New Hampshire Department of
BUSINESS AND
ECONOMIC AFFAIRS

April 28, 2026

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

REQUESTED ACTION

Authorize the Department of Business and Economic Affairs, Division of Travel and Tourism Development to award grants to the organizations listed on the attached document in the total amount not to exceed $93,783.31 for marketing projects under the Joint Promotional Program for the grant period, effective upon Governor and Council approval through the dates indicated on the attached document.
100% General Funds

Funding is available in account, Division of Travel – Tourism, as follows:

	FY 2026
03-22-22-221010-20130000-075-500590 Grants, Subsidies and Relief	$93,783.31

EXPLANATION

The Department of Business and Economic Affairs, Division of Travel and Tourism Development (DTTD), requests approval to award grant funding for marketing projects under the Joint Promotional Program (JPP).

Authorized by RSA 12-O:17 and administered in accordance with BEA 300 rules, the JPP provides matching funds to eligible nonprofit tourism organizations to promote New Hampshire as a travel destination. Grants support marketing and promotional activities only—funds cannot be used for salaries, administrative costs, or capital expenses. Each project must include at least a 50% private match, be completed within 6 months of the awarded fiscal year-end and is reimbursed only after verified expenses and deliverables are submitted.

Under state law, DTTD must evaluate all applications based on program criteria and does not deny funding to any qualified applicant that meets eligibility requirements and available funding limits. No single organization may receive more than 25% of total JPP funds in a fiscal year, and within a single grant round, no organization may receive more than 75% of its eligible amount. This ensures broad statewide participation and equitable distribution of funds.

In FY26, DTTD awarded $1,111,367.30 in the first, second and third funding rounds and is requesting approval to award $93,783.31 to nine organizations in this fourth round, from the $1.25 million appropriated for the fiscal year. Funded projects include a wide range of tourism marketing initiatives—such as destination and digital marketing, content production, print collateral production, event promotions, and website redevelopment—designed to increase visitation and strengthen the state's tourism economy.

In FY25, 23 tourism organizations were awarded 39 grants totaling $1,023,498. Over FY24–FY25, the program awarded $2,062,142 across 72 projects representing 22 organizations, reflecting broad participation and collaboration throughout New Hampshire's tourism industry.

100 North Main Street
Suite 100
Concord, New Hampshire 03301
603.271.2341
visitnh.gov nheconomy.com choosenh.com

All approved organizations required to be registered are confirmed to be in good standing with the Department of Justice's Charitable Trusts Unit and the Secretary of State's Office, have the required insurance, and have provided documentation verifying authority to execute and be bound by grant agreements.

The grant recipient acknowledges and agrees that, should future legislative or executive actions alter expenditure requirements, BEA reserves the right to modify awards to ensure compliance with such directives.

The Attorney General's office has reviewed and approved these awards as to form, substance and execution.

Respectfully submitted,

Lucy Lange
Commissioner

Department of Business and Economic Affairs
Division of Travel and Tourism Development
Joint Promotional Program
FY 2026 - Round 4 Grant Agreements

GRANT NUMBER	GRANTEE	VENDOR ID	CONTRACT PERIOD	REQUESTED GRANT AMOUN	ORGANIZATION CONTRIBUTION	DESCRIPTION
2026-30	Greater Portsmouth Chamber of Commerce d/b/a Chamber Collaborative of Greater Portsmouth	154051	G&C Approval-6/30/2026	$21,735.00	$21,735.00	GoPortsmouthNH.com Website Redeveleopment
2026-31	Greater Monadnock Collaborative	177156	G&C Approval-12/31/2026	$2,100.00	$4,200.00	Thrive Guide
2026-32	Intown Concord	206711	G&C Approval-6/29/2026	$7,733.59	$7,733.59	52nd Annual Market Days Festival
2026-33	League of NH Craftsmen	154205	G&C Approval-9/30/2026	$15,440.55	$15,440.55	Craftsmen Fair Promotion
2026-34	Lakes Region Chamber of Commerce	154029	G&C Approval-12/31/2026	$23,903.30	$23,903.30	2026 Summer Marketing
2026-35	Lake Sunapee Region Chamber of Commerce	154605	G&C Approval-12/30/2026	$7,240.50	$7,240.50	Lake Sunapee Region Information Guide
2026-36	Lincoln Woodstock Chamber of Commerce	154300	G&C Approval-12/31/2026	$3,286.87	$3,286.87	Area Map & Guide
2026-37	Twin Mountain Chamber of Commerce	154929	G&C Approval-9/30/2026	$3,823.00	$3,823.00	TMCC Marketing Programs
2026-38	Wolfeboro Area Chamber of Commerce	154168	G&C Approval-12/31/2026	$8,520.50	$8,520.50	Wolfeboro Area Brochure
TOTAL				$93,783.31	$95,883.31	

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Greater Portsmouth Chamber of Commerce d/b/a Chamber Collaborative of Greater Portsmouth		**1.4. Grantee Address** PO Box 239, 500 Market Street, Portsmouth, NH 03802	
1.5 Grantee Phone # 603-610-5515	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 06/30/2026	**1.8. Grant Limitation** $21,735
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Ben VanCamp		**1.12. Name & Title of Grantee Signor 1** Benjamin VanCamp, President	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney,** **On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials BK
Date 04/06/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

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Date 04/06/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials BK
Date 04/06/26

Exhibit A
Special Provisions

There are no special provisions to this contract.

Exhibit B
Scope of Services

The Division of Travel and Tourism (DTTD) will award Joint Promotional Grant funds to the Greater Portsmouth Chamber of Commerce d/b/a Chamber Collaborative of Greater Portsmouth (CCGP) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Website Redevelopment: CCGP will contract with Darci Creative (Darci) to lead the redevelopment of GoPortsmouthNH.com. Darci shall develop a website designed to enhance user experience, leverage AI-powered tools, and align the digital ecosystem to support destination growth, visitor engagement, and member visibility. Darci's scope of services shall include, but not be limited to, website project management, research, information architecture and navigation, copywriting, design, development, quality assurance, and final launch. CCGP shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines

The Joint Promotional Program Grant Agreement received by the Chamber Collaborative of Greater Portsmouth consists of the following documents: A completed Grant Agreement form, and Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Schedule and Payments

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Chamber Collaborative of Greater Portsmouth (CCGP):

Total Grant Award: $21,735

Reimbursement requests will be invoiced by the CCGP within 90 days after the fiscal year in which the grant was awarded. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

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 GREATER PORTSMOUTH CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 02, 1917. 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: **65117**

Certificate Number: **0007880912**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of March A.D. 2026.

David M. Scanlan
Secretary of State

State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH is a New Hampshire Trade Name registered to transact business in New Hampshire on July 24, 2017. 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: **775585**

Certificate Number: **0007900447**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of April A.D. 2026.

David M. Scanlan
Secretary of State

Corporate Resolution
(Corporation, Non-Profit Corporation)

I, **Molly Hodgson** hereby certify that I am duly elected Clerk/Secretary/Officer of the **The Greater Portsmouth Chamber of Commerce dba The Chamber Collaborative of Greater Portsmouth** hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held **June 20, 2024** at which a quorum of the Directors/shareholders were present and voting.

VOTED: That **Ben VanCamp** (may list more than one person) is duly authorized to enter into contracts or agreements on behalf of **The Chamber Collaborative of Greater Portsmouth** with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated 3/23/26

Attest: Molly Hodgson
Molly Hodgson, Board Chair

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/06/2026

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 be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
RSC INSURANCE BROKERAGE INC/PHS 08081604 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
Greater Portsmouth Chamber of Commerce DBA The Chamber Collaborative of Greater Portsmouth 500 MARKET ST UNIT 16A PORTSMOUTH NH 03801-3483	INSURER A : Sentinel Insurance Company Ltd.	11000
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	X		08 SBA OK0669	04/06/2026	04/06/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $10,000 $2,000,000 $4,000,000 $4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			08 SBA OK0669	04/06/2026	04/06/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			08 SBA OK0669	04/06/2026	04/06/2027	EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y/N** [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/ A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	EMPLOYMENT PRACTICES LIABILITY			08 SBA OK0669	04/06/2026	04/06/2027	Each Claim Limit Aggregate Limit	$10,000 $10,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

NH BEA - Division of Travel and Tourism
100 N MAIN ST
CONCORD NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/15/2026

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 be endorsed. If SUBROGATIONIS 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
NORTHEAST AGENCIES INC/PHS
01214608
The Hartford Business Service Center
3600 Wiseman Blvd
San Antonio, TX 78251

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 467-8730
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A :	Hartford Fire Insurance Company	19682
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Greater Portsmouth Chamber of Commerce DBA The Chamber Collaborative of Greater Portsmouth
500 MARKET ST UNIT 16A
PORTSMOUTH NH 03801-3483

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION $							
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/ A		01 WEG BC20RS	01/04/2026	01/04/2027	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE -EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES **(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Those usual to the Insured's Operations.

