with Support Central team members on agency priorities and goals
 - Meet with, confer, and discuss performance evaluations with Executive Director
 - Maintain appropriate boundaries with members, residents, participants, and staff

The Marlborough House / Stark Production Group / Radial Park / Stark Level Solutions, Marlborough, NH
Venue & Office Manager

January 1, 2020 - December 31, 2020

June 19, 2023 - October 7, 2024

- Management
 - Supervising a staff of two as well as 8 subcontractors
 - Schedule staff for events and maintenance
- Marketing, Advertising, PR, Networking and Communications
 - Evaluate and develop marketing strategies
 - Build brand awareness in the region
 - Oversee and manage all social media channels
 - Design and manage the website
 - Analyze target market information
 - Design and order marketing materials
 - Design print advertising
 - Attend local networking meetings
 - Collaborating and fostering strong relationships with community partners
 - Public speaking at meetings and other events

- Draft and send well crafted, thoughtful and engaging emails
- Craft engaging and well-crafted pitch decks
- Create engaging radio advertisements and compelling press releases, then distribute them to the relevant outlets
- Sales
 - Respond to leads generated on Eventective, The Knot, our website and through social media and other marketing efforts
 - Track leads on an Excel spreadsheet
 - Follow up with leads
 - Schedule and execute tours of the facilities
 - Obtain and share reviews
- Administrative
 - Use of Microsoft Office suite
 - Create and execute contracts with clients
 - Process client payments
 - Report on sales to accounting
 - Pick up and process the mail
 - Answering phone calls and responding to emails
 - Managing the company calendars
 - Setting the rates on products and services, collaborating with the owner
 - Reporting updates to the owner
 - Managing the Airbnb guests and calendar

Option 1 Fitness, Keene, NH

Club Manager

May 1, 2016 – December 31, 2019,

January 8, 2021 – October 31, 2021

- Club Management
 - Lead hiring, onboarding and training of all staff
 - Conduct performance evaluations that are timely, constructive and forward moving
 - Handle coaching and performance improvement plans with employees in accordance with company policy
 - Ensure work environments are adequate, safe and well-equipped
 - Supervised a staff of 5
 - Administrative duties such as processing the mail, answering the phone and responding to emails
 - Reporting sales to the owner, daily
 - Maintain records of new members and the daily profit and submit to accounting
 - Process employee timecards drafted in Excel and submitted to accounting weekly
 - Checking member contracts for accuracy
 - Manage Member Suggestion Box
- Marketing, Advertising, PR, Networking and Communications
 - Evaluate and develop marketing strategies
 - Build brand awareness in the region
 - Oversee and manage all social media channels

- Design and manage the website
- Analyze target market information
- Design and order marketing materials
- Design print advertising
- Attend local networking meetings
- Collaborating and fostering strong relationships with community partners
- Public speaking at meetings and other events
- Draft and send well crafted, thoughtful and engaging emails
- Craft engaging and well-crafted pitch decks
- Create engaging radio advertisements and compelling press releases, then distribute them to the relevant outlets
- Event Management
 - Plan and execute open houses, health fairs and member appreciation nights
 - Promote events on all social media platforms as well as in local, digital community calendars
 - Draft event recaps after each event
- Sales
 - Respond to leads generated on our website and through social media and other marketing efforts
 - Track leads on an Excel spreadsheet
 - Follow up with leads
 - Schedule and execute tours of the facilities
 - Obtain and share reviews
 - Report on sales, daily to the owner

Education and Certifications

- University of New Hampshire, Communications & Small Business Management, 9/2000 - 5/2003
 - This was a Bachelor's Degree program, but I only completed three years before needing to stop attending due to financial burden
- Alvirne High School, General Studies, 1996 - 2000
- Notary Public for the State of New Hampshire, my commission expires May 3, 2028
- Intentional Peer Support Certified, 2021
- WRAP (Wellness Recovery Action Plan) Certified, 2022
- University of New Hampshire, Nonprofit Management Certificate, January 2025 - December 2025

Board Experience

- New Hampshire Mental Health Peer Alliance
 - July 1, 2025 - Present
- Keene Lions Club
 - July 1, 2025 - present
- Moms on a Mission
 - January 1, 2017 - December 31, 2018

Karen Richi



SUMMARY

- 7+ Years of demonstrated success working in health and human services
- Widely regarded as highly dependable and professional
- Strong organizational management and problem solving skills
- Highly effective & talented written and verbal communication ability
- A competent, organized and outgoing individual with a strong work ethic and exceptional communication skills

WORK EXPERIENCE

Monadnock Area Peer Support Agency, Keene, NH

Administrative Director - October 2024 to Present

- Oversee the implementation of new administrative systems and technologies
- Facilitate orientation and onboarding processes for new hires
- Create and implement administrative policies and procedures to ensure operational efficiency
- Mediate and resolve employee disputes to maintain a positive work environment
- Ensure accurate and timely payroll processing
- Manage employee benefits programs, including health insurance and retirement plans
- Ensure compliance with labor laws and internal policies

Director of Mission Impact – October 2023 to September 2024

- Delivered emotional support to individuals in crisis situations using Intentional Peer Support and the Wellness Recovery Action Plan and a variety of other trainings
- Oversee compliance of training requirements of all staff and volunteers as well as assign training as needed
- Manage all aspects of the agency's social media, website, and public communication
- Collaborated with a team of fundraising volunteers and event managers to plan and execute events to support peer support in Cheshire County, which included providing programming designed for mental health education and skills, and community building activities

Interim Executive Director – May 2023 to July 2023; September 2024 to December 2024

- Organize and approve a budget with the Board of Directors for the next fiscal year
- Oversee daily operations of a mental health nonprofit after the sudden absence of the predecessor
- Manage and expand community relationships with other local nonprofits and community resources
- Provided resources and referrals to appropriate services
- Delivered emotional support to individuals in crisis situations using Intentional Peer Support and the Wellness Recovery Action Plan and a variety of other trainings

Karen Richi



Director of Operations – July 2019 to October 2023

- Provided direction of human resources, financial management, community and government relations quality control, risk management, policy development/review, and data management
- Implemented colleague education and work performance development
- Engage services providers for mental health, addiction, medicine to meet peer needs

EDUCATION

Keene State College, Keene, NH

2017

Bachelor of Arts in History – American History Concentration, Writing Minor

TRAINING

- Intentional Peer Support
- Wellness Recovery Action Plan
- CPR Training
- Suicide Prevention

Stacy Wilbur

SUMMARY

Safety-oriented professional knowledgeable about guest relations, equipment safety and event planning. Handles fast-paced work calmly and goes above and beyond to promote guest satisfaction. Quick to resolve conflicts and other problems. Highly motivated employee with desire to take on new challenges. Strong work ethic, adaptability and exceptional interpersonal skills. Adept at working effectively unsupervised and quickly mastering new skills. Hardworking employee with customer service, multitasking and time management abilities. Devoted to giving every customer a positive and memorable experience. Committed job seeker with a history of meeting company needs with consistent and organized practices. Skilled in working under pressure and adapting to new situations and challenges to best enhance the organizational brand. Organized and motivated employee eager to apply time management and organizational skills in various environments. Seeking management or director level opportunities to expand skills while facilitating company growth.

