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

Lori A. Weaver
Commissioner

Katja S. Fox
Director

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May 8, 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 an existing contract with the New Hampshire Harm Reduction Coalition (VC #330454), Dover, NH, for the continued operation of a statewide Navigator Program connecting individuals experiencing substance use and other gaps in resources with comprehensive community-based care, risk mitigation support, and peer services, by exercising a contract renewal option by increasing the price limitation by \$661,901 from \$1,123,802 to \$1,785,703 and extending the completion date from June 30, 2026 to June 30, 2027, effective July 1, 2026, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on October 30, 2024, item #8.

Funds are available in the following account for State Fiscal Year 2027, 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.

05-95-90-902010-50400000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: PUBLIC HEALTH DIV, BUREAU OF F HEALTH AND NUTRITION, OPIOID SURVEILLANCE

Table with 7 columns: Fiscal Year, Class / Account, Class Title, Job Number, Current Modified Budget, Increase (Decrease) Amount, Revised Modified Budget. Rows include SFY 2025 entries and a Subtotal row.

05-95-90-904510-31670000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: PUBLIC HEALTH DIV, BUREAU OF PREVENTION & WELLNESS, OPIOID SURVEILLANCE

Table with 7 columns: Fiscal Year, Class / Account, Class Title, Job Number, Current Modified Budget, Increase (Decrease) Amount, Revised Modified Budget. Rows include SFY 2026 and SFY 2027 entries, a Subtotal row, and a Total row.

EXPLANATION

The purpose of this request is to exercise a contract renewal option for the Contractor to continue providing a statewide Navigator Program to support, expand, and enhance services and resources that reduce the rate of substance misuse and infectious disease complications associated with substance use. The Contractor will continue to provide community-based education and outreach, connection to care and supports, data-driven prevention strategies and risk mitigation interventions, and linkages to substance misuse resources and services.

The statewide Navigator Program will continue to be administered in accordance with the federal Overdose Data to Action in States (OD2A-S) Grant Project. The OD2A-S funding was awarded by the Centers for Disease Control and Prevention (CDC) with the aim of expanding drug overdose surveillance and improving overdose prevention efforts within states. Additionally, the OD2A-S Grant Project requires Navigators to engage with existing systems and networks as well as utilize public safety partnerships and interventions.

The program has effectively utilized Navigators to link individuals who use substances to resources, supports, and services within their communities. Navigators are individuals who are familiar with the Regional Public Health Network (RPHN) system as well as other community-based services and resources, and have experience working directly with individuals who use substances. Navigators have been successfully embedded in existing Recovery Community Organizations (RCOs) and other programs, and continue to provide ongoing education, overdose prevention, and linkage to care to help individuals successfully engage in substance-use treatment and peer services.

Approximately 2,400 individuals will be served during State Fiscal Year 2027.

The program actively focuses on individuals who are at the greatest risk of experiencing or witnessing an overdose, individuals who experience significantly greater rates of substance use, overdose fatalities, and other factors.

The Department will continue to monitor contracted services through regularly scheduled meetings with the Contractor and review required monthly reporting to track contract deliverables, ensure consistent quality performance, assess progress, and adjust program delivery and policy based on designated outcomes as well as challenges and barriers that may be encountered.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached Agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for one (1) year of the five (5) years available.

Should the Governor and Council not authorize this request; individuals, populations, and communities may have limited opportunities to access community-based care, risk mitigation programs and education; and prevention, treatment and recovery services and supports.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.136, FAIN NU17CE010211.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Navigator Program – Expanding Harm Reduction and Linkages to Care contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and the New Hampshire Harm Reduction Coalition ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 30, 2024 (Item #8), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$1,785,703
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.3., to read:
 - 1.3. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients’ Bill of Rights, civil rights and equal employment opportunity laws, and the Governor’s order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services, by replacing it in its entirety with Exhibit B, Amendment #1, Scope of Services, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Payment Terms; Section 1., to read:
 1. This Agreement is funded by:
 - 1.1. 100% Federal funds, New Hampshire Implementation of the Overdose Data to Action in States, by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, ALN 93.136, as awarded on:
 - 1.1.1. August 23, 2023, FAIN NU17CE10211; and
 - 1.1.2. August 28, 2025, FAIN NU17CE010211.
6. Modify Exhibit C, Payment Terms; Section 3, to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget, Amendment #1.

7. Modify Exhibit C, Payment Terms; Section 4., to read:
 4. The Contractor must submit separate invoices for each Scope of Work identified in Exhibit B, Amendment #1, Scope of Services, Sections 1.4.3 and 1.4.4, 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 must ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to invoicesforcontracts@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
8. Modify Exhibit C, Payment Terms; Section 5.2.1., (subheading only), to read:
 - 5.2.1. Unallowable Risk Mitigation Expenses
9. Modify Exhibit C-1, Budget, by replacing it in its entirety with Exhibit C-1, Budget, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract 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

5/7/2026
Date

DocuSigned by:
Katja S. Fox
Name: Katja S. Fox
Title: Director

New Hampshire Harm Reduction Coalition

5/7/2026
Date

DocuSigned by:
Lauren McGinley
Name: Lauren McGinley
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

5/8/2026

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Navigator Program - Expanding Harm Reduction and Linkages to Care**

EXHIBIT B, Amendment #1

Scope of Services

1. Statement of Work

- 1.1. The Contractor must provide overdose prevention and infectious disease prevention services and linkage to care services that reduce the rate of opioid misuse and infectious disease complications associated with opioid use to individuals who use substances and individuals who are at greatest risk for infectious disease complications due to their substance use.
- 1.2. The Contractor must ensure services are available to:
 - 1.2.1. People who use drugs (PWUD), people with a self-disclosed history of use, and individuals at risk of witnessing an overdose, including:
 - 1.2.1.1. Individuals, families, and/or communities experiencing greater rates of Substance Use Disorders (SUD) and/or overdose events;
 - 1.2.1.2. Individuals and families who are unhoused and those experiencing housing instability;
 - 1.2.1.3. People with experience in the criminal justice system;
 - 1.2.1.4. People in recovery from SUD.
 - 1.2.2. The Contractor must ensure services are provided in accordance with all applicable state and federal laws and regulations, including, but not limited to NH RSA 318-B and 42 CFR Part 2.
- 1.3. **Navigator Program - Expanding Risk Mitigation and Linkages to Care Scope of Work**
 - 1.3.1. The Contractor must implement and maintain a comprehensive program that expands and/or enhances existing overdose prevention, infectious disease prevention services and linkage to care services, infrastructure, and outreach efforts, in accordance with NH's Overdose Data to Action in States (OD2A-S) Grant Project, Strategy 8 and Strategy 9, (herein referred to as the Providing Access to Harm Reduction Services (PATHS) program). The Contractor must:
 - 1.3.1.1. Embed education, services, and supports within existing Recovery Community Organizations (RCOs); and
 - 1.3.1.2. Embed linkage to care services and supports within existing non-RCO risk mitigation programs, such that linkage to care services and supports are made available in organizations other than RCOs that also have programs focused on overdose prevention/risk mitigation.
 - 1.3.2. The Contractor must ensure PATHS does not duplicate efforts or supplant funding within the community(ies) served.
 - 1.3.3. The Contractor must expand and/or enhance overdose prevention and infectious disease prevention Services and Supports within Recovery Community Organizations (RCOs)
 - 1.3.3.1. The Contractor must prioritize enhancement and/or expansion efforts for overdose prevention and infectious disease prevention services within the following regions of NH:

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EXHIBIT B, Amendment #1

- 1.3.3.1.1. Seacoast Region;
- 1.3.3.1.2. Central and South-Central Regions; and
- 1.3.3.1.3. North Country Region.
- 1.3.3.2. The Contractor must collaborate with the Department's NH Peer Recovery Support Services Facilitating Organization vendor to enhance and/or expand education, services, and supports, within the regions identified above, through the integration of Navigators. The Contractor must ensure Navigators coordinate and provide supports and services including:
 - 1.3.3.2.1. Overdose prevention and reversal education;
 - 1.3.3.2.2. Overdose prevention and reversal tools including:
 - 1.3.3.2.2.1. Naloxone or other Federal Drug Administration (FDA) approved overdose reversal medication;
 - 1.3.3.2.2.2. Substance test kits; and
 - 1.3.3.2.3. Treatment and recovery options, as appropriate.
- 1.3.3.3. The Contractor must utilize mobile outreach services to ensure overdose prevention and infectious disease prevention and supplies are available to individuals who may have unmet needs and/or are experiencing barriers to accessing care. The Contractor must ensure Mobile Outreach Units:
 - 1.3.3.3.1. Travel to areas of the state with high rates of SUD-related infections and overdose events, including but not limited to:
 - 1.3.3.3.1.1. Homeless encampments;
 - 1.3.3.3.1.2. Neighborhoods impacted by higher rates of crime or in close proximity to correctional facilities;
 - 1.3.3.3.2. Are equipped with:
 - 1.3.3.3.2.1. Overdose prevention and infectious disease prevention supplies;
 - 1.3.3.3.2.2. Opioid Overdose Reversal medication(s);
 - 1.3.3.3.2.3. Overdose prevention education materials;
 - 1.3.3.3.2.4. Information about available resources.
- 1.3.4. Expanding and Enhancing Community-Based Linkage to Care Services Outside of RCO Programs
 - 1.3.4.1. The Contractor must collaborate with the Department to review regional data to assess and determine priority areas for the expansion of linkage to care services no later than 30 days after the Contract Effective Date.