CERTIFICATE HOLDER
BEA
100 N MAIN ST STE 100
CONCORD NH 03301

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

AUTHORIZED REPRESENTATIVE
Susan L. Castaneda

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NONPROFIT COVER SHEET

A. Entity Name: Greater Portsmouth Chamber of Commerce dba Chamber Collaborative of Greater Portsmouth

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Ben VanCamp, ben@portsmouthcollaborative.org, 603.610.5516

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Molly Hodgson, Chair	GoodWork
John Akar, Vice-Chair	Cava Restaurant
Tom Andruskevich, Treasurer	Great Bay Community College
Amy Amirault, Past Chair	Portsmouth Collection Hotel Group
Ross Armstrong	TD Bank
Mike Ambrogi	Novocure
David Beaulieu	Unitil
Lee Germeroth	Germeroth Consulting & Creative
Lucy Gilson	UNH
James Grant	ProCon
Linnea Grim	Strawbery Banke Museum
Krystal Hicks	JobTalk
Susan Labrie	Labrie Group
Kara Anne Rodenhizer	Home For All
Laura Stoll	Boston IVF
Lauren Wolf	Portsmouth Soap Company

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

Name	Role	Annual Salary	Amount Paid From This Contract
Ben VanCamp	President	107,243	0
Hope Anderson	Tourism Director	53,045	0

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

E. Check one of the following:

[☒] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**

[ ] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

[☒] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**

[ ] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

[x] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[ ] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**

[ ] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

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

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
30609	Greater Nashua Bar Association	20 Trafalgar Square, Suite 505	Nashua	NH	03063-1981	G	5/15/2026
1647	Greater Nashua Chamber of Commerce	60 Main Street, Suite 200	Nashua	NH	03060	X	11/15/2023
3407	Greater Nashua Council on Alcoholism, Inc.	77 Northeastern Boulevard	Nashua	NH	03062	G	5/15/2026
10777	Greater Nashua Dental Connection, Inc	31 Cross Street	Nashua	NH	03064	G	5/15/2026
5636	Greater Nashua Habitat for Humanity	PO Box 697	Hollis	NH	03049	G	11/14/2026
17548	Greater Nashua Medical Reserve Corps	402 Amherst St Ste 203M	Nashua	NH	03063	S	5/15/2026
16444	Greater New Orleans Foundation	919 Saint Charles Avenue	New Orleans	LA	70130	X	5/15/2023
31441	Greater Pittsburgh Community Food Bank	1 North Linden StreetDuquesne, PA 15110	Duquesne	PA	15110	G	11/14/2026
1435	Greater Portsmouth Chamber of Commerce	500 Market Street Unit 16A	Portsmouth	NH	03801	G	11/14/2026
5981	Greater Portsmouth Chamber of Commerce Charitable Foundation	500 Market Street Unit 16A	Portsmouth	NH	03801	G	11/15/2026
14669	Greater Raymond NH Rotary Scholarship and Charitable Foundation	PO Box 816	Raymond	NH	03077	G	11/14/2026
2232	Greater Rochester Chamber of Commerce	18 South Main Street	Rochester	NH	03867	G	5/15/2026
5531	Greater Rochester Community Health Foundation	c/o NHCFConcord, NH 03301	Concord	NH	03301	G	5/15/2026
12353	Greater Salem Artists Association	PO Box 1804	Salem	NH	03079	G	11/15/2026
3442	Greater Salem Caregivers	PO Box 2316	Salem	NH	03079-1148	G	5/15/2026
1763	Greater Seacoast Community Health	311 Route 108	Somersworth	NH	03878	G	5/15/2026
31621	Greater Things Ministries	703 Unity Stage RoadCharlestown, NH 03603	Charlestown	NH	03603	G	5/15/2027
34262	Greater Upper Valley Chapter of Trout Unlimited	130 Grout Road	Hartland	VT	05048	X	9/15/2023
14005	Greater Wakefield Resource Center, Inc.	PO Box 96, 254 Main Street	Union	NH	03887	G	5/15/2026
19505	Greater Washington Educational Telecommunications Association, Ir	3939 Campbell Avenue	Arlington	VA	22206-2269	G	11/14/2026
35770	Greater Yellowstone Coalition, Inc.	215 S Wallace Ave	Bozeman	MT	59715	G	2/15/2027
14027	Green Acres Parent Teacher Group	100 Jack Lovering DriveManchester, NH 03109	Manchester	NH	03109	G	1/15/2027
33081	Green Amendments for the Generations	925 Canal Street 7th Floor Suite 3701	Bristol	PA	19007	G	5/15/2026
17000	Green America	1612 K Street NWWashington, DC 20006	Washington	DC	20006	G	8/15/2026
32293	Green Beret Foundation	15618 Summit Park Dr Ste 801Montgomery, TX 77356	Montgomery	TX	77356	G	5/15/2026
10978	Green Grove Cemetery Association	PO BOX 229ASHLAND, NH 03217	ASHLAND	NH	03217	G	5/15/2026
30253	Green Light Project, Inc.	PO Box 3980	New York	NY	10185-3980	X	11/15/2024
16311	Green Mountain Children's Center, Inc.	90 Charlestown RoadClaremont, NH 03743	Claremont	NH	03743	G	1/15/2027
16311	Green Mountain Children's Center, Inc.	90 Charlestown Road	Claremont	NH	03743	G	1/15/2027
13099	Green Mountain Conservation Group	PO Box 95	Effingham	NH	03882	G	5/15/2026
17594	Green Start	11 Randall Road	Lee	NH	03861	X	5/15/2024
19031	Green Woodlands Foundation	PO Box 330	Lyme	NH	03768	G	1/15/2027

The Chamber
COLLABORATIVE
of Greater Portsmouth

Mission Statement - Our mission is to lead the greater Portsmouth business community as a convener of people, businesses, and organizations, through innovative and responsive communication, education, advocacy, and collaborative opportunities. - Adopted February 26, 2024.

Benjamin VanCamp

PROFESSIONAL SUMMARY

Strategic nonprofit and community leader with 15+ years of experience in executive management, fundraising, donor relations, and community development. Proven success in building and sustaining organizations, cultivating high-level donor and stakeholder relationships, and securing significant funding to drive mission-based initiatives. Adept at strategic planning, financial stewardship, board engagement, and leading cross-functional teams. Committed to strengthening communities through philanthropy, advocacy, and inclusive leadership.

CORE COMPETENCIES

- Fundraising & Donor Development
- Strategic Planning & Vision
- Community & Stakeholder Engagement
- Board Development & Governance
- Financial & Operational Oversight
- Public Speaking & Storytelling
- Event Leadership & Campaign Management
- Change Management & Organizational Growth

PROFESSIONAL EXPERIENCE

Chief Collaborator & President, Chamber Collaborative of Greater Portsmouth
Portsmouth, NH 2021 – Present

- Leads an 830+ member Chamber of Commerce, overseeing strategic planning, financial health, staff management, and board engagement.
- Builds and sustains relationships with business leaders, government officials, and community stakeholders to support economic development and community vitality.
- Spearheads fundraising campaigns and sponsorship initiatives, securing resources to sustain programming and drive member value.
- Strengthens community visibility through advocacy, communications, and public engagement.
- Oversaw redesign of membership value proposition to ensure relevance and sustainability across industries, business sizes and generational shifts.

Vice President of What's Next, Chamber Collaborative of Greater Portsmouth
Portsmouth, NH 2016 – 2021

- Directed membership development, recruitment, and retention initiatives, growing and diversifying the Chamber's base.
- Developed innovative educational and networking programs tailored to member needs.
- Implemented a comprehensive communications and social media strategy, boosting engagement and visibility.
- Fostered strong volunteer engagement through board and committee leadership opportunities.