SKILLS

- People Skills
- Flexible Schedule
- Conflict Resolution
- First Aid/CPR
- Planning & Organizing
- Reliable & Trustworthy
- Good Work Ethic
- Relationship Building
- Team Management
- Training & Development
- Team Building
- Active Listening
- Supervision & Leadership
- Critical Thinking
- Data Management
- Problem Resolution
- Organizational Skills
- Friendly, Positive Attitude
- Customer Service

EXPERIENCE

Senior Program Director, Monadnock Peer Support Center April 16th, 2026, to present

Keene NH

Oversee Center Programs

- Maintain a schedule of programs including groups, special events, social and recreational activities
- Maintain group guidelines and descriptions
- Coordinate monthly educational events
- Ensure continuous improvement in programming
- Facilitate groups as scheduled, and serve as alternate when a substitute is needed
- Plan and facilitate monthly community meeting
- Manage the gym and all of group exercise
- Create Group Facilitator schedules and approve all direct report's hours
- Oversee completion of facilitator logs
- Meet with, confer, and discuss performance evaluations with program staff
- Hold quarterly programming staff meetings
- Ensure that all vehicles are well-maintained, insured, and in compliance with all state and federal laws
- Complete transportation logs

Oversee Residential Programs (Respite and SUSD)

- Participate in hiring, onboarding and training of all residential staff
- Conduct performance evaluations that are timely, constructive and forward moving
- Handle coaching and performance improvement plans with employees in accordance with company policy
- Ensure work environments are adequate, safe and well-equipped
- Oversee the SUSD and Respite paperwork is completed per DHHS contract standards
- Ensure that SUSD participants meet with staff at least once a week to ensure they are supported in working toward their goals
- Maintain all paperwork needed for each participant and make it available to the State, the Executive Director and/or the staff when asked
- Communicate and explain new directives, policies and procedures to staff and maintain morale
- Review, analyze and evaluate residential procedures and discuss suggestions with staff
- Improve guest satisfaction through guest-driven inclusion and make appropriate adjustments
- Conduct 30, 60 and 90 day follow ups with SUSD program participants
- Hold a quarterly staff meeting with residential staff
- Adhere to the contracted requirements for the Respite and SUSD programs passed down by DHHS
- Maintain quarterly statistics forms for Respite and SUSD
- Report monthly to the Board statistics for the residential programs

Cultivate a Positive Peer Support Community Culture

- Cultivate mutually supportive relationships and handle conflict, complaint, or incidents using the tasks and principles of Intentional Peer Support

Program Director, Monadnock Peer Support Center June 2022, to April 15th 2026

Keene NH

Responsibilities

Oversee Center Programs

- Maintain a schedule of programs including groups, special events, social and recreational activities
- Maintain group guidelines and descriptions
- Coordinate monthly educational events
- Ensure continuous improvement in programming
- Facilitate groups as scheduled, and serve as alternate when a substitute is needed
- Plan and facilitate monthly community meeting
- Manage the gym and all of group exercise
- Create Group Facilitator schedules and approve all direct report's hours
- Oversee completion of facilitator logs
- Meet with, confer, and discuss performance evaluations with program staff
- Hold quarterly programming staff meetings
- Ensure that all vehicles are well-maintained, insured, and in compliance with all state and federal laws
- Complete transportation logs

Peer Respite

- Oversee and manage the peer respite program including interviewing applicants, completing the intake paperwork, managing room turnover, checking log notes
- Maintain knowledge of guest movements in and out of organization
- Monitor guest access and maintain awareness of property
- Collaborate with Director of Mission Impact on residential programming
- Complete Respite statistics

Cultivate a Positive Peer Support Community Culture

- Cultivate mutually supportive relationships and handle conflict, complaint, or incidents using the tasks and principles of Intentional Peer Support
- Assist in peer support activities related to members and guests and support them in achieving self-identified goals
- Engage in one-to-one peer support, and, when appropriate, engage in outreach/advocacy
- Collaborate with Director of Mission Impact to ensure all groups, events, and deadlines are marketed well and that the monthly newsletter and calendars are accurate
- Oversee outreach activities such as tabling's, outreach call list, and monthly distribution of physical materials such as calendars and newsletters

Other Responsibilities

- Complete a monthly board report
- Attend appropriate meetings and trainings as directed and required
- Provide the supervisor with copies of all action taken relative to issues of conflict, complaint, or incident

Health and Wellness Director, Keene Family Ymca, June 2012-July 2022

Keene, NH

Responsible for hiring and firing all fitness staff

ordering supplies and equipment

maintenance on all Fitness equipment

responsible for the staff training

create fitness programs

Group exercise class evaluations

Payroll

Scheduling

organizing monthly staff meetings

work closely with community health department CMC

responsible for quarterly reports to the board

teach group exercise classes

Personal training

Annual review

- Communicated clearly with coworkers using radio, phone and text to stay on top of operations needs.
- Interviewed and hired associates to fill staff vacancies.
Scheduled and coordinated events and activities.
- Wrote and presented strategies for recreational facility programming using customer or employee data.
- Calculated and recorded department expenses and revenue.
- Operated and explained proper use of mechanical equipment to employees.
- Planned programs of events or schedules of activities.
- Resolved customer complaints regarding worker performance or services rendered.
- Trained workers in company procedures or policies.
- Oversaw workforce schedules and allocated resources in order to achieve project goals.
- Delegated work to staff, setting priorities and goals.
- Assigned tasks and work hours to staff.
- Communicated with customers to convey information about events or activities.