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- 1.3.4.2. The Contractor must collaborate with existing risk mitigation programs not currently located within an RCO within identified areas, to expand linkage to care services, through the integration of Navigators. The Contractor must ensure Navigators:
 - 1.3.4.2.1. Identify participant needs;
 - 1.3.4.2.2. Serve as liaisons between participants and providers, community organizations, and social service agencies;
 - 1.3.4.2.3. Link individuals to comprehensive community-based services, supports, and resources that:
 - 1.3.4.2.3.1. Address the unique needs and circumstances of each individual;
 - 1.3.4.2.3.2. Prevent treatment interruption;
 - 1.3.4.2.3.3. Promote retention in care;
 - 1.3.4.2.3.4. Support community reintegration as the individual exits residential treatment settings and/or criminal justice settings;
 - 1.3.4.2.3.5. Support the maintenance of recovery and ongoing care and wellness needs;
 - 1.3.4.2.4. Facilitate warm handoffs to services including:
 - 1.3.4.2.4.1. Primary and behavioral healthcare;
 - 1.3.4.2.4.2. SUD treatment;
 - 1.3.4.2.4.3. Housing assistance;
 - 1.3.4.2.4.4. Other supportive services, as appropriate; and
 - 1.3.4.2.5. Conduct regular follow-ups with participants to monitor progress, address barriers, and provide additional support as needed.
- 1.3.5. The Contractor must actively recruit additional Navigators with lived experience for PATHS through targeted outreach efforts and in collaboration with community partners, including, but not limited to:
 - 1.3.5.1. Recovery Community Organizations (RCOs).
 - 1.3.5.2. The NH Doorways.
 - 1.3.5.3. Treatment Providers.
 - 1.3.5.4. Prevention Coalitions.
 - 1.3.5.5. Regional Public Health Networks (RPHNs).
- 1.3.6. The Contractor must ensure training and professional development opportunities are available to individuals interested in becoming care Navigators. The Contractor must ensure topics include, but are not limited to:

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- 1.3.6.1. Public Health principles.
- 1.3.6.2. Professional Ethics
- 1.3.6.3. Compassionate overdose prevention and response strategies.
- 1.3.6.4. Infectious Disease Prevention.
- 1.3.6.5. Communication and advocacy skills.
- 1.3.6.6. Navigating social service systems.
- 1.3.7. The Contractor must provide ongoing supervision, mentorship and peer support to Navigators. The Contractor must ensure Navigators have access to:
 - 1.3.7.1. Check-ins with supervisors at least monthly;
 - 1.3.7.2. Opportunities for reflective practice; and
 - 1.3.7.3. Peer-led support groups to share experiences, challenges and successes with colleagues.
- 1.3.8. The Contractor must support the individualized needs of participating organizations to facilitate the expansion and integration of services, programming, and activities. The Contractor must provide:
 - 1.3.8.1. Training and educational materials;
 - 1.3.8.2. Consultation and technical assistance on best practices, program development, and implementation strategies; and
 - 1.3.8.3. Navigator resources.
- 1.3.9. The Contractor must organize and implement outreach that promotes access to programs, services, and resources; which links individuals to care, supports retention in care, and helps maintain recovery. The Contractor must:
 - 1.3.9.1. Engage in localized and mobile outreach activities to connect with individuals in the community, including individuals who are:
 - 1.3.9.1.1. Un-housed or experiencing housing instability;
 - 1.3.9.1.2. Experiencing challenges; and/or
 - 1.3.9.1.3. Individuals, families, and/or communities experiencing greater rates of Substance Use Disorders (SUD) and/or overdose events.
 - 1.3.9.2. Partner with local organizations to inform, educate, and support the expansion of overdose prevention and risk mitigation services. Local organizations may include, but are not limited to:
 - 1.3.9.2.1. The NH Doorways.
 - 1.3.9.2.2. Treatment Providers.
 - 1.3.9.2.3. Community Mental Health Centers (CMHCs).
 - 1.3.9.2.4. Federally Qualified Health Centers (FQHCs).
 - 1.3.9.2.5. Regional Public Health Networks (RPHNs).

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- 1.3.10. The Contractor must provide training and educational materials to individuals, organizations, and communities. The Contractor must ensure training and educational materials support statewide overdose prevention, and infection prevention strategies and increase awareness and understanding of public health principles, including information on:
 - 1.3.10.1. Substance misuse prevention;
 - 1.3.10.2. Safer disposal of non-sterile items;
 - 1.3.10.3. Prevention and reversal of drug overdoses;
 - 1.3.10.4. HIV and viral hepatitis prevention, testing, and treatment;
 - 1.3.10.5. Prevention, identification of, and treatment options for soft tissue infections;
 - 1.3.10.6. SUD treatment options;
 - 1.3.10.7. Information on medical and mental health issues that affect PWUD;
 - 1.3.10.8. Prevention and testing options for communicable diseases that are of concern in the community;
 - 1.3.10.9. Resources to assist with food and housing insecurity; and
 - 1.3.10.10. Resources for survivors of trauma, domestic violence, sexual violence, and human trafficking.
- 1.3.11. The Contractor must collaborate with the NH Doorways and the Regional Public Health Networks (RPHNs) to develop and execute a comprehensive overdose reversal medication administration training program, aligned with SAMHSA's Overdose Prevention and Response Toolkit.
- 1.3.12. The Contractor must participate in statewide meetings and commissions to stay abreast of the SUD continuum of care, stakeholders, and resources involved in setting and promoting the state's strategic priorities and system-level strategies.
- 1.3.13. The Contractor must host targeted events and workshops that address the specific needs of each population served, including, but not limited to:
 - 1.3.13.1. Overdose prevention and infectious disease prevention events and workshops for Peer-led support groups.
 - 1.3.13.2. Overdose prevention and infectious disease prevention educational sessions for individuals with criminal justice experience.
 - 1.3.13.3. Recovery-focused activities for people in recovery from SUD.
- 1.3.14. The Contractor must engage and collaborate with the Department and identified stakeholders to identify gaps and potential barriers, develop mitigation strategies, and ensure the PATHS is implemented as intended. Stakeholders may include, but are not limited to:
 - 1.3.14.1. The NH Governor's Commission on Addiction, Treatment and Prevention.
 - 1.3.14.2. The NH Opioid Abatement Trust Fund Advisory Commission.