Executive Director, Asheville-Buncombe Regional Sports Commission
Asheville, NC **2010 – 2016**

- Founded and grew a nonprofit organization to a nationally recognized leader in sports tourism, driving economic impact and quality of life improvements.
- Secured more than $650,000 annually in government, corporate, and individual contributions.
- Directed events and large-scale community initiatives to increase visibility, engagement, and revenue.
- Partnered with public and private leaders to build sustainable funding models and programmatic success.

Director of Communications, Asheville Area Chamber of Commerce
Asheville, NC **2008 – 2010**

- Directed communications strategies to support economic development, membership growth, and community engagement.
- Produced marketing collateral, PR campaigns, and strategic messaging for major community initiatives.
- Strengthened partnerships between the Chamber, local government, and regional business community.

EDUCATION

Springfield College | Springfield, MA | B.A. - Recreation & Tourism Management, 2001

COMMUNITY LEADERSHIP

- Leadership New Hampshire, Class of 2025
- NH Association of Chamber of Commerce Executives, Vice Chair (2023 – Present)
- City of Portsmouth Economic Development Commission, Member (2021 – Present)
- Great Bay Community College, Advisory Board Vice Chair (2024 – Present)
- Leadership Seacoast, Class of 2018, Board Chair (2023 – 2024)
- Gather, Fill the Hall Committee (2023 - Present)
- Home for All, Local Advocacy Committee Co-Chair (2024 - Present)
- Eagle Scout (1998)

TECHNICAL SKILLS

- Microsoft Office Suite
- Adobe Creative Suite (Photoshop, Illustrator, InDesign)
- Social Media & Digital Communications (Facebook, Instagram, Twitter, blogs, email marketing)

Hope Puzzo

7

EDUCATION

University of New Hampshire - Durham, NH **December 2021**
Bachelor of Science: Recreation Management Policy: Program and Event Planning
Minor: Business *GPA: 3.6*

RELATED EXPERIENCE

Chamber Collaborative of Greater Portsmouth **April 2024 – Present**
Tourism Manager
- Act as staff point-of-contact for tourism-related members; build rapport with tourism members; target potential sponsors and new members in the tourism industry
- Oversee Visitor Information Center, Market Square Kiosk and Portsmouth Harbor Trail Tour Operations, and all
- destination marketing collateral
- Responsible for visitor center scheduling, volunteer staff training and retention, and managing vendor relationships
- Lead monthly "Let's Talk Tourism" and "Talking Shop" at Chamber hosted events
- Assist with development of content calendar for social media and tourism website
- Develop and execute destination marketing plans; work with PR agency on year-round campaigns
- Co-manage and assist at annual and bi-annual tourism related events such as Restaurant Week and Hit the Decks
- Attend Chamber event meetings; coordinate marketing materials and manage website updates
- Submit annual NH Joint Promotional Program Grant
- Deliver thoughtful programming to support local businesses, nonprofits, and community partners

Catapult Seacoast Board of Directors **April 2024 – Present**
Chamber Liaison
- Act as point of contact and maintain relationships with our six Chamber partners across the Seacoast
- Assist with planning, executing, and attending monthly events as well as organizing 10 to Watch annually

Aplomb Project **February 2025 – Present**
Board of Directors
- Support the Aplomb Project mission by engaging with the other board members, attending events, and supporting the project as needed

Greater Dover Chamber of Commerce **February 2022 – April 2024**
Community Events Manager
- Plan, coordinate and successfully execute community-focused programs and events including: Cochecho Arts Festival, Apple Harvest Day, Citizens Leadership Academy, Annual Awards Dinner, Sweepstakes & Auction, Festival of Trees and the Creative Arts Showcase
- Recruit, organize, manage, schedule and select: talent groups, over 100 volunteers, over 300 vendors, public safety professionals and maintenance crews, for various community-focused events that draw over 60,000 attendees annually
- Promote the arts and community-focused events, recruit sponsorships, secure permits with local municipalities, generate interest for events on live radio, local podcasts and through PSA's
- Establish and lead committee meetings to foster goodwill between local residents and the local business community

Malloy Events **Summer 2021**
Intern
- Engaged in client meetings to ensure the successful implementation of events
- Created inspiration boards based on client needs and expectations; scheduled vendors to secure all elements of a unique event production; prepared décor elements; collaborated with team members at daily meetings
- Assisted with set up, event execution and break down of event production

CAMPUS & COMMUNITY LEADERSHIP ACTIVITIES

Deans Ambassador **Fall 2019 – December 2021**
Student Representative
- Participated in campus events showcasing UNH/CHHS to prospective students and their families
- Helped prospective students and their families understand the CHHS culture and offerings

Student Mentor **Fall 2019 – December 2021**
Mentor to undeclared College of Health & Human Service students
- Guided first year students through the transition from high school to college
- Provided an accessible and knowledgeable resource for students

GREATER PORTSMOUTH CHAMBER OF COMMERCE
D/B/A
CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2025

GREATER PORTSMOUTH CHAMBER OF COMMERCE
D/B/A
CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2025

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INDEPENDENT ACCOUNTANTS' REVIEW REPORT

December 3, 2025

To the Board of Directors
Greater Portsmouth Chamber of Commerce
d/b/a Chamber Collaborative of Greater Portsmouth
Portsmouth, New Hampshire

We have reviewed the accompanying financial statements of Greater Portsmouth Chamber of Commerce d/b/a Chamber Collaborative of Greater Portsmouth (the "Chamber"), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

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

Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Chamber and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountants' Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Cummings, Lamont & McNamee, PLLC

Certified Public Accountants
Portsmouth, New Hampshire

CUMMINGS
LAMONT
& McNAMEE, PLLC

"Trusted Advisors for over 60 years!"

CERTIFIED PUBLIC ACCOUNTANTS

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Member:
American Institute of CPAs

Licensed in Maine, New Hampshire and Massachusetts

GREATER PORTSMOUTH CHAMBER OF COMMERCE
d/b/a CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

STATEMENT OF FINANCIAL POSITION
(SEE ACCOUNTANTS' INDEPENDENT REVIEW REPORT)

JUNE 30, 2025

ASSETS

CURRENT ASSETS		
Cash	$	262,702
Accounts receivable, less allowance for credit losses of $1,000		7,816
Grants receivable		67,860
Prepaid expenses		19,942
Total Current Assets		358,320
PROPERTY AND EQUIPMENT		
Land and improvements		28,259
Building and improvements		408,567
Furniture and equipment		21,625
Equipment		81,768
		540,219
Less accumulated depreciation		460,385
Total Property and Equipment, Net		79,834
OTHER ASSETS		
Deposit		2,500
Total Other Assets		2,500
Total Assets	$	440,654

See Notes to Financial Statements

GREATER PORTSMOUTH CHAMBER OF COMMERCE
d/b/a CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

STATEMENT OF FINANCIAL POSITION
(SEE ACCOUNTANTS' INDEPENDENT REVIEW REPORT)

JUNE 30, 2025

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Long-term debt, current portion	$	20,874
Accounts payable		4,945
Deferred revenue		72,959
Total Current Liabilities		98,778
LONG-TERM LIABILITIES		
Long-term debt, net of current portion		238,160
Security deposit		3,650
Total Long-term Liabilities		241,810
Total Liabilities		340,588
NET ASSETS		
Net assets without restrictions		100,066
Total Net Assets		100,066
Total Liabilities and Net Assets	$	440,654

See Notes to Financial Statements

GREATER PORTSMOUTH CHAMBER OF COMMERCE
d/b/a CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
(SEE ACCOUNTANTS' INDEPENDENT REVIEW REPORT)

YEAR ENDED JUNE 30, 2025

REVENUE AND OTHER SUPPORT	
Membership dues	$ 281,970
Special events and other activities	138,642
Sponsorships	238,340
Publication sales and advertising	103,157
Grants	96,491
Rental	50,400
Other	7,349
Net assets released from restrictions	-
Total Revenue and Other Support	916,349
EXPENSES	
Program services:	
Membership services and programs	218,010
Education and civic activities	138,770
Tourism	269,107
Supporting Services:	
General and administrative	296,193
Total Expenses	922,080
CHANGE IN NET ASSETS	(5,731)
NET ASSETS, BEGINNING OF YEAR	105,797
NET ASSETS, END OF YEAR	$ 100,066

See Notes to Financial Statements

GREATER PORTSMOUTH CHAMBER OF COMMERCE
d/b/a CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

STATEMENT OF FUNCTIONAL EXPENSES
(SEE ACCOUNTANTS' INDEPENDENT REVIEW REPORT)