EDUCATION AND TRAINING

GED

Portsmouth High School, Portsmouth NH January 1992

CERTIFICATIONS

- Certified Personal Trainer
- CPR AED
- Wellness Coach
- IPS
- HVN
- Senior Fitness Specialist
Fitness Nutrition Specialist

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

This Amendment to the Recovery Oriented Step-Up Step-Down Programs contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and On the Road to Recovery, Inc. dba On the Road to Wellness. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022 (Item #25), as amended on May 15, 2024 (Item #24), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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:
\$2,400,000
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:
1.4 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 B, Scope of Services, Section 1.9.3., to read:
1.9.3. Policies that establish a 120-day maximum stay limit per individual, per episode.
5. Modify Exhibit B, Scope of Services, Section 1.18.5., to read:
1.18.5 A maximum 120-day length of stay agreement.
6. Modify Exhibit C, Payment Terms, Section 2., to read:
2. 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 Exhibit C-1 Budget through Exhibit C-5, Budget– Amendment #2.
7. Modify Exhibit C, Payment Terms, Section 3, to read:
3. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

Initial


On the Road to Recovery, Inc. dba On the Road to Wellness

Contractor Initials _____

- 3.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
- 3.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
- 3.3. Identifies and requests payment for allowable costs incurred in the previous month.
- 3.4. Does not include any non-allowable expenses including, but not limited to, the following:
 - 3.4.1. Account fees as assessed by a banking institution.
 - 3.4.2. Interest payments on any business or personal loans, as well as lines of credit.
 - 3.4.3. Payments on any business or personal loans, as well as lines of credit.
 - 3.4.4. Payments made to relatives of any staff or member, unless prior written approval is received by the Board of Directors as well as the Department.
- 3.5. Includes required supporting documentation of allowable costs with each invoice as outlined in guidance documentation provided by the Department. These documents may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 3.6. Includes supporting documentation labeled and organized by budgeted line item.
- 3.7. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 3.8. Is assigned an electronic signature, includes supporting documentation, and is emailed to dhhs.dbhinvoicesmhs@dhhs.nh.gov or mailed to:

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

8. Add Exhibit C-5, Budget – Amendment #2, which is attached hereto and incorporated by reference herein.

Initial


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 July 1, 2026, 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

5/5/2026

Date

DocuSigned by:
Katja S. Fox
2A0FEC7D61684F3...

Name: Katja S. Fox
Title: Director

On the Road to Recovery, Inc. dba On the Road to
Wellness

5/4/2026

Date

Signed by:
Ariana Moniz
027DB7ED8220428

Name: Ariana Moniz
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

5/7/2026

DocuSigned by:
Robyn Guarino
748734844941460...

Date

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:

Exhibit C-5, Budget - Amendment #2

| New Hampshire Department of Health and Human Services | | |
|--|---|--|
| Contractor Name: | On the Road to Recovery, Inc. dba On the Road to Wellness | |
| Budget Request for: | Recovery Orientated Step-up Step-Down Programs | |
| Budget Period: | SFY 2027-SFY 2028 | |
| Line Item | Program Cost - Funded by DHHS - SFY 27 | Program Cost - Funded by DHHS - SFY 28 |
| 1. Salary & Wages | \$256,000 | \$256,000 |
| 2. Employee Benefits | \$23,500 | \$23,500 |
| 3. Payroll Taxes | \$20,000 | \$20,000 |
| 4. Audit and Accounting | \$5,250 | \$5,250 |
| 5. Occupancy Costs | \$63,000 | \$66,000 |
| 6. Utilities | \$5,000 | \$5,000 |
| 7. Telephone | \$4,000 | \$4,000 |
| 8. Website and Information Technology | \$6,500 | \$6,500 |
| 9. Travel and Mileage | \$2,000 | \$2,000 |
| 10. Office Supplies | \$2,000 | \$2,000 |
| 11. Client Consumables | \$5,000 | \$2,000 |
| 12. Staff development and Training | \$750 | \$750 |
| 13. Insurance Costs | \$4,000 | \$4,000 |
| 14. Other (Please specify below) | \$0 | \$0 |
| <i>Equipment Rental (Printer)</i> | \$3,000 | \$3,000 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| <i>Other (please specify)</i> | \$0 | \$0 |
| Total | \$400,000 | \$400,000 |
| COMBINED TOTAL | \$800,000 | |

Contractor Initials: Initial
AM

Date: 5/4/2026

State of New Hampshire

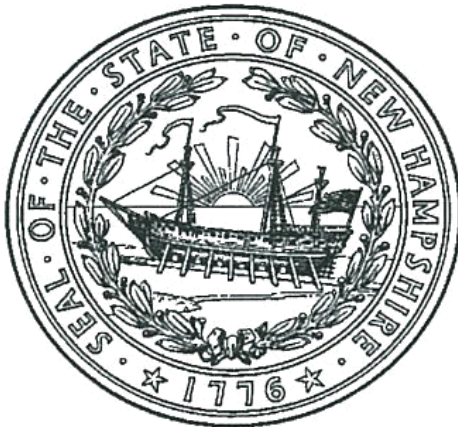
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ON THE ROAD TO RECOVERY, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 16, 1988. 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: **136413**

Certificate Number: **0007918466**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

State of New Hampshire

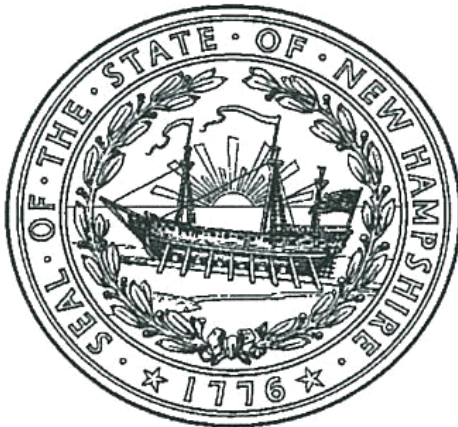
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ON THE ROAD TO WELLNESS is a New Hampshire Trade Name registered to transact business in New Hampshire on April 08, 2021. 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: **868232**

Certificate Number: **0007918450**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Peter Klecan, 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 **On the Road to Recovery, Inc. dba On the Road to Wellness.**
(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 April 16th, **2026**, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Ariana Moniz (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of On the Road to Recovery, Inc. dba On the Road to Wellness
to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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 effect 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 was **valid thirty (30) days prior to and 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: April 17th, 2026

DocuSigned by:
Peter Klecan
4BAED3FD18CB436
Signature of Elected Officer
Name: **Peter Klecan**
Title: **Board of Directors - Chairman**