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- 1.3.14.3. The NH Doorways.
- 1.3.14.4. Federally Qualified Healthcare Centers (FQHCs).
- 1.3.14.5. Community Mental Health Centers (CMHCs).
- 1.3.14.6. Regional Public Health Networks (RPHNs).
- 1.3.14.7. Community Action Programs (CAPs).
- 1.3.15. The Contractor, and its Navigators must collaborate with the NH OD2A-S Grant, Strategy 6a - Academic Detailing partners and Strategy 7 – Overdose Fatality Review Commission to inform community response to the needs of people with SUD. The Contractor must:
 - 1.3.15.1. Advise Academic Detailers on best approaches to train healthcare professionals in working with people with SUD;
 - 1.3.15.2. Attend Academic Detailing Site Visits in doctor’s offices and emergency departments;
 - 1.3.15.3. Provide guidance related to Academic Detailing for Emergency Department staff;
 - 1.3.15.4. Provide recommendations to address overdose prevention.
- 1.3.16. The Contractor shall engage participants, navigators, and referral organizations to provide feedback and recommendations of care navigation activities and assess program impacts through data analysis to inform continuous quality improvement of services provided by Syringe Service Programs (SSPs).
- 1.3.17. PATH Program OD2A-S Performance Measures and Reporting
 - 1.3.17.1. The Contractor must collaborate with the Department to refine progress indicators, performance measures, and data collection that support and demonstrate progress toward meeting Contract deliverables. The Contractor must:
 - 1.3.17.1.1. Provide the Department with aggregate, non-identifiable data; and
 - 1.3.17.1.2. Complete the required Navigator fields in the OD2A-S Reporting Template, developed by the CDC, for submission to the Department by the 10th business day of each month. The Department will provide the reporting template and associated training.
- 1.3.18. OD2A-S Grant Guidelines - Unallowable Activities
 - 1.3.18.1. Risk Mitigation
 - 1.3.18.1.1. Establishing new Syringe Services Programs;
 - 1.3.18.1.2. Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.);

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- 1.3.18.1.3. Drug disposal, including the implementation or expansion of drug disposal programs, including take-back programs, drop boxes, and disposal bags;
- 1.3.18.1.4. Provision of equipment solely intended for substance use;
- 1.3.18.1.5. Procurement of other equipment solely intended for preparing drugs for injection;
- 1.3.18.1.6. Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education.)
- 1.3.18.1.7. Developing educational outreach and guidance or materials about supervised/safe injection sites;
- 1.3.18.1.8. Purchase of equipment used to inject substances, including pharmacy voucher programs and programs for the safe disposal of non-sterile items;
- 1.3.18.2. Community-Based Linkage to Care
 - 1.3.18.2.1. Housing assistance;
 - 1.3.18.2.2. Food assistance;
 - 1.3.18.2.3. HIV/HCV and other STD/STI testing;
 - 1.3.18.2.4. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention;
 - 1.3.18.2.5. Safer sex kits (condoms and lubricant);
 - 1.3.18.2.6. Childcare and childcare-related purchases (e.g., pack-n-play);
 - 1.3.18.2.7. Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities); and
 - 1.3.18.2.8. Prevention of adverse childhood experiences (ACEs) as a standalone activity.
- 1.4. The Contractor must have policies and procedures relative to obtaining participant consent for disclosure of Protected Health Information (PHI), as required by federal and state laws. The Contractor must ensure:
 - 1.4.1. Consent forms are obtained from all individuals served, either in-person, telehealth, or other electronic means, to ensure compliance with all applicable state and federal confidentiality laws.
 - 1.4.2. The signed informed consent form is kept in the Participant's record.
- 1.5. The Contractor must provide staff, subcontractors, or end users as defined in Exhibit E with periodic training in practices and procedures to ensure compliance with information security, privacy, and confidentiality in accordance with state administrative rules and

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state and federal laws.

- 1.6. The Contractor must participate in meetings with the Department, monthly, or as otherwise requested by the Department, to review contract deliverables; enhance contract management; improve results; refine progress indicators and performance measures; and adjust program delivery based on successful outcomes.
- 1.7. The Contractor must notify the Department, in writing, of changes in key personnel within five (5) working days of the change occurring. Key personnel are those staff members for whom at least 10% of their work time is spent on this scope of services.
- 1.8. The Contractor must participate in on-site reviews conducted by the Department on a quarterly basis, or as otherwise requested by the Department.
- 1.9. The Contractor must facilitate reviews of files conducted by the Department on an annual basis, or as otherwise requested by the Department.

2. Background Checks

- 2.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:
 - 2.1.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;
 - 2.1.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
 - 2.1.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

3. Confidential Data

- 3.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.
- 3.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

4. Privacy Impact Assessment

- 4.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department

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access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

- 4.1.1. How PII is gathered and stored;
 - 4.1.2. Who will have access to PII;
 - 4.1.3. How PII will be used in the system;
 - 4.1.4. How individual consent will be achieved and revoked; and
 - 4.1.5. Privacy practices.
- 4.2. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

5. Contract End-of-Life Transition Services

5.1. General Requirements

- 5.1.1. If applicable, upon termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a smooth secure transition of the Services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the Services previously performed by the Contractor for this section the new Contractor shall be known as "Recipient". Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 5.1.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 5.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department Data is complete.
- 5.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 5.1.5. Should the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements^{DS} and if

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applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

- 5.1.6. In the event where the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.
- 5.2. Completion of Transition Services
- 5.2.1. Each service or Transition phase shall be deemed completed (and the Transition process finalized) at the end of 15 business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 5.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.
- 5.3. Disagreement over Transition Services Results
- 5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within 15 business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.
- 5.4. Website and Social Media
- 5.4.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH DoIT website and social media requirements and policies.
- 5.4.2. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.
- 5.4.3. State of New Hampshire's Website Copyright
- 5.4.4. All right, title and interest in the State WWW site, including copyright to all Data

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and information, shall remain with the State of New Hampshire. The State of New Hampshire shall also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other Data or information shall, where applicable, display the State of New Hampshire's copyright.

6. Exhibits Incorporated

- 6.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.
- 6.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.
- 6.3. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit F, Business Associate Agreement, which has been executed by the parties.

7. Additional Terms

7.1. Impacts Resulting from Court Orders or Legislative Changes

- 7.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

7.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

- 7.2.1. The Contractor must submit:
 - 7.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.
 - 7.2.1.2. A written attestation, within 45 days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last 12 months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and
 - 7.2.1.3. The Department's Federal Civil Rights Compliance Checklist within ten (10) days of the Effective Date of the Agreement. The Federal Civil Rights Compliance Checklist must have been completed within the last 12 months and is accessible on the

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Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

7.3. Credits and Copyright Ownership

- 7.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 7.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 7.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:
 - 7.3.3.1. Brochures.
 - 7.3.3.2. Resource directories.
 - 7.3.3.3. Protocols or guidelines.
 - 7.3.3.4. Posters.
 - 7.3.3.5. Reports.
- 7.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.
- 7.3.5. The Contractor must ensure materials distributed through this Agreement cite that they are produced with support from the Department and funded by the CDC Overdose Data to Action in States grant CDC-RFA-CE-23-0002.

8. Records

- 8.1. The Contractor must keep records that include, but are not limited to:
 - 8.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
 - 8.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 8.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding

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the provision of services and all invoices submitted to the Department to obtain payment for such services.

- 8.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.
- 8.3. If, upon review of the Final Expenditure Report, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

DS
LM

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE HARM REDUCTION COALITION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 29, 2018. 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: **808023**

Certificate Number: **0007902927**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th 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, Bill Davis, 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 New Hampshire Harm Reduction Coalition.
(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 14, 2022, at which a quorum of the Directors/shareholders were present and voting.
(Date)

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

is duly authorized on behalf of New Hampshire Harm Reduction Coalition to enter into contracts or agreements with
(Name of Corporation/ LLC)

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 ninety (90) 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: 4/8/2026

Bill Davis Digitally signed by Bill Davis
Date: 2026.04.08 12:38:42
-04'00'

Signature of Elected Officer

Title: Board Vice Chair



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2026

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Eleanor Spinazzola PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: Eleanorspinazzola@esinsurance.net
	INSURER(S) AFFORDING COVERAGE INSURER A: Landmark American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED New Hampshire Harm Reduction Coalition, DBA: NHHRC 1 Washington Street Unit #3114 Dover NH 03820	

COVERAGES

CERTIFICATE NUMBER: 26-27

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LCH867053	05/18/2026	05/18/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Excluded Professional Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**
 State of NH Department of Health & Human Services
 129 Pleasant St

Concord

NH 03301

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

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: __New Hampshire Harm Reduction Coalition__

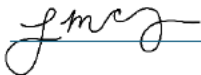
B. Entity's Contact Information:

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

Name / Phone / Email: Lisa Chapman / 603.496.9229 / lisa.chapman@nhhrc.org

Person responsible for Accuracy and Completeness of information provided:

Name: Lauren McGinley **Title:** Exec Director, 603.568.0258, lauren.mcginley@nhhrc.org