YEAR ENDED JUNE 30, 2025

	Membership Services and Programs	Education and Civic Activities	Tourism	Total Program Expenses	General and Administrative	Total
Production - program	$ 22,112	$ 136,517	$ 23,365	$ 181,994	$ 4,501	$ 186,495
Leased employees and benefits	189,905	-	133,094	322,999	137,581	460,580
Advertising	1,579	890	44,559	47,028	590	47,618
Printing	-	1,032	37,900	38,932	-	38,932
Contract services	-	-	8,124	8,124	18,310	26,434
Condo fees	-	-	-	-	22,656	22,656
Bad debt expense	-	-	-	-	18,234	18,234
Depreciation	-	-	-	-	17,925	17,925
Public relations	-	-	17,100	17,100	-	17,100
Bank services and charges	-	65	28	93	12,758	12,851
Office	4,198	-	493	4,691	7,364	12,055
Property taxes	-	-	-	-	11,737	11,737
Interest	-	-	-	-	8,944	8,944
Repairs and maintenance	-	-	-	-	7,850	7,850
Utilities	-	-	-	-	6,686	6,686
Travel and entertainment	121	251	686	1,058	5,084	6,142
Meetings and conferences	-	-	1,450	1,450	2,650	4,100
Insurance	-	-	-	-	3,823	3,823
Postage and shipping	95	-	1,879	1,974	1,766	3,740
Dues and subscriptions	-	-	298	298	2,682	2,980
Telephone	-	-	-	-	2,623	2,623
Professional fees	-	-	-	-	1,653	1,653
Credit loss expense	-	-	-	-	500	500
State taxes and licenses	-	15	131	146	276	422
Total Expenses	$ 218,010	$ 138,770	$ 269,107	$ 625,887	$ 296,193	$ 922,080

See Notes to Financial Statements

GREATER PORTSMOUTH CHAMBER OF COMMERCE
d/b/a CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

STATEMENT OF CASH FLOWS
(SEE ACCOUNTANTS' INDEPENDENT REVIEW REPORT)

YEAR ENDED JUNE 30, 2025

CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$	(5,731)
Adjustments to reconcile changes in net assets to net cash provided by (used in) operating activities:		
Depreciation expense		17,925
Credit loss expense		500
Bad debt expense		18,234
Changes in operating assets and liabilities:		
Accounts receivable		5,056
Grants receivable		(8,742)
Prepaid expenses		10,368
Deposit		(2,500)
Accounts payable		(1,331)
Deferred revenue		3,770
Net cash provided by (used in) operating activities		37,549
CASH FLOWS FROM INVESTING ACTIVITIES:		
Payments for purchase of property and equipment		(1,234)
Net cash provided by (used in) investing activities		(1,234)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on long-term debt		(19,812)
Net cash provided by (used in) financing activities		(19,812)
NET INCREASE (DECREASE) IN CASH		16,503
CASH, BEGINNING OF YEAR		246,199
CASH, END OF YEAR	$	262,702

SUPPLEMENTAL CASH FLOW DISCLOSURES:

Interest expense paid	$	2,980

There was no cash paid for income taxes during 2025.

SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES:

There were no noncash investing and financing activities for the years ended June 30, 2025.

See Notes to Financial Statements

GREATER PORTSMOUTH CHAMBER OF COMMERCE
D/B/A
CHAMBER COLLABORATIVE OF GREATER PORTSMOUTH

NOTES TO FINANCIAL STATEMENTS

(SEE INDEPENDENT ACCOUNTANTS' REVIEW REPORT)

YEAR ENDED JUNE 30, 2025

Note 1 - Nature of the Organization

Greater Portsmouth Chamber of Commerce d/b/a Chamber Collaborative of Greater Portsmouth (the "Chamber") is a nonprofit, 501(c)(6) member association organized in the State of New Hampshire for the purpose of advancing economic, industrial, cultural, and civic welfare of the greater Portsmouth, New Hampshire Community.

Note 2 - Summary of Significant Accounting Policies

Significant accounting policies of the Chamber are described below:

Basis of Presentation - The Chamber follows provisions of FASB Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities*. In accordance with these provisions, the Chamber is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions, accordingly, net assets and changes therein are classified as follows:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed stipulations.

Net assets with donor restrictions - Net assets subject to donor-imposed stipulations that 1) may or will be met either by actions of the Chamber and/or the passage of time or 2) they be maintained permanently by the Chamber.

Revenue Recognition - The Chamber derives its revenue from membership dues, advertising, program sponsorship, and user fees from community events and activities. Revenue from membership dues is recognized over the fiscal year membership term. Membership dues revenue is recognized only if the collectability is likely, and the fees charged are determinable.

Revenue from advertising and program sponsorship and user fees are recognized when events are held or when services have been provided and no significant obligations remain. Revenue from grants is recognized in the period earned. Rental income is recognized ratably over the term.

The Chamber's incremental direct costs of obtaining new members, advertising, and sponsorship consist of commissions. The Chamber does not defer such incremental direct costs as the related performance obligations are satisfied within a short period of time and the Chamber elected to apply the practical expedient related to expensing contract acquisition costs with amortization periods of less than one year.

Revenue is disaggregated by timing of revenue recognition. The Chamber disaggregates revenue from contracts with customers into categories that depict how the nature, amount, timing, and uncertainty of revenue and cash flows are affected by economic factors.

Cash and Cash Equivalents - For purposes of the statement of cash flows, the Chamber considers cash equivalents to include all highly liquid debt instruments with original maturities of three months or less that are not held for investment. There were no cash equivalents at June 30, 2025.

Note 2 - Summary of Significant Accounting Policies (continued)

Accounts Receivable and Allowance for Credit Losses - The Chamber carries its accounts receivable at the amount billed to customers or members, reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. The allowance estimate is derived from a review of the Chamber's historical losses. This estimate is adjusted for management's assessment of current conditions and other forward-looking factors which may impact collectability. The Chamber believes historical loss information is a reasonable starting point from which to calculate the expected allowance for credit losses as the Chamber's member base has remained consistent. Allowance for credit losses was $1,000 at June 30, 2025. Credit loss expense was $500 for the year ended June 30, 2025.

Grants Receivable - Grants receivable represents amounts due under reimbursement based grants at June 30, 2025. During the year ended June 30, 2025 $18,234 in grants were written off to bad debt expense when it was determined amounts would not be received.

Property and Equipment - The Chamber capitalizes property and equipment over $500. Property and equipment are stated at cost. Depreciation is computed using the straight-line method over estimated useful lives. Maintenance and repairs are charged to expense as incurred, while major renewals and betterments are capitalized. Depreciation expense was $17,925 for the ended June 30, 2025.

Advertising Expense - The Chamber expenses advertising costs as they are incurred.

Functional Allocation - The statement of functional expenses present expenses by function and natural classification. Expenses directly attributable to a specific functional area of the Chamber are reported as expenses of those functional areas. A portion of general and administrative costs that benefit multiple functional areas (indirect costs) have been allocated to programs based on an estimate of time and effort expended for each category.

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

Income Taxes - The Chamber is exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(6), except for amounts relating to unrelated business income. Unrelated business income is derived primarily from advertising.

The federal and state tax returns of the Chamber are subject to examination, generally for three years after they were filed.

Note 3 - Line of Credit

The Chamber has a line of credit with Partners Bank providing for borrowings up to $50,000 for working capital purposes. Advances bear interest at the prime rate as published in the Wall Street Journal (7.50% at June 30, 2025), with interest payments due monthly. The line is secured by substantially all business assets of the Chamber and is subject to annual review. In September 2025 the line of credit's maturity date was extended through October 2027. There was no outstanding balance at June 30, 2025.

Note 4 - Long-Term Debt

Long-term debt consists of the following at December 31,:

		2025
Note payable Cambridge Trust, 3.75%, payable in monthly principal and interest payments of $1,755, matures in August 2036, secured by a first mortgage and assignment of rents and leases, subject to certain financial covenants.	$	115,627
Note payable to the U.S. Small Business Administration, with monthly payments of principal and interest totaling $641 for thirty years. Payments start in June 2022 through May 2050. Interest is fixed at a rate of 2.75%. The loan is secured by all business assets of the Chamber.		143,407
Total long-term debt		259,034
Less: current portion		20,874
Long-term debt, net of current portion	$	238,160

Long-term debt maturing within five years as follows:

2026	$	20,874
2027		21,631
2028		22,417
2029		23,231
2030		24,075
Thereafter		146,806
Total	$	259,034

Note 5 - Leases

The Chamber leases office space representing approximately 37% of their building to four unrelated parties under lease agreements with terms of twelve months or less. The agreements become month-to-month after their initial twelve-month term, with either party able to cancel with 60-days notice. Total rental income was $50,400 for the year ended June 30, 2025.