NONPROFIT COVER SHEET

A. Entity Name: On the Road to Recovery, Inc. dba On the Road to Wellness

B. Entity's Contact Information:

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Ariana Moniz (Executive Director) / (603) 698 5567 /
 Ariana.m@otrtw.org and/or admin@otrtw.org

Person responsible for Accuracy and Completeness of information provided:

Name: Ariana Moniz Title: Executive Director

Signature: 

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> |
|--|---|
| Peter Klecan (Chairman) | Center for Life Management |
| Laura Brownell (Vice-Chairman) | Easter Seals, Direct Support Professional |
| Jessica Granger (Secretary/Treasurer) | Hillsboro-Deering Middle School, Special Education Teacher, Alternative Classroom Teacher |
| Catherine Carr | Attorney |
| Kurt Rodman | Center for Life Management, Supported Employment Specialist |
| Mark Langdon | Core Billing Services, Director of Utilization Review |
| Craig Iannotti | Inquire Within Behavioral Health / The Mental Health Center of Greater Manchester, Psychiatric Nurse Practitioner |
| Natasha White | Southern New Hampshire Energy, Office Assistant |
| | |
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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> |
|-----------------------|--------------------|----------------------|---------------------------------------|
| Ariana Moniz | Executive Director | \$70,000 | 100% |
| Peter Deleault | Business Manager | \$20,000 | 100% |

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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>

FINANCIAL DISCLOSURES

G. Check one the following:

- [X] 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> | \$ | | |



On the Road to
Wellness

Where Mental Wellness, Community, and Possibility Meet

Mission Statement

On the Road to Wellness is a Not-for-Profit
Consumer-Driven Community of Peers
Dedicated to Educate, Advocate, and Empower
our Members to Manage and Maintain their
Mental Health and Wellness.

ON THE ROAD TO RECOVERY, INC
FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023
AND SUPPLEMENTARY INFORMATION
Year Ended June 30, 2024

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
On The Road to Recovery, Inc.
Manchester, New Hampshire

Opinion

We have audited the accompanying financial statements of On The Road to Recovery, Inc. (a New Hampshire nonprofit corporation), which comprise the statements of financial position as of June 30, 2024 and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of On The Road to Recovery, Inc. as of June 30, 2024 and the statements of activities and changes in its net assets, cash flows and functional expenses for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of On The Road to Recovery, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about On the Road to Recovery's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of On The Road to Recovery, Inc.'s internal control. Accordingly, no such opinion is expressed.

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about On The Road to Recovery, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

Report on Summarized Comparative Information

We have previously audited On The Road to Recovery, Inc.'s 2023 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 31, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2023, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 16 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
September 24, 2024

ON THE ROAD TO RECOVERY, INC
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2024 AND 2023
See Independent Auditors' Report

| ASSETS | 2024 | 2023 |
|---|-----------------------|-----------------------|
| CURRENT ASSETS | | |
| Cash and cash equivalents | | |
| Operating | \$ 53,114 | \$ 36,402 |
| Accounts receivable | 118,752 | 137,052 |
| Prepaid expenses | 20,817 | 18,933 |
| Total Current Assets | <u>192,683</u> | <u>192,387</u> |
| PROPERTY AND EQUIPMENT, at cost | | |
| Leasehold improvements | 76,128 | 76,128 |
| Vehicles | 88,386 | 88,386 |
| Equipment & furniture | 49,691 | 46,904 |
| | <u>214,205</u> | <u>211,418</u> |
| Less accumulated depreciation | <u>(172,097)</u> | <u>(156,251)</u> |
| | <u>42,108</u> | <u>55,167</u> |
| OTHER ASSETS | | |
| Investments | 1,427 | 1,427 |
| Operating lease right of use asset | 268,408 | 347,613 |
| Finance lease right of use asset | 10,216 | 18,389 |
| Deposits | 10,175 | 10,175 |
| | <u>290,226</u> | <u>377,604</u> |
| Total Assets | <u>525,017</u> | <u>625,158</u> |
| LIABILITIES AND NET ASSETS | | |
| CURRENT LIABILITIES | | |
| Accounts payable | 1,614 | 17,471 |
| Accrued expenses | 22,794 | 18,238 |
| Current portion of long-term debt | 5,568 | 4,881 |
| Line of credit | 25,000 | 45,000 |
| Total Current Liabilities | <u>54,976</u> | <u>85,590</u> |
| OTHER LIABILITIES | | |
| Operating lease liability, current portion | 120,988 | 87,832 |
| Finance lease liability, current portion | 8,916 | 8,916 |
| Total Other Liabilities | <u>129,904</u> | <u>96,748</u> |
| LONG-TERM LIABILITIES | | |
| Long-term debt, net of current portion | 5,971 | 11,429 |
| Operating lease liability, less current portion | 204,286 | 259,781 |
| Finance lease liability, less current portion | 1,573 | 9,473 |
| Total Long-Term Liabilities | <u>211,830</u> | <u>280,683</u> |
| NET ASSETS | | |
| With donor restriction | - | - |
| Without donor restriction | 128,307 | 162,137 |
| | <u>128,307</u> | <u>162,137</u> |
| Total Liabilities and Net Assets | <u>\$ 525,017</u> | <u>\$ 625,158</u> |

ON THE ROAD TO RECOVERY, INC
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2024 AND 2023
See Independent Auditors' Report

| | <u>2024</u> | <u>2023</u> |
|---------------------------------------|-------------------|-------------------|
| REVENUES, GAINS AND OTHER SUPPORT | | |
| Grant income | \$ 1,016,728 | \$ 978,168 |
| Contribution income | 26,864 | 5,686 |
| Charitable gaming income | | |
| net expenses of \$3,750 and \$4,000 | 9,857 | 9,502 |
| Miscellaneous income | 100 | 157 |
| Interest income | - | 1 |
| Total support and revenue | <u>1,053,549</u> | <u>993,514</u> |
| EXPENSES | | |
| Program | 978,252 | 946,486 |
| Management & general | 109,127 | 22,080 |
| Total expenses | <u>1,087,379</u> | <u>968,566</u> |
| Increase (Decrease) in net assets | (33,830) | 24,948 |
| Net assets, beginning of year | <u>162,137</u> | <u>137,189</u> |
| Net assets, end of year | <u>\$ 128,307</u> | <u>\$ 162,137</u> |