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>
Jessica Carter (<i>Chair</i>)	Exec Dir, Revive Recovery Resource Center
Bill Davis (<i>Vice Chair</i>)	Retired
Helen Mrema (<i>Secretary</i>)	ACLU
Dan Andrus (Treasurer)	Dir SUD Treatment, Fdtn for Hlthy Comnties
Jason Lucey, DNP, FNP-BC (<i>At-large</i>)	Asst Prof Dir Adv Prct MGH Inst Hlth, Sch Nursng
Phoebe Axtman	Be One Counseling
Vasuki Nagaraj, MD, MPH, FAAFP (<i>At-large</i>)	Physician, St. Joseph's Hospital
Tina Nadeau (<i>At-large</i>)	NH Superior Court Chief Justice, Ret.
Michael Leese (<i>At-large</i>)	University of New Hampshire, Associate Professor

D. Key Personnel (Pls update details below, as needed, for the Primary People responsible for the terms of this Navigator Contract. I already have resumes for all your people)

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Lauren McGinley	Executive Director	\$105,452.11	\$26,393.03
Han Hamel	Marketing Director	\$63,545.12	\$16,656.75
Camille Miller	Finance/Grants Coord.	\$56,500.00	\$28,250.00
Lisa Chapman	Project Director	\$79,751.00	\$39,875.00
Elizabeth Beaule	Education Director	\$60,638.00	\$60,638.00
Scott Crocker	Care Navigator Mgr	\$49,500.00	\$49,500.00
Palana Belken	Operations Director	\$76,796.00	\$38,398.00
Kellene Mulcahy	Care Coordinator	\$52,589.25	\$26,294.63
Mandy Bemis	Care Coordinator	\$46,038.00	\$23,041.50

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

E. Check one of the following:

- [X] 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:

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

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

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

New Hampshire Department of Justice

Registered Charities List

Charitable Trusts Unit

G = Good Standing; X = Not in Good Standing; S = Suspended

32006	NH Harm Reduction Coalition	1 Washington Street, Unit #3114	Dover	NH	03820	G	11/15/2025
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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**
- [X] 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) **2024 IRS Form 990 Atchd 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 (this section is Not Applicable)

	<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 (this section is Not Applicable)

<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

NHHRC compassionately supports people who use drugs (PWUD) in collaboration with other harm reduction programs, promotes evidence-based strategies, and upholds the inherent worth of all people through advocacy and education.

Filing Instructions

New Hampshire Harm Reduction Coalition

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

Signature: Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Howard & Dionne CPAs, PLLC
P.O. Box 847
Raymond, NH 03077-0847

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2024, or fiscal year beginning 2024, and ending 20

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **NEW HAMPSHIRE HARM REDUCTION
COALITION** EIN or SSN **83-2689375**

Name and title of officer or person subject to tax **DANIEL L. ANDRUS
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,120,964</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HOWARD & DIONNE CPAS, PLLC to enter my PIN 03821 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 06/26/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

02183331228
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ROBERT V. DIONNE, CPA Date 06/26/25

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Howard & Dionne CPAs, PLLC
P.O. Box 847
Raymond, NH 03077-0847
603-895-0101

June 26, 2025

CONFIDENTIAL

New Hampshire Harm Reduction
Coalition
1 Washington St, Unit 3114
Dover, NH 03821

Dear Lauren, Ana & Lisa:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Howard & Dionne CPAs, PLLC

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

Department of the Treasury Internal Revenue Service

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

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

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: NEW HAMPSHIRE HARM REDUCTION COALITION
D Employer identification number: 83-2689375
E Telephone number: 603-418-5531
G Gross receipts: 1,130,526

F Name and address of principal officer: JESSICA CARTER, 19 RUSSELL ST, NASHUA, NH 03060
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

I Tax-exempt status: 501(c)(3)
J Website: WWW.NHRC.ORG
H(c) Group exemption number

K Form of organization: Corporation
L Year of formation: 2019
M State of legal domicile: NH

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-6 Governing body and employees... 7a-b Revenue... 8-12 Revenue... 13-19 Expenses... 20-22 Net assets or fund balances.

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.

Sign Here: Signature of officer: DANIEL L. ANDRUS, TREASURER

Paid Preparer Use Only: Preparer's name: ROBERT V. DIONNE, CPA; Firm's name: HOWARD & DIONNE CPAS, PLLC; Firm's EIN: 47-1886323

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO DEVELOP, SUPPORT, AND PROMOTE POLICIES, PRACTICES, AND SERVICES THAT REDUCE THE HARMFUL CONSEQUENCES OF SUBSTANCE USE AND MISUSE IN NEW HAMPSHIRE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 1,121,056 including grants of \$) (Revenue \$) SEE SCHEDULE O

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

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

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

4e Total program service expenses 1,121,056

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational reporting requirements.

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

Input box for Part V compliance check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Yes No

Table with 17 main rows and multiple sub-rows. Columns include question text, input fields (e.g., 2a, 2b, 10, X), and Yes/No checkboxes. Questions cover topics like employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

DANIEL L. ANDRUS

3 FERNWOOD PLACE

BOW

NH 03304

603-418-5531

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (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) DANIEL L. ANDRUS TREASURER	8.00 0.00	X		X				0	0	0
(2) JESSICA CARTER CHAIR	8.00 0.00	X		X				0	0	0
(3) BILL DAVIS VICE CHAIR	8.00 0.00	X		X				0	0	0
(4) JASON LUCEY AT-LARGE	4.00 0.00	X						0	0	0
(5) VASUKI NAGARAJ MD AT-LARGE	4.00 0.00	X						0	0	0
(6) HELEN MREMA SECRETARY	8.00 0.00	X		X				0	0	0
(7) HON. TINA NADEAU AT-LARGE	4.00 0.00	X						0	0	0
(8) SHANNON SWETT AT-LARGE	4.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <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

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	889,750				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	197,137				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,086,887				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		200	200			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a		39,205				
			8,175				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			31,030		31,030		
10a Gross sales of inventory, less returns and allowances	10a		2,509				
			1,387				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			1,122		1,122		
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	1,725	1,725			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,725			
12 Total revenue. See instructions			1,120,964	1,925	0	32,152	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	519,085	503,252	15,833	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,323	39,093	1,230	
10 Payroll taxes	39,576	38,369	1,207	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,491		7,491	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	228,183	228,183		
12 Advertising and promotion	10,138	10,138		
13 Office expenses	22,430	22,430		
14 Information technology				
15 Royalties				
16 Occupancy	41,675	41,675		
17 Travel	7,590	7,590		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,607	26,119	488	
23 Insurance	20,619	20,619		
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 SUPPLIES	174,741	174,741		
b VEHICLE EXPENSES	8,476	8,476		
c TRAINING AND EDUCATION	371	371		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,147,305	1,121,056	26,249	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	350,955	1	287,848	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	750	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	88,487			
	10b	Less: accumulated depreciation	56,769	15,192	10c	31,718
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	366,147	16	320,316		
Liabilities	17	Accounts payable and accrued expenses	19,655	17	165	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	19,655	26	165	
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	346,492	27	320,151	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31			
32	Total net assets or fund balances	346,492	32	320,151		
33	Total liabilities and net assets/fund balances	366,147	33	320,316		

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	1,120,964
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,147,305
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	346,492
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	320,151

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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization NEW HAMPSHIRE HARM REDUCTION COALITION	Employer identification number 83-2689375
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
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 3 columns: Description, Amount, Percentage. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A; 16a 33 1/3% support test - 2024; b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,396	525,489	757,194	1,264,142	1,086,887	3,812,108
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		42,227	22,683	2,874	4,234	72,018
3 Gross receipts from activities that are not an unrelated trade or business under section 513	103,015		971	5,795	39,205	148,986
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	281,411	567,716	780,848	1,272,811	1,130,326	4,033,112
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						4,033,112

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	281,411	567,716	780,848	1,272,811	1,130,326	4,033,112
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31	14	33	222	200	500
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	31	14	33	222	200	500
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					122	122
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	281,442	567,730	780,881	1,273,033	1,130,648	4,033,734
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

Schedule of Contributors

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

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

Name of the organization NEW HAMPSHIRE HARM REDUCTION COALITION	Employer identification number 83-2689375
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