Note 6 - Concentration of Credit Risk

Financial instruments that are exposed to concentrations of credit risk consist of cash, investments, and accounts receivable. The Chamber maintains cash balances in bank accounts which, at times, may exceed federally insured limits. The Chamber has not experienced any losses in such accounts and believes it is not exposed to any risk with respect to those accounts. Accounts receivable consist of amounts due from members. The Chamber requires no collateral against these receivables and has not experienced significant losses with respect to such receivables.

At June 30, 2025 83% of the Chamber's grants receivable was due from one New Hampshire State Agency.

Note 7 - Liquidity and Availability of Resources

The Chamber has the following financial assets available within one year of the balance sheet date to meet cash needs for general expenditure:

Cash	$ 262,702
Accounts receivable, net	7,816
Grants receivable	67,860
Total	$ 338,378

None of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. As part of the Chamber's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Chamber may set aside cash in excess of its short-term requirements in money market or similar interest-bearing accounts.

Note 8 - Subsequent Events

Subsequent events have been evaluated by management through December 3, 2025, which is the date the financial statements were available to be issued. The line of credit in Note 3 was extended in September 2025 as noted, other than the line of credit change there were no material subsequent events at December 3, 2025 that require disclosure in the financial statements.

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Greater Monadnock Collaborative		**1.4. Grantee Address** 310 Marlboro Street, Keene, NH 03431	
1.5 Grantee Phone # 603-352-4714	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 12/31/2026	**1.8. Grant Limitation** $2,100
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Julie Schoelzel		**1.12. Name & Title of Grantee Signor 1** Julie Schoelzel, President & CEO	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney, On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials JS
Date 4/13/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials JS
Date 4/13/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials GS
Date 4/13/26

Exhibit A
Special Provisions

Due to the nature of this contract, Division of Travel and Tourism Development (DTTD) waives the 2,000,000 provisions for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond, and accepts $1,000,000 for any one incident.

Exhibit B
Scope of Services

DTTD will award Joint Promotional Grant funds to the Greater Monadnock Collaborative (GMC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Thrive Guide Distribution: GMC will contract with Certified Travel Media (CTM) to distribute GMC's Thrive Guide at welcome centers, businesses, and chambers of commerce throughout Southern Vermont and Western New Hampshire. GMC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

This Joint Promotional Program Grant Agreement received by the GMC consists of the following documents: A completed Grant Agreement form, Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Price and Payment Schedule

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development, DTTD agrees to pay the GMC:

Total Grant Award: $2,100

Reimbursement requests will be invoiced by the GMC within 90 days after the end of the current fiscal year. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

Grantee Initials _____
Date 4/12/2016

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 GREATER MONADNOCK COLLABORATIVE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 23, 1987. 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: **108985**

Certificate Number: **0007815004**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of March A.D. 2026.

David M. Scanlan
Secretary of State

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, Chris Coates, **hereby certify** that I am duly elected Clerk/Secretary/Officer of

The Greater Monadnock Collaborative. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 26, 2025, at which a quorum of the Directors/shareholders were present and voting.

> **VOTED:** That Julie Schoelzel, The Greater Monadnock Collaborative President and CEO is duly authorized to enter into contracts or agreements on behalf of The Greater Monadnock Collaborative with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

DATED: 4/8/2026 **ATTEST:** _____(Name & Title)

SIGNATURE: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/12/2026

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	CONTACT NAME: Sherry Scarpelli	
King Risk Partners, LLC 91 Court Street Keene NH 03431	PHONE (A/C, No, Ext): (603) 352-1810	FAX (A/C, No):
	E-MAIL ADDRESS: sherry.scarpelli@king-insurance.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : The Ohio Casualty Insurance Company	24074
INSURED Greater Monadnook Collaborative and Its Board Of it's Board of Directors & Responsible Committees 48 Central Sq Keene NH 03431	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 25/26 Master **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO58145570	11/01/2025	11/01/2026	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

NH BEA - DTTD
100 North Main St, Suite 100
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Sherry Scarpelli

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2026

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

The Hilb Group New England, LLC
PO Box 606
Keene, NH 03431
(603) 352-2121

CONTACT NAME: Mary Fredette
PHONE (A/C, No, Ext): (603) 283-1235 **FAX (A/C, No):**
E-MAIL ADDRESS: mfredette@hilbgroup.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Ohio Security Insurance Company	24082
INSURER B :	Ohio Casualty Insurance Company	24074
INSURER C :	Mount Vernon Fire Insurance Company	26522
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

Greater Monadnock Collaborative
48 Central Square
Keene, NH 03431

COVERAGES **CERTIFICATE NUMBER:** 26/27A MASTER **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BKS58474421	04/09/2026	04/09/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAO58474421	04/09/2026	04/09/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Management Liability			NDO2555128F	06/16/2025	06/16/2026	Directors & Officers Limit Employment Practices Limit	$1,000,000 $1,000,000

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

CERTIFICATE HOLDER

NH BEA - DTTD
100 North Main St., Suite 100
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Mary Fredette

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NONPROFIT COVER SHEET

A. Entity Name: Greater Monadnock Collaborative

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Julie Schoelzel, julie@greatermonadnock.com; Michelle DelleVita, michelle@greatermonadnock.com, General Email: info@keenechamber.com

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doc (President)	Affiliations
Chris Coates (Board Chair)	Cheshire County
Andrew Richardson (Incoming Chair)	Savings Bank of Walpole
Jeff Whitcomb (Governance Chair)	Communicators Group
Andrew Bohannon (Events Committee Chair)	City of Keene
Rich Scheinblum (Finance Chair)	Monadnock Community Hospital
Ed Coppola (Membership Committee Chair)	The Richards Group
Sarah Brothers (Secretary)	C&S Wholesale Grocers
James Hansel (Director)	Filtrine
Alan Stroshine (Director)	Edward Jones
Chris McIntosh (Director)	The Hilb Group of New England
Denise Thomas (Director)	Masiello Real Estate
Sam Fuller (Director)	Orr & Reno
Sean Burke (Director)	The Keene Sentinel
Jay Haston (Director)	Cedarcrest Center
Joanna Zambella (Director)	Consult JZ
Scott Brown (Director)	Mascoma Bank
Trisha Cheever (Director)	Town of Peterborough
Dan Petrone (Director)	EXP Realty
Justin Somma (Director)	Hannah Grimes Marketplace
Jennifer Ferrell (Director)	Keene State College
Jeff Smith (Director)	Timken
Jennifer Carroll	Historical Society for Cheshire County

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

Name	Role	Annual Salary	Amount Paid From This Contract
Julie Schoelzel	CEO & President	$90,000	$0

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://www.doj.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf

FINANCIAL DISCLOSURES

G. Check one the following:

[X] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[ ] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**

[ ] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

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

2. BALANCE SHEET

Assets		Liabilities	
Cash & Equivalents	$	*Accounts Payable*	$
Investments	$	*Loans Payable*	$
Real Estate (less any depreciation)	$	*All other liabilities*	$
		Total Liabilities	$
Other Property & Equipment (less any depreciation)	$		
Pledges, grants, accounts receivable	$		
All other assets	$		
Total Assets	$		