Notes to Financial Statements

ON THE ROAD TO RECOVERY, INC
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2024 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2023
See Independent Auditors' Report

| | CoP Costs | Derry Costs | Manchester Costs | SUSD Costs | Total Programs | Management & General | Total 2024 | Total 2023 |
|--------------------------------|------------------|-------------------|---------------------|-------------------|-------------------|-------------------------|---------------------|-------------------|
| Wages | 11,425 | 103,212 | 223,752 | 244,168 | 582,557 | - | 582,557 | 581,403 |
| Employee benefits | 1,305 | 11,136 | 15,980 | 14,450 | 42,871 | - | 42,871 | 21,282 |
| Payroll taxes | 951 | 8,369 | 17,883 | 19,829 | 47,032 | - | 47,032 | 48,973 |
| Occupancy expenses | - | 27,886 | 43,982 | 50,923 | 122,791 | 79,205 | 201,996 | 135,403 |
| In-service training | - | - | 35 | - | 35 | - | 35 | 1,000 |
| Educational/training | - | - | 39 | 52 | 91 | - | 91 | 150 |
| Telephone and internet | 927 | 7,734 | 13,212 | 5,418 | 27,291 | - | 27,291 | 23,590 |
| Utilities | - | 5,671 | 5,558 | 5,507 | 16,736 | - | 16,736 | 17,196 |
| Insurance | - | 3,341 | 14,600 | - | 17,941 | - | 17,941 | 17,195 |
| Repairs and maintenance | - | 912 | 2,234 | 12,639 | 15,785 | - | 15,785 | 18,519 |
| Office supplies | 185 | 2,205 | 9,676 | 4,147 | 16,213 | 227 | 16,440 | 14,442 |
| Household supplies & furniture | 43 | 4,154 | 6,298 | 28,129 | 38,624 | 655 | 39,279 | 13,174 |
| Advertising | - | 880 | 2,045 | 1,331 | 4,256 | - | 4,256 | 7,688 |
| Fundraising expenses | - | - | 349 | - | 349 | 1,090 | 1,439 | 199 |
| Food and consumable supplies | - | 342 | 1,454 | 2,721 | 4,517 | 193 | 4,710 | 1,794 |
| Legal and accounting | - | 2,508 | 5,140 | 531 | 8,179 | - | 8,179 | 8,663 |
| Consultants | - | - | 9,430 | - | 9,430 | - | 9,430 | - |
| Equipment rental | - | 341 | 557 | 362 | 1,260 | 8,173 | 9,433 | 8,473 |
| Transportation | - | - | 202 | - | 202 | - | 202 | 78 |
| Vehicle expense | - | 1,955 | 7,231 | 2,916 | 12,102 | - | 12,102 | 12,484 |
| Client Services | - | - | 87 | 224 | 311 | 1,261 | 1,572 | 3,225 |
| Depreciation | - | - | - | - | - | 15,846 | 15,846 | 20,422 |
| Printing | - | - | - | - | - | - | - | 490 |
| Postage | - | 141 | 2,334 | 8 | 2,483 | - | 2,483 | 1,980 |
| Dues and subscriptions | 30 | 43 | 1,916 | 403 | 2,392 | 2,400 | 4,792 | 6,217 |
| Interest expense | - | - | 2,824 | 1,316 | 4,140 | 18 | 4,158 | 3,603 |
| Other expenses | - | 64 | 424 | 176 | 664 | 59 | 723 | 923 |
| | <u>\$ 14,866</u> | <u>\$ 180,894</u> | <u>\$ 387,242</u> | <u>\$ 395,250</u> | <u>\$ 978,252</u> | <u>\$ 109,127</u> | <u>\$ 1,087,379</u> | <u>\$ 968,566</u> |

ON THE ROAD TO RECOVERY, INC
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2024 AND 2023
See Independent Auditors' Report

| | <u>2024</u> | <u>2023</u> |
|--|------------------|------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | |
| Increase (Decrease) in net assets | \$ (33,830) | \$ 24,948 |
| Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities | | |
| Depreciation | 15,846 | 20,422 |
| Amortization, lease, right of use obligations | 87,378 | - |
| (Increase) Decrease in operating assets | | |
| Accounts Receivable | 18,300 | (64,743) |
| Prepaid expenses | (1,884) | (6,356) |
| Increase (Decrease) in operating liabilities | | |
| Accounts payable | (15,857) | 11,779 |
| Accrued expenses | 4,556 | 10,022 |
| Refundable advance, BMHS funds | - | (24,315) |
| Net Cash Provided (Used) By Operating Activities | <u>74,509</u> | <u>(28,243)</u> |
| CASH USED BY INVESTING ACTIVITIES | | |
| Purchases of property and equipment | <u>(2,787)</u> | <u>(7,368)</u> |
| CASH FLOWS FROM FINANCING ACTIVITIES | | |
| Repayments of long-term notes payable | (4,771) | (3,981) |
| Repayment, line of credit | (20,000) | - |
| Payments on operating lease right of use obligation | (22,339) | - |
| Payments on lease right of use obligations | (7,900) | - |
| Proceeds, line of credit | - | 45,000 |
| Net Cash Povided (Used) by Financing Activities | <u>(55,010)</u> | <u>41,019</u> |
| Net Increase in Cash and Cash Equivalents | 16,712 | 5,408 |
| Cash and Cash Equivalents, Beginning of Year | <u>36,402</u> | <u>30,994</u> |
| Cash and Cash Equivalents, End of Year | <u>\$ 53,114</u> | <u>\$ 36,402</u> |

SUPPLEMENTAL DISCLOSURE OF NON-CASH TRANSACTIONS

Cash paid during the years for:

| | | |
|----------|-----------------|-----------------|
| Interest | <u>\$ 4,158</u> | <u>\$ 3,603</u> |
|----------|-----------------|-----------------|

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 1. Nature of Organization and Activities

On The Road to Recovery, Inc. (OTRTR) is a nonprofit organization incorporated, operating under the DBA, On The Road to Wellness, under the laws of the State of New Hampshire. It operates as a consumer directed peer support organization for adults with long term mental illness, enhancing personal wellness, independence, and responsibility. The Organization is supported primarily by grants from the State of New Hampshire.