NEW HAMPSHIRE HARM REDUCTION

Employer identification number

83-2689375

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AIDS UNITED 1634 EYE ST NW SUITE 1100 WASHINGTON DC 20006-4003	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NH DEPT HEALTH & HUMAN SERVICES BUREAU OF DRUG & ALCOHOL SERVICES 129 PLEASANT ST CONCORD NH 03301	\$ 475,332	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NORWIN S. AND ELIZABETH N. BEAN FOUNDATION 40 STARK ST MANCHESTER NH 03101	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NH CHARITABLE FOUNDATION KRAKOA FUND 37 PLEASANT ST CONCORD NH 03301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NH CHARITABLE FOUNDATION 37 PLEASANT ST CONCORD NH 03301	\$ 135,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NH DEPT HEALTH & HUMAN SERVICES OPIOID ABATEMENT PROGRAM 129 PLEASANT ST CONCORD NH 03301	\$ 414,418	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization: NEW HAMPSHIRE HARM REDUCTION COALITION; Employer identification number: 83-2689375

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		88,487	56,769	31,718
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				31,718

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Dotted lines for providing supplemental information.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NEW HAMPSHIRE HARM REDUCTION
COALITION**

Employer identification number
83-2689375

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			39,205
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs			8,125	8,125
	5 Other direct expenses			50	50
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				8,175	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				31,030	

- 9** Enter the state(s) in which the organization conducts gaming activities: NH
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain:
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain:

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

a	The organization's facility	13a		%
b	An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ANA MCGRATH
 1000 WASHINGTON ST SUITE 4
 Address DOVER NH 03821

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ 39,205 and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter the name and address of the third party:

Name LEBANON POKER ROOM AND CASINO LLC
 887B CENTRAL AVE
 Address DOVER NH 03820

16 Gaming manager information:

Name
 Gaming manager compensation \$
 Description of services provided
 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE L

(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE HARM REDUCTION

Employer identification number

COALITION

83-2689375

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	NEW HAMPSHIRE HARM REDUCTION COALITION	Employer identification number	83-2689375
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT TO DEVELOP, SUPPORT AND PROMOTE POLICIES, PRACTICES, AND SERVICES THAT REDUCE THE HARMFUL CONSEQUENCES OF SUBSTANCE USE AND MISUSE IN NEW HAMPSHIRE. GOALS INCLUDE ENDING THE OVERDOSE EPIDEMIC IN NEW HAMPSHIRE, REDUCING DISEASE TRANSMISSION AND RATES OF INFECTION, AND ADVOCATING FOR HARM REDUCTION. THE ORGANIZATION OPERATES THREE DIFFERENT SYRINGE SERVICE PROGRAMS (SSP) (NEEDLE EXCHANGES) IN NEW HAMPSHIRE, AND PROVIDES ASSISTANCE TO OTHER SSPS ACROSS THE STATE. IT HOSTS MONTHLY MEETINGS AND PERIODIC TRAINING SESSIONS TO COORDINATE CARE FOR INDIVIDUALS WITH COMPLEX SITUATIONS, AND IT IS A LEADING SOURCE FOR HARM REDUCTION EDUCATION FOR COMMUNITIES AND ORGANIZATIONS THROUGHOUT NEW HAMPSHIRE. THE ORGANIZATION CONTINUES TO WORK IN THE DISPOSAL OF SYRINGES, AND IN THE DISTRIBUTION OF DRUG CHECKING STRIPS, WOUND CARE KITS, AND SEXUAL BARRIERS. IT OPERATES NUMEROUS POP-UP EXCHANGES, HAS CONTINUED ITS NALOXONE DISTRIBUTION PROGRAM TO RESPOND TO THE DRUG CRISIS, AND HAS HELPED TO REVERSE THOUSANDS OF OVERDOSES. IN 2024 THE ORGANIZATION ACQUIRED A SECOND OVERDOSE PREVENTION VAN TO DELIVER LIFE-SAVING SUPPLIES AND BROADEN ITS REACH OF HARM REDUCTION EDUCATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTANT, THEN REVIEWED AND ACCEPTED AT MEETING OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL OFFICERS AND DIRECTORS ATTEST TO UNDERSTANDING OF CONFLICT OF INTEREST POLICY. PERPETUAL MONITORING AND PERIODIC REVIEW IS CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL PERIODIC REVIEWS ARE COMPLETED TO DETERMINE IF COMPENSATION AND BENEFITS ARE REASONABLE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONTRACT SERVICES	\$ 228,183	\$ 0	\$ 0

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return NEW HAMPSHIRE HARM REDUCTION COALITION

Identifying number 83-2689375

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for Part I. Line 1: 1,220,000; Line 3: 3,050,000; Line 8: Total elected cost; Line 12: Section 179 expense deduction.

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

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

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2024 (488); Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, and residential/nonresidential real property.

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property (26,119); Line 22: Total (26,607); Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25 20,400	
26 Property used more than 50% in a qualified business use:								
VAN	08/29/22	100.00%	43,028	23,828	5.0	200DBHY	5,719	
VAN	09/03/24	100.00%	43,133	22,733	5.0	200DBHY		
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28 26,119	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	Lenovo	10/30/20	1,719		X	610	5 HY 200DB	1,109	407
2	File Cabinet	11/10/20	257		X	119	7 HY 200DB	138	34
3	Office Chairs (6)	11/10/20	350		X	166	7 HY 200DB	184	47
			<u>2,326</u>			<u>895</u>		<u>1,431</u>	<u>488</u>
Listed Property:									
4	Van	8/29/22	43,028		X	23,828	5 HY 200DB	28,731	5,719
5	Van	9/03/24	43,133		X	22,733	5 HY 200DB	0	20,400
			<u>86,161</u>			<u>46,561</u>		<u>28,731</u>	<u>26,119</u>
Grand Totals			88,487			47,456		30,162	26,607
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>88,487</u>			<u>47,456</u>		<u>30,162</u>	<u>26,607</u>


Certificate of Authenticity

I, **Daniel L. Andrus**, being duly authorized as an officer, partner, or owner of NH Harm Reduction Coalition, hereby certify under penalty of unsworn falsification that the attached financial statements submitted as part of this proposal are true, accurate, and correct in all material respects.

I further certify that NH Harm Reduction Coalition is not otherwise required by state or federal statute to obtain a certified audit of its financial statements and has elected not to obtain such certification of audit. Accordingly, the enclosed financial statements are submitted as uncertified financial statements in compliance with Section 2.4.5 of the solicitation.

I understand that any false statement made herein is subject to penalties under applicable law.

Executed this 5th day of February 2026.



Signature of Elected Officer
Title: **Treasurer**
NH Harm Reduction Coalition

Lauren E McGinley

Objective

I welcome the opportunity to work as an integral part of a team of community members that are dedicated to the health, safety, and advocacy of people living in New Hampshire and the surrounding area.

Work Experience

Granite United Way

Manchester, NH

Concord, NH

Ossipee, NH

603-625-6939

Sr. Director of Public Health, Granite United Way

211 NH State Opioid Response Project Director, January 2019-Current

211 NH Resource Database Manager, March 2018-December 2018

I am the Sr. Director of Public Health for Granite United Way, overseeing two teams of public health professionals located in two regions of the state of New Hampshire. Currently, I am also serving as the State Opioid Response Project Director for 211 NH and Granite United Way. This position is responsible for representing 211 NH in the planning and implementation of the new statewide Doorways project.

New Generation Inc.

Greenland, New Hampshire

603-436-4989

Parenting Education and Aftercare Coordinator, August 2012-February 2018

Whole Health Outreach Coordinator August 2008-August 2012

I was the Parenting Education and Aftercare Coordinator at New Generation Inc, in Greenland, New Hampshire. This is a facility dedicated to providing long term support, education, and shelter to homeless families. I directed all educational programming and aftercare programming for both current and past residents. My previous position as the Whole Health Outreach Coordinator involved developing the current policies and practices of the shelter programming.

Joan G. Lovering Health Center

Greenland, NH

603-436-5300

Clinic Support Staff, October 2013 - February 2017

In October of 2013 I was excited to begin working with The Joan G. Lovering Health Clinic (formerly the Feminist Health Center). Duties included health counseling, organizational tasks, proficient use of Word and Excel, and the scheduling of appointments with a strong understanding and commitment to HIPAA standards.

Education

Goddard College

123 Pitkin Rd.

Plainfield, VT, 05667

Attended Goddard College's Bachelors of Health Arts and Sciences Program.