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
2844	Greater Manchester Hellenic Scholarship Fund	245 Hooksett Road	Manchester	NH	03104	G	5/15/2027
3549	Greater Manchester Nashua Board of Realtors	176 South River Road	Bedford	NH	03110	X	11/15/2023
13760	Greater Manchester Wrestling Association, Inc.	c/o 57 Raymond Road	Deerfield	NH	03037	X	5/15/2017
6761	Greater Meredith Program, Inc.	PO Box 1417, 3 Walker St.	Meredith	NH	03253-1417	X	5/15/2025
6356	Greater Merrimack Special Needs Youth Group	PO Box 72	Merrimack	NH	03054	G	1/15/2026
6313	Greater Monadnock Collaborative Foundation	48 Central Square	Keene	NH	03431	G	8/15/2026
30609	Greater Nashua Bar Association	20 Trafalgar Square, Suite 505	Nashua	NH	03063-1981	G	5/15/2026
1647	Greater Nashua Chamber of Commerce	60 Main Street, Suite 200	Nashua	NH	03060	X	11/15/2023
3407	Greater Nashua Council on Alcoholism, Inc.	77 Northeastern Boulevard	Nashua	NH	03062	G	5/15/2026
10777	Greater Nashua Dental Connection, Inc	31 Cross Street	Nashua	NH	03064	G	5/15/2026
5636	Greater Nashua Habitat for Humanity	PO Box 697	Hollis	NH	03049	G	11/14/2026
17548	Greater Nashua Medical Reserve Corps	402 Amherst St Ste 203M	Nashua	NH	03063	S	5/15/2026
16444	Greater New Orleans Foundation	919 Saint Charles Avenue	New Orleans	LA	70130	X	5/15/2023
31441	Greater Pittsburgh Community Food Bank	1 North Linden StreetDuquesne, PA 15110	Duquesne	PA	15110	G	11/14/2026
1435	Greater Portsmouth Chamber of Commerce	500 Market Street Unit 16A	Portsmouth	NH	03801	G	11/14/2026
5981	Greater Portsmouth Chamber of Commerce Charitable Foundation	500 Market Street Unit 16A	Portsmouth	NH	03801	G	11/15/2026
14669	Greater Raymond NH Rotary Scholarship and Charitable Foundation	PO Box 816	Raymond	NH	03077	G	11/14/2026
2232	Greater Rochester Chamber of Commerce	18 South Main Street	Rochester	NH	03867	G	5/15/2026
5531	Greater Rochester Community Health Foundation	c/o NHCFConcord, NH 03301	Concord	NH	03301	G	5/15/2026
12353	Greater Salem Artists Association	PO Box 1804	Salem	NH	03079	G	11/15/2026
3442	Greater Salem Caregivers	PO Box 2316	Salem	NH	03079-1148	G	5/15/2026
1763	Greater Seacoast Community Health	311 Route 108	Somersworth	NH	03878	G	5/15/2026
31621	Greater Things Ministries	703 Unity Stage RoadCharlestown, NH 03603	Charlestown	NH	03603	G	5/15/2027
34262	Greater Upper Valley Chapter of Trout Unlimited	130 Grout Road	Hartland	VT	05048	X	9/15/2023
14005	Greater Wakefield Resource Center, Inc.	PO Box 96, 254 Main Street	Union	NH	03887	G	5/15/2026
19505	Greater Washington Educational Telecommunications Association, In	3939 Campbell Avenue	Arlington	VA	22206-2269	G	11/14/2026
35770	Greater Yellowstone Coalition, Inc.	215 S Wallace Ave	Bozeman	MT	59715	G	2/15/2027
14027	Green Acres Parent Teacher Group	100 Jack Lovering DriveManchester, NH 03109	Manchester	NH	03109	G	1/15/2027
33081	Green Amendments for the Generations	925 Canal Street 7th Floor Suite 3701	Bristol	PA	19007	G	5/15/2026
17000	Green America	1612 K Street NWWashington, DC 20006	Washington	DC	20006	G	8/15/2026
32293	Green Beret Foundation	15618 Summit Park Dr Ste 801Montgomery, TX 77356	Montgomery	TX	77356	G	5/15/2026
10978	Green Grove Cemetery Association	PO BOX 229ASHLAND, NH 03217	ASHLAND	NH	03217	G	5/15/2026

GREATER MONADNOCK COLLABORATIVE
REGIONAL CHAMBER OF COMMERCE

Mission Statement: The Greater Monadnock Collaborative – Regional Chamber of Commerce is organized to advance the commercial, industrial, educational, cultural, recreational, and general welfare of New Hampshire's Monadnock Region.

JULIE SCHOELZEL

PRESIDENT & CEO

PROFESSIONAL SUMMARY

President & CEO with 15+ years of executive leadership experience spanning regional economic development, marketing strategy, workforce initiatives, and organizational growth. Proven track record of leading small, high-impact teams; building cross-sector partnerships; securing and managing grant and sponsorship funding; and advancing initiatives that strengthen regional competitiveness, tourism, and talent attraction. Known for collaborative leadership, data-driven decision-making, and translating vision into measurable outcomes.

SKILLS

Business planning

Strategic visioning

Process improvement

Revenue growth

Public speaking

Leadership team building

Staff management

PROFESSIONAL EXPERIENCE

PRESIDENT & CEO, 04/2025 - Current

Greater Monadnock Collaborative – Keene, NH

- Provide executive leadership for a regional chamber and economic development organization serving businesses, nonprofits, municipalities, and partners across the Monadnock Region.
- Set organizational vision and strategic priorities across membership, programming, workforce development, tourism, and regional marketing initiatives.
- Oversee planning and execution of 40+ events annually, including signature events, leadership programs, networking events, and educational programming.
- Lead and support a high-performing team, overseeing operations, budgeting, governance coordination, and external relations.
- Partner closely with Board Chair, Treasurer, and Board of Directors on strategy, financial planning, and long-term sustainability.
- Serve as primary spokesperson and relationship lead with state agencies, funders, employers, and community partners.
- Oversee flagship initiatives including Magnify Monadnock and Leadership Monadnock.

DIRECTOR OF REGIONAL MARKETING, 09/2021 - Current

Greater Monadnock Collaborative – Keene, NH

- Lead comprehensive regional marketing initiatives to position the Monadnock Region as a destination for young professionals, visitors, and businesses.
- Manage marketing budgets and vendor relationships to ensure cost-effective, high-impact campaigns.
- Develop & maintain MonadnockNH.com and produce the annual Thrive Guide.
- Serve as liaison to the NH Division of Travel & Tourism Development.
- Lead grant acquisition initiatives and donor relationships.

Tablet Hotels 2003 - 2017– New York, NY

EXECUTIVE 2011 - Jul 2017

Tablet Hotels New York, NY

- Work with an effort to streamline efforts and develop strategies to increase growth.
- Attend and participate in weekly executive team meetings.
- Using data analysis, identify and problem-solve budget concerns and growth obstacles.
- Work closely with Co-Founders to identify and maintain necessary tools to ensure growth is scalable while maintaining low employee turnover.
- Assist CEO with structuring various departments to meet business needs and optimize employee and department strengths.
- Assist CEO in the hiring of all high level employees.
- Manage multiple teams, often simultaneously (4 - 20 employees per team)

DIR. OF PAID MEMBERSHIP Mar 2011 - Jul 2017

- Oversee Tablet Plus membership program, including marketing, personalization, product development, customer service, customer acquisition, and membership retention.
- Increased new members by 80% using a combination of product enhancements, price restructuring, and marketing
  initiatives including email campaigns, social media campaigns, and strategic partnerships.
- Increased member bookings by 20% using personalization, improved communications, and improved customer service and
  membership benefits.
- Successfully reversed 30% loss in membership revenue to 10% growth within 12 months

HEAD OF CUSTOMER SERVICE Dec 2012 - Jul 2017

- Oversee Customer Service department of 20 employees who assist with sales, support, product feedback, product enhancement suggestions, hiring, team structure, scheduling, and education.
- Decreased personnel budget for Customer Service by 40% (no layoffs –through schedule and process adjustments).

- Work with technology and design teams on product enhancements to increase customer acquisition and conversion. Create documentation for projects (small and large scale), create Jira tickets, handle QA and arrange and conduct user testing.
- Identified need for and developed with engineers a CRM to better serve customers as well as expedite the customer service representative experience while recording representative performance data.
- First line of defense with technical issues. Train representatives to adequately identify, reproduce, file, and help resolve bugs and technical obstacles.

HEAD OF MARKETING Jan 2007 - Feb 2011

- Oversaw marketing department, including customer acquisition, increasing sales with existing customers, and product development.
- Increased newsletter subscribers by 300% YOY.
- Secured Press pieces for Tablet Hotels in Time Magazine, NY Times, Wall Street Journal, Washington Post, Domino Magazine, NY Post, Modern Bride Magazine, Cookie Magazine, Conde Nast Traveler, Real Simple, among others.
- Developed long-term partnerships with meaningful brands to create marketing campaigns/sweepstakes such as J.Crew, Kate Spade, Jack Spade, Virgin Airlines, Vogue, among others.
- Created and project managed the development of Tablet's Global Nomad Challenge Facebook application - within 5 days of launch the application was the second most popular travel application.
- Developed with engineers a management tool to provide suppliers with more readily accessible and understandable sales statistics. This information doubled the number of suppliers working directly and increased revenue by 5% per supplier.
- Developed Private Sale product and marketing campaign enabling hotels to break rate parity and offer exclusive, highly discounted rates to our customers.