Note 2. Significant Accounting Policies

The summary of significant accounting policies of OTRTR is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of OTRTR's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Presentation

The financial statements of OTRTR have been prepared on the accrual basis of accounting whereby revenues are recorded when earned and expenses are recorded when the obligation is incurred. The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net Assets Without Donor Restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net Assets With Donor Restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

Basis of Accounting The financial records for OTRTR are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Property and Equipment: Are carried at cost. Depreciation expense related to equipment is calculated using the straight-line method over 3 – 7 years. Depreciation expense related to property is calculated using the straight-line method over 39 years. Depreciation expense recorded by OTRTR for the years ended June 30, 2024 and 2023 was \$15,846 and \$20,422, respectively.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 2. Significant Accounting Policies (Continued)

Capitalization policy: Expenditures for additions, renewals and betterments of property and equipment, unless of relatively minor amount, are capitalized. Maintenance and repairs are expensed as incurred. Upon retirement or sale, the cost of the assets disposed of and the related accumulated depreciation are removed from the accounts and any gain or loss is included in other income in the period in which the asset is disposed.

Investments: Investments are stated at fair-market value. On The Road to Recovery, Inc. does not have any investments.

Functional and Cost Allocation of Expenses: The Organization allocates expenses among program services, management and general, and fundraising based on direct costs and other factors, including space utilization and time. The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on estimates that are based on their relationship to those activities, consistently applied. Those expenses include payroll and payroll related expenses and occupancy costs. Occupancy costs are allocated based on square footage. Payroll and payroll related expenses are based on estimates of time and effort. Other cost allocations are based on the relationship between the expenditure and the activities benefited.

Estimates and assumptions: Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from these estimates.

In-Kind Contributions and Donated Materials and Services: In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to OTRTR's program services. These services are not included in donated materials and services because the value has not been determined.

It is the intent of OTRTR to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2024 and 2023, there were no donated goods or services.

Cash and Cash Equivalents: For purposes of reporting cash flows, the Organization considers all highly liquid debt instruments with an initial maturity of three months or less to be cash equivalents, excluding amounts the use of which is limited restriction. At years ended June 30, 2024 and 2023 the Organization had no cash equivalents.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 2. Significant Accounting Policies (Continued)

Leases: The Organization recognizes ASU 2016-02, Leases (Topic 842). Under the new guidance, a lessee is required to recognize assets and liabilities for leases with lease terms of more than twelve months. Consistent with current GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily depends on its classification as a finance or operating lease. However, unlike current GAAP—which required only capital leases to be recognized on the statement of financial position—the new ASU requires both types of leases to be recognized on the statement of financial position.

Income taxes: The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

Revenue and Revenue Recognition: Revenue is recognized when earned. The Organization receives most of its revenue in the form of grants from the State of New Hampshire Department of Health and Human Services Division of Behavioral Health (BMHS) and from the United States Department of Housing and Urban Development (HUD). The Organization participates in wagering programs in connection with its fundraising programs and also accepts voluntary contributions for meals.

Concentration of Risk: The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2024 and 2023 the Organization had no uninsured cash balances.

Comparative Financial Information: The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2023, from which the summarized information was derived.

Reclassifications: Certain reclassifications have been made to the 2023 financial statement presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to these reclassifications.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 3 Economic Dependency

OTRTR currently receives grant funds from the State of New Hampshire Bureau of Mental Health Services. These funds are the primary source of the Organization's support. If a significant reduction or delay in the level of support were to occur, it would have an adverse effect on the Organization's programs and activities. For the years ended June 30, 2024 and 2023, 96% and 98% of OTRTR's total support was made up of State grants, respectively.

Note 4. Review By Outside Agencies

The activities of the Organization are subject to examination for compliance with the requirements of the granting agency.

Note 5. Retirement Plan

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses OTRTR for the expenses. Eligible employees do not make salary reduction contributions. There were contributions \$5,748 and \$3,922 for the years ended June 30, 2024 and 2023, respectively.

Note 6. Leasing Activities

Operating Lease

Since July 1, 2011 OTRTR has been a tenant at its Derry, New Hampshire location. The organization renews this lease every two years and the most recent renewal was in July of 2022.

In May 2018 the Organization entered a ten-year, four-month lease for its Manchester, New Hampshire location. The lease agreement includes 3% annual escalations each year on the anniversary of the lease term beginning in the third year. The lease also includes a proportionate share of operating expenses based considered capped until the fifth year of the lease with an annual cap of 5% thereafter.

Rent and amortization expenses are included in occupancy costs on the statement of functional expenses.

The Organization has elected the option to use the risk-free rate determined using a period comparable to the lease terms as the discount rate for leases where the implicit rate is not readily determinable. The risk-free rate option has been applied to the office assets.

Total right-of-use assets and lease liabilities at June 30, 2024 are as follows:

Lease Assets – Classification in Statement of Financial Position
Operating Lease Right of Use Asset \$ 268,409

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 6. Leasing Activities (Continued)

Lease Liabilities – Classification in Statement of Financial Position:

| | |
|--|-------------------|
| Operating Lease Liability, Current Portion | 120,988 |
| Operating Lease Liability, Long-Term Portion | <u>204,286</u> |
| Total | <u>\$ 325,274</u> |

The weighted-average remaining lease term and weighted-average discount rate are as follows:

Weighted-average remaining lease term in years: 3.47

Weighted-average discount rate: 5.2%

The future minimum lease payments on this agreement as of June 30 are:

| | |
|------------------------------------|-------------------|
| 2025 | \$ 120,988 |
| 2026 | 112,022 |
| 2027 | 59,135 |
| 2028 | 61,331 |
| 2029 | <u>10,537</u> |
| Total payments | 346,013 |
| Net present value discount | <u>(20,739)</u> |
| Present Value of lease liabilities | <u>\$ 325,274</u> |

In June of 2021 the Organization entered a three-year, automatically renewing lease for the Stand-Up Step-Down (SUSD) program located in Manchester, New Hampshire. The lease continues as a month-to-month basis unless terminated or renewed. The lease agreement includes 3% annual escalations each year on the anniversary of the lease term and 50% of the property taxes beginning in 2023. Total rent expense related to this location was \$50,923 and \$49,438 for the years ended June 30, 2024 and 2023. There is no future minimum rent.

The Organization recognizes ASU 2016-02, this standard was implemented as of June 30, 2023.

The Organization has operating leases with initial terms of 12 months or more and has recorded these leases on the statement of financial position.

The Organization has elected the short-term lease recognition exemption for its SUSD lease. Leases with an initial term of 12 months or less, that do not include an option to purchase the underlying asset that we are reasonably certain to exercise, are not recorded on the statement of financial position.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 6. Leasing Activities (Continued)

Finance Lease

The Organization leases office equipment under a finance lease agreement. The lease is for five-years, expiring September 16, 2025.