Skills and Certifications

Certified Facilitator

The Nurturing Parenting Program

This is an evidence based parent/child education program. I facilitate one weekly group session with 7-10 women and one weekly individual sessions with each participating family.

Certified Red Cross First Aid/ CPR/ AED Instructor

I am titled as an "Authorized Provider" to instruct and certify individuals in First Aid, CPR and AED. I am able to provide this service to the employees and volunteers of the organization that employs me.

Certified Infant Massage Instructor

Liddle Kidz Foundation

I am able to provide professional instruction of the techniques of infant massage to parents and caregivers. I recently traveled to Vietnam with 14 other women to introduce nurturing touch and care techniques to 10 different orphanages throughout the country.

Certified HCV Basic Educator and Counselor

HCV Advocate

I am certified to provide education on the most current prevention methods and health practices concerning Hepatitis C.

Certified in CPI (Crisis Prevention and Intervention)

I have attended many different trainings offered by the State of New Hampshire, including workshops on Substance Abuse Counseling, Suicide Prevention, and Bloodborne Pathogen Education.

HAN HAMEL

Hello!

I'm a graphic designer who strives to be innovative, collaborative, authentic, and empathetic in all areas of my life. I care deeply about human, animal, and environmental rights and aim to use my talents as a graphic designer to bring awareness to these topics.

Skills

Graphic design (6 years)

Social media content creation (6 years)

Social media management (6 years)

Google workspace (6 years)

Adobe Suite (6 years)

Wordpress/Wix (2 year)

Product development (2 years)

Canva (5 years)

Experience

DIRECTOR OF MARKETING AND SOCIAL ENGAGEMENT

New Hampshire Harm Reduction Coalition | Feb 2022 - Current

As the Director of Marketing I have the pleasure of creating all of our digital and printed materials. This entails designing social media graphics/videos, posters, stickers, t-shirts, flyers, and blog/website graphics. Along with being the resident graphic designer I also manage the social media. This encompasses copy writing, analytic/engagement tracking, engaging with our followers and more.

ARTS AMBASSADOR ENGAGEMENT COORDINATOR

Arts Alive Inc. | Aug 2021 - April 2022

As the Arts Ambassadors Engagement Coordinator I planned and hosted virtual and in person meetups for our Ambassadors. I created graphics and email copy for our Ambassadors so they could use them to advocate for the arts. Additionally, I managed Arts Alive's social media (Facebook, Instagram, LinkedIn) and wrote blogs posts that highlighted the Monadnock Region.

Education

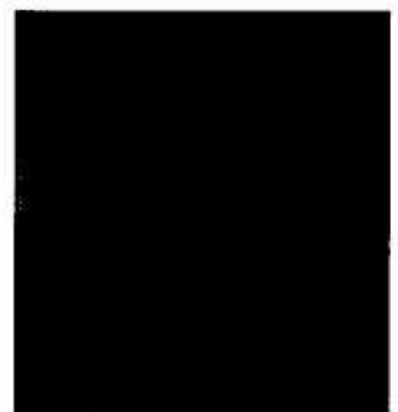
BFA & *cum laude* from New Hampshire Institute of Art
2013 - 2016

References

Jessica Gelter

Executive Director of Arts Alive Inc.

[Redacted]



Camille Miller, BS

PROFESSIONAL EXPERIENCE

New Hampshire Harm Reduction Coalition – Concord, NH

Finance & Grants Coordinator | November 2025 – current

- Prepare and submit invoices for state and federal grants in compliance with funder requirements
- Track grant expenditures and maintain organized financial documentation to support audits and reporting
- Support budget development and forecasting for new and existing grants
- Assist with bi-weekly payroll

Pleasant View Center – Concord, NH

Social Worker | March 2025 – November 2025

- Conducted MDS assessments and coordinated individualized care plans, ensuring accuracy, clarity, and regulatory compliance.
- Guided residents and families through financial, legal, and medical documentation with emphasis on accuracy and comprehension.
- Facilitated admissions, gathered psychosocial histories, and translated complex information into actionable next steps.
- Maintained highly organized records to support regulatory standards and smooth interdisciplinary coordination.
- Handled confidential and sensitive information with professionalism.

Orr & Reno – Concord, NH

Legal Assistant | 2023 – 2025

- Processed financial documents, reimbursements, and billing-related materials with precision and timeliness.
- Organized high volumes of confidential legal documents to support case strategy, deadlines, and audits.
- Managed detailed scheduling, correspondence, and intake processes.
- Served as the primary contact for prospective clients, gathering essential information and communicating procedures clearly.
- Provided notary services and dependable administrative coverage.

Mount Prospect Academy – Plymouth, NH (Remote)

Admissions Coordinator | 2015 – 2023

- Managed full-cycle admissions for nine residential treatment programs, maintaining accurate, audit-ready records.
- Reviewed complex referral materials and collaborated with clinical leadership to verify program fit.
- Assisted families with financial discussions, required paperwork, and scheduling while maintaining confidentiality.
- Delivered high-volume remote administrative support with strong organization and responsiveness.
- Developed improved admissions workflows, documentation systems, and protocols for clarity and compliance.

INTERNSHIPS

Mount Prospect Academy – Campton, NH

Social Work Practicum | January 2015 – May 2015

Engaged in therapeutic activities, led groups, documented case notes, supported youth in legal settings, and participated in treatment team meetings.

Villa Crest Nursing Home – Manchester, NH

Social Work Internship | May – August 2012

Shadowed social workers, participated in staff and family meetings, and learned the fundamentals of patient support in long-term care.

Fellowship Housing – Concord, NH

Volunteer Intern | 2009 – 2010

Supported adults with mental illness, gaining early experience in empathetic communication and case support.

VOLUNTEER EXPERIENCE

Shepherd's Call – Legal Aid | 2025–Present

Intake coordinator for legal aid clinics, guiding clients through initial conversations and determining appropriate next steps.

Plymouth Regional Senior Center | January – May 2013

Planned and facilitated social programming to enhance resident engagement.

Concord Hospital | October 2012 – January 2013

Provided patient support through dog therapy and art therapy programs.

SKILLS

- Compassionate, confident communicator
- Strong ability to explain complex information clearly
- Goal-oriented, self-directed, and comfortable in remote environments
- Experienced in sensitive conversations and decision support
- Detail-oriented with excellent organizational skills
- Proficient in: Microsoft Office Suite, Adobe, iManage, ShareFile, PointClickCare, Odyssey/TylerTech, PACER, Extended Reach, Kaleidacare Solutions 7

OTHER

- **New Hampshire Notary Public**

EDUCATION

Plymouth State University – Plymouth, NH

Bachelor of Science in Social Work | 2012 – 2015

University of Rhode Island – Kingston, RI

Psychology Major (First two years toward bachelor's) | 2010 – 2012

Lisa Chapman

I am an experienced professional with strong planning, customer service, and project management skills who enjoys working with organizations who provide opportunities for me to enhance my skills while working to serve the community.

Work Experience

Project Coordinator for Integrated Delivery Network, Region 6

Independent Contractor - County of Strafford, NH September 2019 to present

- Website updates
- Google Business email account management
- Meetings and events coordination
- Scholarship processing
- Invoice management
- Large group email communication
- General organizational support

Grants Coordinator/Policies and Procedures Manager

Lamprey Health Care – Newmarket, NH (partially remote) August 2020 to present

- Management of 300+ policies and procedures
- Administer grants process
- Board of Directors liaison
- Project coordination
- Create and maintain organizational chart
- Prepare insurance renewal applications
- Process and file tax abatement documents

Administrative Assistant

Lamprey Health Care – Newmarket, NH October 2014 to August 2020

- Provide administrative support to CEO, CFO, and other senior executives
- Schedule and assist with corporate meetings
- Conduct quarterly training for staff on Outlook and WebEx
- Maintain policies and procedures
- Prepare insurance renewal applications
- Process and file tax abatement documents
- Screen phone calls and emails
- Arrange travel for conferences
- Process mail, log checks, and prepare deposit
- Create and maintain organizational chart
- Board of Directors liaison
- Suggest and implement process improvements
- Purchasing Lead
- Contracts and vendor coordination