HEAD OF HOTEL RELATIONS Feb 2004 - Jan 2007

- Oversaw all initiatives related to our hotel partners, including new partner acquisition, enhanced relationships (less expensive reservations for them, higher commissions for Tablet), led the development of our own CRS (Central Reservations System).
- Successfully increased direct partnerships by 200%.
- Act as liaison between partners and internal content and technology teams.
- Managed relationships and kept detailed communication records with world's largest hospitality software supplier who provided Tablet with white label inventory management system.
- Worked with CEO to discontinue contract with software supplier and successfully recoup lost revenue in arbitration hearings.
- Developed and project managed the design, development, and implementation of our own custom B2B software. Bookings increased 40% the first day the new system was launched and sustained an increase of 30% growth YoY.

CUSTOMER SERVICE MANAGER Feb 2003 - Jan 2007

- Handled customer inquiries, hired new team members, handled administrative duties.

EDUCATION

BA: Communications & Art History

Marymount College - Tarrytown, NY

VOLUNTEER WORK

Stay, Work, Play Board of Directors

Keene Downtown Housing Corporation Board of Directors

Monadnock Housing Advisory Council

GREATER MONADNOCK COLLABORATIVE

FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
AND
INDEPENDENT ACCOUNTANTS'
REVIEW REPORT

OSTER & WHEELER, PC
CERTIFIED PUBLIC ACCOUNTANTS

265 Washington Street, Keene, NH 03431
Phone: 603.352.4500
Fax: 603.352.8558
www.osterwheeler.com

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors of
Greater Monadnock Collaborative:

We have reviewed the accompanying statements of financial position of the Greater Monadnock Collaborative, (a New Hampshire not-for-profit organization) as of September 30, 2024 and 2023 and the related statements of activities, functional expenses and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

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

Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Greater Monadnock Collaborative and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our reviews.

Report on Supplementary Information

The accompanying schedules of special events revenues and expenses are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management. We have not audited or reviewed such information and we do not express an opinion, a conclusion, nor provide any assurance on it.

Known Departure from Accounting Principles Generally Accepted in the United States of America

As more fully disclosed in Note 11 to the financial statements, the accompanying financial statements do not include the accounts of the Greater Keene Chamber of Commerce Foundation. Management has determined that the Greater Monadnock Collaborative has a controlling financial interest in the Foundation and therefore should consolidate the accounts of the Foundation in order to conform with accounting principles generally accepted in the United States of America. Management has not determined the effect of the departure from accounting principles generally accepted in the United States of America on the accompanying financial statements.

Accountants' Conclusion

Based on our reviews, except for the issue noted in the Known Departure from Accounting Principles Generally Accepted in the United States of America paragraph, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Oster & Wheeler, P.C.

Keene, New Hampshire
August 7, 2025

GREATER MONADNOCK COLLABORATIVE
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

	2024	2023
ASSETS		
CURRENT ASSETS:		
Cash	$ 148,591	$ 237,484
Trade accounts receivable, net	32,705	23,549
Prepaid expenses	6,944	4,935
Total current assets	188,240	265,968
PROPERTY AND EQUIPMENT, at cost:	215,550	215,550
Less: accumulated depreciation	127,537	122,360
Net property and equipment	88,013	93,190
OTHER ASSETS:		
Operating lease right of use assets, net	2,606	4,114
Security deposit	600	600
Total other assets	3,206	4,714
Total assets	$ 279,459	$ 363,872
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	$ 39,146	$ 1,270
Accrued payroll	-	2,207
Deferred revenue	13,932	13,932
Current portion of operating lease liability	1,613	1,508
Current portion of note payable	3,953	4,476
Other current liabilities	1,650	-
Total current liabilities	60,294	23,393
LONG-TERM LIABILITIES:		
Operating lease liability, net of current portion	993	2,606
Note payable, net of current portion	133,826	137,779
Total long-term liabilities	134,819	140,385
Total liabilities	195,113	163,778
NET ASSETS:		
Without donor restriction	84,346	200,094
Total net assets	84,346	200,094
Total liabilities and net assets	$ 279,459	$ 363,872

The accompanying notes to financial statements are an integral part of these statements

GREATER MONADNOCK COLLABORATIVE
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

	2024	2023
SUPPORT AND REVENUE:		
Membership dues	$ 245,658	$ 235,550
Special events	169,378	155,840
In-kind contributions	-	1,800
Grants	84,401	82,573
Profiles, maps and other publications	82,616	58,650
Interest income	281	322
Meetings, seminars and workshops	47,585	30,008
Rental income	7,200	2,400
Miscellaneous	-	1,474
Total support and revenue	637,119	568,617
EXPENSES:		
Program services	585,996	612,252
Management and general	166,871	216,914
Total expenses	752,867	829,166
CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTION	(115,748)	(260,549)
NET ASSETS, beginning of year	200,094	460,643
NET ASSETS, end of year	$ 84,346	$ 200,094

The accompanying notes to financial statements are an integral part of these statements

GREATER MONADNOCK COLLABORATIVE
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

	2024			2023		
	Program Services	Management and General	Total	Program Services	Management and General	Total
EXPENSES:						
Salaries and wages	$ 189,124	$ 91,059	$ 280,183	$ 191,356	$ 92,134	$ 283,490
Employee benefits	7,888	3,798	11,686	3,399	1,637	5,036
Payroll taxes	14,945	7,196	22,141	14,731	7,092	21,823
Profiles, maps, and other publications	142,011	-	142,011	52,955	-	52,955
Special events	88,370	-	88,370	99,119	-	99,119
Professional fees	33,334	16,049	49,383	14,706	7,081	21,787
Occupancy	18,968	9,132	28,100	20,393	9,819	30,212
Grant expenditures	16,481	7,935	24,416	160,227	77,147	237,374
Office expenses	12,513	6,025	18,538	4,217	2,031	6,248
Bad debt	12,140	5,845	17,985	2,633	1,267	3,900
Telephone and internet	9,474	4,561	14,035	7,852	3,781	11,633
Meetings, seminars and workshops	9,030	-	9,030	7,866	-	7,866
Advertising	5,706	2,747	8,453	7,994	3,849	11,843
Insurance	5,559	2,676	8,235	6,336	3,050	9,386
Travel and meals	5,114	2,463	7,577	2,001	963	2,964
Miscellaneous	4,086	1,967	6,053	4,893	2,356	7,249
Depreciation	3,494	1,683	5,177	3,494	1,683	5,177
Dues and subscriptions	2,915	1,403	4,318	2,814	1,355	4,169
Board expenses and community relations	2,673	1,287	3,960	227	109	336
Interest	2,171	1,045	3,216	2,453	1,181	3,634
In-kind expenses	-	-	-	1,800	-	1,800
Equipment rental	-	-	-	786	379	1,165
Total expenses	$ 585,996	$ 166,871	$ 752,867	$ 612,252	$ 216,914	$ 829,166

The accompanying notes to financial statements are an integral part of these statements

GREATER MONADNOCK COLLABORATIVE
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ (115,748)	$ (260,549)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	5,177	5,177
(Increase) decrease in the following assets:		
Trade accounts receivable	(9,156)	(9,504)
Prepaid expenses	(2,009)	-
Increase (decrease) in the following liabilities:		
Accounts payable	37,876	(4,258)
Accrued payroll	(2,207)	1,668
Other current liabilities	1,650	-
Total adjustments	31,331	(6,917)
Net cash flows from operating activities	(84,417)	(267,466)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal payments on note payable	(4,476)	(3,417)
Net cash flows from financing activities	(4,476)	(3,417)
NET CHANGE IN CASH	(88,893)	(270,883)
CASH, beginning of year	237,484	508,367
CASH, end of year	$ 148,591	$ 237,484
Supplemental data:		
Cash paid during the year for interest	$ 3,216	$ 3,634
Noncash contributions received for special events	$ -	$ 1,800

The accompanying notes to financial statements are an integral part of these statements

GREATER MONADNOCK COLLABORATIVE
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

1. Purpose and summary of significant accounting policies:

Purpose – The Greater Monadnock Collaborative (the Chamber) is a New Hampshire nonprofit organization. The Chamber was incorporated to advance the commercial, industrial, educational, cultural, recreational, and general welfare of the Monadnock Region of Southwest New Hampshire. The Chamber accomplishes this by providing information about, and stimulating activity in, the region.