Equipment rent and amortization expenses are included in equipment rental on the statement of functional expenses

The Organization has elected the option to use the risk-free rate determined using a period comparable to the lease terms as the discount rate for leases where the implicit rate is not readily determinable. The risk-free rate option has been applied to the office equipment.

Total right-of-use assets and lease liabilities at June 30, 2024 are as follows:

Lease Assets – Classification in Statement of Financial Position

| | |
|----------------------------------|-----------|
| Finance Lease Right of Use Asset | \$ 10,216 |
|----------------------------------|-----------|

Lease Liabilities – Classification in Statement of Financial Position:

| | |
|--|------------------|
| Finance Lease Liability, Current Portion | 8,916 |
| Finance Lease Liability, Long-Term Portion | <u>1,573</u> |
| Total | \$ <u>10,489</u> |

The weighted-average remaining lease term and weighted-average discount rate are as follows:

Weighted-average remaining lease term in years: 1.25

Weighted-average discount rate: 5.2%

The future minimum lease payments on this agreement as of June 30 are:

| | |
|------------------------------------|------------------|
| 2025 | \$ 8,916 |
| 2026 | <u>2,229</u> |
| Total payments | 11,145 |
| Net present value discount | <u>(656)</u> |
| Present Value of lease liabilities | \$ <u>10,489</u> |

Note 7. Advertising

The Organization expenses advertising costs as incurred. OTRTR had advertising costs of \$4,256 and \$7,688 as of June 30, 2024 and 2023, respectively.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 8. Liquidity And Availability of Financial Assets

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization’s primary source of support is grants. That support is held for the purpose of supporting the Organization’s budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

| | | |
|---------------------------|-------------------|-------------------|
| | <u>2024</u> | <u>2023</u> |
| Cash and cash equivalents | \$ 53,114 | \$ 36,402 |
| Accounts receivable | <u>118,752</u> | <u>137,052</u> |
| | <u>\$ 171,866</u> | <u>\$ 173,454</u> |

Note 9. Financial Instruments

The carrying value of cash and cash equivalents, prepaid expenses, accounts receivable accounts payable and accrued expenses are stated at carrying cost at June 30, 2024 and 2023, which approximates fair value due to the relatively short maturity of these instruments.

Note 10. Board Designated Net Assets

The Organization has no board designated net assets as of June 30, 2024.

Note 11. Donor-Restricted Net Assets

The Organization has no donor-restricted net assets as of June 30,2024.

Note 12. Long Term Debt

Long term debt consisted on a leased finance agreement with a local dealership. The loan term is for four year with monthly payments of \$507 with an interest rate of 9.05%. The loan is secured by the vehicle. Interest expense was \$1,317 and \$1,600 as of June 30, 2024 and 2023, respectively.

Future minimum payments on this loan as of June 30 are:

| | |
|----------------|------------------|
| 2025 | \$ 5,568 |
| 2026 | <u>5,971</u> |
| Total payments | <u>\$ 11,539</u> |

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2024 and 2023

Note 13. Fair Value Measurements

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at June 30 were as follows:

| | <u>Fair Value</u> | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant other Observable inputs (Level 2) |
|---------------------|-------------------|---|---|
| <u>2024</u> | | | |
| Accounts Receivable | \$ 118,752 | \$ - | \$ 118,752 |
| Investments | <u>1,427</u> | <u>1,427</u> | <u>-</u> |
| | <u>\$ 120,179</u> | <u>\$ 1,427</u> | <u>\$ 118,752</u> |
| <u>2023</u> | | | |
| Accounts Receivable | \$ 137,052 | \$ - | \$ 137,052 |
| Investments | <u>1,427</u> | <u>1,427</u> | <u>-</u> |
| | <u>\$ 138,479</u> | <u>\$ 1,427</u> | <u>\$ 137,052</u> |

Fair values for investments were determined by reference to quoted market prices and other relevant information generated by market transactions. The fair value of accounts receivable are estimated at the present value of expected future cash flows.

Note 14. Compensated Absences

Employees of the Organization are entitled to paid vacation depending on job classification, length of services and other factors. Accrued paid time off above the established cap will be converted to an extended illness bank. As of June 30, 2024 and 2023 there was \$11,265 and \$6,702 of accrued paid time off, respectively.

Note 15. Line of Credit

The Organization has a working capital line of credit agreement with a local bank. Interest is stated at 10.5% as of June 30, 2024 and 2023. Interest paid was \$2,824 and \$3,603 for the years ended June 30, 2024 and 2023, respectively. The line of credit is secured by all business assets. The organization borrowed \$25,000 and \$45,000 against the line as of June 30, 2024 and 2023, respectively.

Note 16. Subsequent Events

Management has evaluated subsequent events through September 24, 2024, the date on which the financial statements were available to be issued to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

ON THE ROAD TO RECOVERY, INC
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2024
See Independent Auditors' Report

| | State Approved BMHS Funds | Non-BMHS Funds | Total |
|---|------------------------------|-------------------|-------------------|
| REVENUES, GAINS AND OTHER SUPPORT | | | |
| Grant income, current year | \$ 1,016,728 | \$ - | \$ 1,016,728 |
| Contribution income | - | 26,864 | 26,864 |
| Charitable gaming income net expenses of \$3,750 | - | 9,857 | 9,857 |
| Miscellaneous income | - | 100 | 100 |
| Total support and revenue | <u>1,016,728</u> | <u>36,821</u> | <u>1,053,549</u> |
| EXPENSES | | | |
| Wages | 582,557 | - | 582,557 |
| Employee benefits | 42,871 | - | 42,871 |
| Payroll taxes | 47,032 | - | 47,032 |
| Occupancy expenses | 152,107 | 49,889 | 201,996 |
| In-service training | 35 | - | 35 |
| Educational/training | 91 | - | 91 |
| Telephone | 27,291 | - | 27,291 |
| Utilities | 16,736 | - | 16,736 |
| Insurance | 17,941 | - | 17,941 |
| Repairs and maintenance | 15,785 | - | 15,785 |
| Office supplies | 16,213 | 227 | 16,440 |
| Household supplies & furniture | 38,624 | 655 | 39,279 |
| Advertising | 4,256 | - | 4,256 |
| Fundraising expense | 349 | 1,090 | 1,439 |
| Food and consumable supplies | 4,517 | 193 | 4,710 |
| Legal and Accounting | 8,179 | - | 8,179 |
| Consultants | 9,430 | - | 9,430 |
| Equipment rental | 7,633 | 1,800 | 9,433 |
| Transportation | 202 | - | 202 |
| Vehicle maintenance | 12,102 | - | 12,102 |
| Client services | 311 | 1,261 | 1,572 |
| Depreciation | - | 15,846 | 15,846 |
| Postage | 2,483 | - | 2,483 |
| Dues and subscriptions | 2,392 | 2,400 | 4,792 |
| Interest expense | 4,140 | 18 | 4,158 |
| Other expenses | 664 | 59 | 723 |
| Total expenses | <u>1,013,941</u> | <u>73,438</u> | <u>1,087,379</u> |
| Net (Decrease) in Operating Net Assets | 2,787 | (36,617) | (33,830) |
| BMHS funds spent for capital purchases | <u>(2,787)</u> | <u>2,787</u> | <u>-</u> |
| Net (Decrease) in Net Assets | - | (33,830) | (33,830) |
| Net assets, beginning of year | <u>6,538</u> | <u>155,599</u> | <u>162,137</u> |
| Net assets, end of year | <u>\$ 6,538</u> | <u>\$ 121,769</u> | <u>\$ 128,307</u> |