Executive Administrative Assistant II, III, IV

Applied Materials - Santa Clara, CA & remote December 2000 to August 2014

Lisa Chapman

- Provided administrative support to senior executives and their groups
- Provided executive administrative support to General Manager and staff of \$2B services division
- Screened emails and phone calls for senior executives, responding when appropriate
- Maintained strict confidentiality of sensitive information such as personnel, financial, and legal information
- Coordinated company events including the annual employee picnic, staff off-site meetings, Town Hall meetings, and global conferences
- Prepared travel arrangements, presentations, and expense reports
- Updated group calendars and databases
- Reviewed and approved expense reports, accounts payable requests, statements of work, purchase orders, HR requisitions, shipping requests, payroll requests, inventory adjustments, cell phone requests, etc., for General Manager, Vice Presidents, and other executives
- Kept updated travel schedules for senior management and groups within the organization
- Acted as a liaison between various departments and all levels of management
- Managed employee award programs
- Coordinated small group discussions with executives as a vehicle for staff to share ideas and opinions
- Organized, edited, and distributed a newsletter and other communications
- Lead and mentored a group of 5 executive administrators
- Awarded Employee of the Quarter in two separate quarters
- Promoted to highest grade level possible within my division; consistently received highest rating in performance evaluations

Executive Administrative Assistant I, II

- Provided administrative support to senior staff members and their groups
- Maintained schedules for site managers and operations directors in Services group supporting company's largest and most strategic customer
- Prepared new hire packets, assisted with new hire orientation, and tracked training progress
- Processed timecards for 75+ field service engineers
- Coordinated large group meetings, both on-site and off-site
- Distributed mail
- Filed documents
- Worked at company office and customer's site

Administrative Assistant

Protamps (assigned to Applied Materials) - Santa Clara, CA July 2000 to December 2000

- Provided administrative assistance to a senior director, a site manager, and a group of engineers

Customer Service Associate

Oxford Health Plans - Nashua, NH June 1997 to June 2000

Liz Beaulé



Bio

Work Experience

COVID Vaccine Pathway Coordinator
NH Harm Reduction Coalition- Statewide
April 2021 to Present

I am responsible for identifying and building more equitable pathways to vaccines for PWUD in the state of NH through funding from AIDS United and NASTAD. I work with each region of the state to identify barriers for vaccination and provide adequate education on the topic to PWUD. I work to set up vaccine clinics with various partners throughout the state and create pathways to get a vaccine at secondary times and locations.

Care Coordinator
NH Harm Reduction Coalition- Concord, NH
November 2020 to Present

I am responsible for identifying, engaging, and building supportive and strengths-based relationships with participants, or potential participants of the Concord Area Syringe Services Program of NHHRC. I facilitate referrals, navigation and linkage to services and supports to meet the self identified needs of program participants. I engage in community street outreach with other collaborative organizations. In working with other organizations through my role I work to best support clients needs and advocate for what they desire out of programs they are engaged with. I help to support and educate other organizations that want to adopt harm reduction principles and act as a contact point for any information they may need when working with PWUD.

Counselor Assistant
Sobriety Centers of New Hampshire - Antrim, NH
July 2019 to November 2020

This is a 21 bed all women's 28 day facility. As a CA I work directly with clients to be a form of support and resources. I teach group classes which aid in each client's recovery process. We are responsible for administering and documenting medications for each client. We also document any needed COWS or CIWA. Our main goal is to keep the women in our care safe and sober while they learn tools to cope with their recovery.

Patient Access Coordinator
Concord Orthopaedics - Concord, NH
January 2019 to May 2019

Responsible for all new patients coming in through both first time calls into the office and referrals for all 35 doctors of the practice. Answering all incoming calls on the new patient lines. Building new patient accounts. Verify insurance information. Responsible for all incoming faxes regarding new patients and insurance referrals. Sorting, organizing, and designating of all new patient referrals and their placement in the SRS system. All new patient information to be maintained in a 24 hour turnaround time.

Receptionist- Check In Clerk
GI Associates of NH - Concord, NH
April 2018 to January 2019

Responsible for making patients phone calls, checking patients in and out of Patients Management system for appointments, collecting co-pays, obtaining all the insurance referrals for patients, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls into EMR system, working with patients to resolve customer service issues, working with the Concord Hospital system Cerner to pull patients records, and any other tasks needed in the day to day office.

Optical Shop Assistant
Concord Eye Center
March 2017 to April 2018

Responsible for making calls, helping patients with glasses, and maintaining optical shops appearance, keeping track of orders and stock, keeping track of shipments, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls and dealing with all customer service issues.

Patient Care Coordinator
Concord Eye Center
May 2015 to March 2017

Responsible for taking phone calls, making appointments for patients, triaging medical issues and recording issues into Allscripts Patient Management, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls keeping track of patient medical records and troubleshooting any and all customer service issues.

Education
High School Diploma
John Stark Regional High School - Weare, NH
Bachelor's degree in Psychology
New England College - Henniker, NH
CRSW Recovery Coach Academy

Volunteer Work
Student Activist Coordinator with Amnesty International
January 2013 to January 2015

I was responsible for all youth groups with Amnesty International in the state of NH. I helped them organize protests, put together campaigns and kept track of the activities they were running. I attended regional and national training for human rights as a coordinator with the program

SCOTT CROCKER

SELECT PROFESSIONAL EXPERIENCE

Connections for Kids

December 2024 to June 2025

- Guides students through achieving their educational and behavioral goals.
- Reinforces strategies outlined in student's IEPs.
- Conducts one on one student educational sessions
- Supports students in classroom and recreational activities

AIDs Response Seacoast

September 2022 to August 2024

- Guided 40+ individuals living with HIV through various assistance programs pertaining to covering the costs of their HIV related medication and treatments
- Promoted further engagement between ARS and other local nonprofits and service providers
- Collaborated with clients to access additional Medication assistance programs and mainstream benefits including housing, nutrition, Social Security insurance and education
- Initiated education and outreach to the broader community regarding HIV education and prevention.

Live and Learn Early Education Center

April 2022 to August 2022

- Educated and supervised groups of 5-15 children ranging from ages 3-9
- Mentored teenage volunteers
- Led athletic, educational and recreational activities in an outdoor setting

Seacoast Mental Health Center

July 2021 to December 2021

- Partnered with a multidisciplinary team performing assertive community based treatment services for high need individuals suffering mental health concerns and co-occurring substance use
- Performed crisis intervention as needed for program participants
- Engaged with guardians, healthcare professionals and other supports to ensure continued support for clients

Bureau of Elderly and Adult Services

December 2018 to April 2021

- Gathered and documented claims of abuse towards elderly and disabled individuals from a wide range of healthcare professionals as well as from the general public

- Synthesized multiple information streams in order to delegate referrals to BEAS field staff.
- Performed data entry and application processing tasks for BEAS Statewide Registry

Community Crossroads

June 2017 to December 2018

- Led multidisciplinary teams to ensure quality person centered care and employment opportunities for individuals with developmental disabilities and/or acquired brain disorders.
- Collaborated with guardians and representative payees to obtain and maintain state and federal benefits for individuals
- Applied for and maintained mainstream benefits for 245 individuals as a Representative Payee
- Allocated individuals income to rent, spending, medical bills and other needs

Center for Life Management

November 2011 to May 2017

- Engaged in street outreach to 100+ individuals annually, including finding and approaching tent cities to locate and provide services to homeless individuals including accessing housing, mainstream benefits and treatment.
- Organized a multidisciplinary team providing free health care clinics for homeless individuals along with monthly community service provider meetings
- Maintained 5 grants providing 70+ individuals/families with housing and outreach services including spearheading CLM's first housing grant aimed at unhoused families

Milford High School

August 2009 to June 2011

- Maintained and purchased audio/visual equipment
- Taught students and staff how to utilize live sound equipment and recording software
- Co-taught Vocal Workshop class
- Substituted for English and Social Studies classes and assisted teaching electives

Boys and Girls Club

September 2009 to October 2010

- Coordinated and led the homework room for children aged 5-13
- Provided a safe environment where children felt comfortable working
- Organized and hosted open mic nights for participants and other local children

CERTIFICATIONS

- CPR and First Aid
- Behavioral Health Professional (Maine)
- Safety Care (Maine)

Palana Belken

Organizer. Manager. Advocate. Storyteller.