WORK EXPERIENCE

Interim Executive Director
On the Road to Wellness
Manchester, NH | Feb 2026 - Current

- Assumed full fiduciary oversight of a multi-site nonprofit, managing over \$1M in state and federal funding across three locations and a 23-person team.
- Stabilized organizational operations and culture during a critical leadership transition, ensuring continuity of services and team performance.
- Led Board of Directors development and restructuring efforts.
- Launched and scaled internal fundraising initiatives, positioning the organization to secure \$100K+ in additional funding within the next year.

Deputy Director
On the Road to Wellness
Manchester, NH | Nov 2025 - Feb 2026

- Co-led organizational strategy with the Executive Director.
- Oversaw programs, senior staff, and multi-site operations, including residential program rebuild.
- Represented the organization across statewide partnerships, community, and media platforms.

Director of Strategic Operations & Site Advancement
On the Road to Wellness (OTRTW)
Manchester, NH | Feb 2025 - Nov 2025

- Led full program and operational redesign across two sites, including staffing and talent pipeline development.
- Launched multiple agency-wide initiatives and programs.
- Drove utilization and partnership growth, tripling outreach efforts and positioning the organization to nearly double annual service volume.

Rapid Response/Mobile Crisis Peer Support Specialist (988)
Seacoast Mental Health Center
Portsmouth, NH | Jan 2022 - Feb 2025

- Responded to 988-dispatched mental health and substance use crises, providing stabilization, safety planning, and peer support.
- Served on Peer Advisory Council, contributing to development of NH's CPSS peer training curriculum.

Emergency Medical Services (EMS) Community Peer Support Specialist
Onslow County's Community Paramedic Program
Jacksonville, NC | Feb 2021 - Jan 2022

- Responded to an average of 15 weekly 911 calls with paramedic teams.
- Connected patients to MAT, detox, SUD treatment, mental health care, and basic needs resources.
- Trained 500+ community members and military personnel in naloxone administration.

United States Marine
Aviation Logistics Information Management Systems Technician
Havelock, NC | Jun 2018 - Feb 2021

- Promoted to Non-Commissioned Officer (NCO); led, trained, and supervised personnel.
- Managed end-to-end technical support, resolving 4,000+ system tickets over 2.5 years.

SUMMARY

Veteran and executive growth leader with 7+ years of experience driving strategic expansion, operational excellence, and cross-sector collaboration. Proven track record of leading multi-site programs, launching and scaling initiatives, and increasing service utilization through strong stakeholder engagement, brand development, and consumer relationship management.

Trusted partner known for...

- Team Leadership & High-Performance Team Building
- Talent Pipeline Development & Succession Planning
- Staff Development & Organizational Readiness
- Strategic Execution & Operational Growth
- Stakeholder Engagement & Relationship Management
- Brand Development & Market Positioning
- Measurable Impact & Performance Outcomes

EDUCATION

Emergency Medical Technician (EMT)

- New England EMS Institute
- Registry number: E3743590

New Hampshire Certified Peer Support Specialist (CPSS)

- No expiration

Peter P. Deleault

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Experience:

3/2007 to Present: Concord Food Cooperative, Inc., 24 S. Main St., Concord, NH 03301 and 52 Newport Rd., New London, NH 03257

Controller: Concord Food Cooperative is a cooperative natural and organic grocery store with 2 locations with sales of over 7.5 million and 74 employees. Oversee accounting department and all accounting functions including but not limited to all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis and cash management.

06/2007 to Present: On The Road To Recovery Inc., 373 South Willow St., PMB 316, Manchester, NH 03103

Controller: OTRTR is a non-profit peer support mental health organization funded by State and Federal funds covering Manchester and Derry areas. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

07/2007 to Present: Tri-city Consumer Cooperative, Inc., 55 Summer St., Rochester, NH 03867

Controller: TCC is a non-profit peer support mental health organization funded by State and Federal funds covering the greater Rochester area. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

04/2004 to Present: Lakes Region Consumer Advisory Board, Inc., 328 Union Ave., Laconia, NH 03246

Controller: LRCAB is a non-profit peer support mental health organization funded by State and Federal funds covering Lakes Region and Concord. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

07/1992 to 01/2007: Sarabby, Inc., dba APPS Paramedical Services, 1 Old Hill Rd. Bow, NH, 03304.

Owner, Business Manager. Responsible for all aspects of business management, marketing, human resources and all of the bookkeeping and accounting responsibilities including payroll, all the monthly and quarterly tax deposits and filings for both Federal and State, AR/AP, account reconciliation. Sold business.

03/1995 to 03/2000: Chemdata Occupational Health & Drug Testing.

Owner, Business Manager. Responsible for all aspects of business management, marketing, human resources and all accounting responsibilities. Provided health and drug screens, DOT physicals and pulmonary function testing to local construction and trucking industries as well as municipal Firefighters and other industry workers utilizing respirators. Sold business.

1980 to 1990: Bank of New Hampshire, N. Main St., Concord, NH 03301.

Assistant Vice President-Loan Officer & Department Manager. Review financial statements, loan decision and processing, oversee loan department processes and personnel. Business marketing and loan development.

Education:

09/2004 to 04/2005: Hesser College, Manchester, NH. Advanced Computer course program to obtain certifications in both A+ and Network+.

1985-1989: University of New Hampshire, various courses in accounting, business management, bank management.

1973-1976: St. Anselm's College, 2 ½ years pre-med.

References upon request.