EXPERIENCE

New Hampshire Harm Reduction Coalition *Director of Operations*

JUNE 2022 - PRESENT

Care Coordinator

JANUARY 2021 - JUNE 2022

City of Rochester — City Councilor

JANUARY 2020 - JANUARY 2022

Elected as a Ward 2 City Councilor. Member of Community Development Committee, Public Safety Committee, and Arts & Culture Commission.

American Civil Liberties Union of New Hampshire — Trans Justice Organizer

SEPTEMBER 2018 - NOVEMBER 2020

Organizing communities statewide to advance trans lived equality. Developing volunteer leadership with original training materials. Drafting weekly action alerts to volunteers. Lobbying of elected officials. Publishing comprehensive original research.

Teatotaller — Her Majesty

FEBRUARY 2017 - SEPTEMBER 2018

General manager of mixed-use cafe space. Developing original entertainment programming and food events. Maintaining cafe website, mailing list, and social media platforms.

VOLUNTEER

NH Women's Foundation — Board Member

JANUARY 2021 - PRESENT

603 Forward — Board Member

JANUARY 2019 - DECEMBER 2022

Affirming Spaces Project — Co-Founder

MARCH 2020 - NOVEMBER 2021

EDUCATION

Bay State College, Boston, MA
Bachelor of Science
September 2007 - May 2011

Freedom For All Americans
LGBT University
Certificate
January 2018 - March 2018

PUBLICATIONS

The Case for Lived Equality in the Classroom, ACLU-NH, December 2020.

Eight-time columnist, Seacoast Media Group, 2018 - Present.

OTHER VOLUNTEER EXPERIENCE

Candidate, Palana For Mayor. July - November 2021.

LGBTQ Coalition Chair, Emmett Soldati for EC2. January - September 2020.

Volunteer, Freedom New Hampshire, October 2017 - May 2018.

Kellene Mulcahy



Authorized to work in the US for any employer

Work Experience

Care Coordinator

NHHRC - Manchester, NH
January 2022 to Present

Distributes naloxone to individuals within the community.

Provide and distribute harm reduction supplies ie: safe sex supplies, wound care supplies, safe injection supplies, and assist in any way to help individuals reduce harm when not making the safest decisions. Comment and properly dispose of used syringes.

Public Health Advisor

BPHC - Boston, MA
October 2019 to November 2021

1. Educate participants on harm reduction model as it pertains to substance use.
1. Conduct HIV, Hep C and STI testing. Set up proper referrals upon a positive diagnosis.
2. Educate participants on safe injection practices.
3. Provide new syringes and safe injection supplies to participants.
4. Conduct outreach within the community to spread awareness of harm reduction and safe injection practices.
5. Refer participants to appropriate medical, mental health or substance use providers.

Aftercare Coordinator/Case manager

Dimock Detox - Roxbury, MA
August 2018 to October 2019

- Work directly with clients to get a better understanding of their treatment goals.
- Fax all necessary paperwork to corresponding facilities to be reviewed for admission to said program.
- Keep regular contact with surrounding CSS/TSS programs to be able to send clients to further treatment when it is their time to move on.
- Keep an ongoing, professional relationship with numerous MAT providers/clinics, CSS/TSS programs and any other resources needed to best serve our clients.
- Schedule MAT appointments and obtain bridge prescriptions for clients upon discharge.
- Break down client charts, fill out and have client sign all necessary discharge documents.

Intake/Recovery Specialist

Gavin Foundation - Quincy, MA
July 2017 to August 2018

- Run billing and Census reports to review previous day's admissions for errors and rectify.

- Maintain Census boards for consistency.
- Generate/collect transfer paperwork, confirming insurance authorizations have been obtained.
- Process transfers, completing EMR transfer and signing forms.
- Welcome new clients and answer family questions and concerns
- Process admissions electronically
- Observe client urine and shower (per protocol)
- Search, inventory and treat all client belongings in bed bug machines. Wash & Dry laundry for incoming ATS clients if needed.
- Maintain Proper storage of belongings, documenting when belongings are left behind.
- Deliver CSS clients to unit, orienting client and documenting new admission's arrival on all boards.

Relief Staff

Meridian House - East Boston, MA
November 2017 to January 2018

- Ensure the health and safety of the individuals at all times through a conscientious awareness of their activities and assist as needed.
- Assist in implementing and teaching ISP/PSTP goals and objectives, as well as agency requirements through the implementation of all protocols and communication systems.
- Ensure proper administration and documentation of all medication.
- Participate in housekeeping and maintenance of the house and vehicle.
- Conduct self in a professional manner in all interactions with residents and co-workers.
- Participate in monthly supervision with program coordinator.

Recovery Specialist

Dimock Center - Roxbury, MA
October 2016 to April 2017

- Maintaining order and structure on the unit with and for the clients, making sure the milieu runs and operates smoothly and effectively.
- Helping clients feel comfortable and safe while detoxing and transitioning into further treatment.
- Assisting the nursing and administration staff with the intake and assessment process of the clients' day to day activities and discharges.
- Enforces rules and taking necessary disciplinary action when needed.

Store Manager

Dunkin Donuts - Salem, MA
May 2015 to July 2016

- Providing excellent and efficient customer service.
- Putting together weekly employee schedule
- Placing and receiving weekly food/ supply deliveries
- Calculating and submitting weekly payroll
- Training employees
- Resolving workplace issues/ conflicts
- Bank runs/ money drops
- Cashing in/out at beginning and end of shifts
- Printing daily reports

Education

Bachelor's in Public health

SNHU - Manchester, NH

September 2019 to Present

High school or equivalent

Skills

- Case Management
- Time Management
- training
- Outlook
- Documentation
- retail sales
- ATS
- CSS
- Insurance Verification
- Public health

Certifications and Licenses

Drug and Alcohol Counseling

Present

Completed Core classes for ACEP program at Umass Boston.

Mandy Bemis

Authorized to work in the US for any employer

Work Experience

Actor

SAG-AFTRA-Boston, MA
December 2018 to Present

I'm a union member and work frequently as an actor (and extra) in film, tv and stage productions in New England. I also write and direct independent movies locally.

Housing Counselor

Friends Program-Concord, NH
March 2016 to Present

I'm support staff responsible for overseeing a multifamily shelter. My responsibilities include helping clients access resources, mediating conflicts between clients, and ensuring the safety of everyone on-site. I'm also on the DEI/safety committee.

Residential Counselor

Crotched Mountain
2010 to December 2015

- 3rd shift supervision of a residential setting for adolescents with developmental disabilities.
- Responsible for nightly cleaning of residence, care for residents as needed.

Crew Leader Assistant, Crew Leader, Field Operations Supervisor.

2010 US Census-Pittsfield, MA
April 2010 to August 2010

- Worked in three separate field operations in supervisory roles based out of the Pittsfield, MA census office.
- Responsible for reviewing and delegating the assignments of a staff of 20-25 as crew leader and assistant, and 100+ as a field operations supervisor.
- Consistently completed regional goals for census operations ahead of budget and schedule.

Case Manager

Berkshire County Arc-Dalton, MA
2006 to 2010

- Responsible for the creation and implementation of daily goals for people with developmental disabilities.
- Directly supervised a staff of 10+.

- Worked directly with families and members of the community to support people with disabilities.
- Ran a monthly group for men with traumatic brain injuries devoted to discussing relationships, sexuality and healthy choices.

Projectionist

Images Cinema-Williamstown, MA
2002 to 2010

- Responsible for the assembly, breakdown and exhibition of 35mm film prints and trailers.
- Wrote for the Images Focus monthly newsletter.
- Ran projection and assisted in organizing events for the Williamstown Film Festival, filmmaker Q&As and advance screenings.

Seasonal Associate

Kidspace @ Mass MoCA-North Adams, MA
July 2005 to October 2005

- Oversaw the daytime operations of the children's center at one of the largest contemporary arts museums in the nation.
- Primarily responsible for working with museum guests.
- Worked directly with visual artists in preparing their works for display.

Sales Associate

Suncoast Motion Picture Co
2000 to 2002

- Responsible for sales and customer service.
- Also responsible for daily maintenance of the store.
- Set up new release and promotional displays and signage.

Education

Bachelor of Arts in English/Communications

Massachusetts College of Liberal Arts
2006

Skills

- Microsoft Office
- Microsoft Office (10+ years)
- Adobe Premiere (1 year)
- Adobe Creative Suite (1 year)

Certifications and Licenses

CPR Certification

April 2024 to April 2025