Basis of presentation – The accompanying financial statements have been prepared on the accrual basis of accounting. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Non-cash contributions are recorded at fair market value on the date of donation. Income earned on net assets, including net realized appreciation on investments, is reflected as a change in net assets without donor restrictions or net assets with donor restrictions in accordance with donor stipulations.

Amounts related to the Chamber's financial position and activities are reported in two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor or certain grantor restrictions.

Net assets with donor restrictions consist of assets whose use is limited by donor-imposed time or purpose restrictions. Donor-imposed restrictions are released when a restriction expires, that is, when a stipulated time restriction ends, or purpose restriction is accomplished. When a donor restriction expires the net assets are reclassified as net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions. Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Chamber to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a board-approved spending policy. Restricted contributions that are received and utilized in accordance with donor stipulations in the same year are reported as contributions without donor restrictions. The Chamber follows a similar policy for investment return on these funds.

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

Cash and cash equivalents – The majority of the Chamber's cash is held in regional commercial banks and consists of checking and savings accounts. Cash in these banks at times has exceeded coverage provided by the Federal Deposit Insurance Corporation. For purposes of the Statement of Cash Flows, the Chamber considers all liquid investments with a maturity of three months or less to be cash equivalents.

Trade accounts receivable – The Chamber provides for losses on accounts receivable using the allowance method. The allowance is based on experience and other circumstances, which may affect the ability of organizations to meet their obligations. It is the Chamber's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. Management determined that no allowance for doubtful accounts was necessary as of September 30, 2024 and 2023.

Property and equipment – All acquisitions of property and equipment with estimated useful lives in excess of one year are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The Chamber charges to expenses annual amounts of depreciation which allocate the cost of operating property and equipment over their estimated useful lives. For depreciable assets, the Chamber uses the straight-line method to compute depreciation. The ranges of estimated useful lives are as follows:

	Years
Building and improvements	10-39
Furnishings and equipment	3-7

Repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowances, and any gain or loss is recognized.

Depreciation expense was $5,177 for the years ended September 30, 2024 and 2023.

Agency funds – Agency funds are administered by the Chamber in a fiduciary capacity for downtown property owners, merchants, business consortiums, or other associations.

Contributions and grant revenues – Contributions, including promises to give, are considered conditional or unconditional, depending on the nature and existence of any donor or grantor conditions. A contribution or promise to give contains a donor or grantor condition when both of the following are present: (1) An explicit identification of a barrier, that is more than trivial, that must be overcome before the revenue can be earned and recognized (2) An implicit right of return of assets transferred or a right of release of a donor or grantor's obligation to transfer assets promised, if the condition is not met. Conditional contributions are recognized when the barrier(s) to entitlement are overcome. Unconditional contributions are recognized as revenue when received.

Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are recorded as increases in net assets with temporary or permanent donor restriction depending on the nature of the restrictions. When a restriction expires, net assets with temporary donor restrictions are reclassified to net assets without donor restriction.

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award. Grant awards that are contributions are evaluated for conditions and recognized as revenue when conditions in the award are satisfied. Unconditional awards are recognized as revenue when the award is received. Amounts received in which conditions have not been met are reported as a refundable advance liability. Grant awards that are exchange transactions are those in which the resource provider or grantor receives a commensurate value in exchange for goods or services transferred. There were no grants or awards that were considered exchange transactions during the years ended September 30, 2024 and 2023.

Revenues and revenue recognition – Revenues from program fees are recognized in the period in which the fees are earned. Performance obligations are satisfied at the end of the period through which annual dues are paid for memberships, or the period when an event takes place. Rental income is recognized when the performance obligation of providing the rental space is satisfied. Deferred revenue results from fees received in advance of the period in which they were earned.

Income taxes – The Chamber is a not-for-profit corporation as described in Section 501(c)(6) of the Internal Revenue Code and is exempt from federal income taxes. In addition, The Chamber has been classified as an organization that is not a private foundation under Section 509(a)(2). The Chamber has evaluated its significant tax positions, including their tax-exempt status, and determined that they do not need to recognize a liability for any uncertain tax positions for interest, penalties or potential taxes. Accordingly, no provision for income taxes is required. The Chamber's annual return filing (Forms 990) remains subject to examination by major tax jurisdictions for the standard three-year statute of limitations.

In-kind donations – Contributions of nonfinancial assets and materials are recorded as contributions at their estimated fair values at the date of donation. Contributions of services are recognized when they are received if the services (a) create or enhance nonfinancial assets or (b) required specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not donated. The Chamber pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Chamber with specific programs and various committee assignments.

Advertising – The Chamber expenses the cost of advertising as incurred. Advertising expense amounted to $8,453 and $11,843 for the years ended September 30, 2024 and 2023, respectively.

Functional allocation of expense – The costs of providing the various program and supporting services have been summarized on a functional basis in the Statements of Activities. The Statements of Functional Expenses present the natural classification detail of expenses by function. Expenses are charged to programs and supporting services on the basis of periodic expense reviews and management estimates. Expenses directly attributable to a specific functional area of the Chamber are reported as expenses of those functional areas. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Chamber.

Accounting pronouncements adopted – In June 2016, the FASB issued ASU No. 2016-13, *Measurement of Credit Losses on Financial Instruments (Topic 326)*. ASU 2016-13 requires a financial asset measured at amortized cost basis to be presented at the net amount expected to be collected. Thus, the income statement will reflect the measurement of credit losses for newly recognized financial assets as well as the expected increases or decreases of expected credit losses that have taken place during the period. ASU 2016-13 is effective for the Chamber's year ending September 30, 2024. The Chamber has determined that this will not have any effects on its financial position, results or operations, cash flows, or disclosures.

2. Liquidity:

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

	2024	2023
Financial Assets:		
Cash	$ 148,591	$ 237,484
Trade accounts receivable	32,705	23,549
Total financial assets available within one year	$ 181,296	$ 261,033

The Chamber maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due.

3. Property and equipment:

Property consisted of the following as of September 30:

	2024	2023
Land	$ 17,180	$ 17,180
Buildings and improvements	175,578	175,578
Furniture and equipment	22,792	22,792
	215,550	215,550
Less: accumulated depreciation	127,537	122,360
Total	$ 88,013	$ 93,190

4. Net assets with donor restrictions:

At September 30, 2024 and 2023, the Chamber had no net assets with donor restrictions.

5. Long-term debt:

The following are the details of long-term debt as of September 30:

	2024	2023
Note payable to the Small Business Administration, secured by all business assets, with interest only accruing through June 2021 at 2.75%. The note is then payable in monthly installments of $641, including interest at 2.75%, through June 2050.	$ 137,779	$ 142,255
Less: current portion	3,953	4,476
	$ 133,826	$ 137,779

Maturities of long-term debt in years subsequent to September 30, 2024 are as follows:

2025 (current portion)	$ 3,953
2026	4,063
2027	4,176
2028	4,292
2029	4,412
2030 and thereafter	116,883
	$ 137,779

6. Related party transactions:

There were no services provided by Board members for the years ended September 30, 2024 and 2023.

7. Gifts in-kind:

For the years ended September 30, 2024 and 2023, contributed nonfinancial assets recognized within the Statements of Activities consisted of the following:

	2024	2023
Event sponsorship	$ -	$ 1,800
	$ -	$ 1,800

The Chamber recognizes contributed nonfinancial assets within revenue, including event sponsorship. Unless otherwise noted, contributed nonfinancial assets did not have donor-imposed restrictions.

Contributed event sponsorship was donated towards putting on one of the Chamber's large fundraising events, which was the golf classic. In valuing the event sponsorship, the Chamber estimated the fair market value on the basis of estimates of wholesale values that would be received for selling similar products in the United States.

8. Leased facilities:

An operating lease agreement is in place from the leasing of a portion of the Chamber's office space to a local business. The initial lease term is three years, commencing July 2023, with renewal options available. Base rent paid is $600 per month. Net rental income for the fiscal years ended September 30, 2024 and 2023 was $7,200 and $2,400, respectively.

Depreciation expense for assets subject to the operating lease is calculated on the straight-line method over the asset's estimated useful life (Note 1). Depreciation expense relating to these assets held was $1,818 for the fiscal years ended September 30, 2024 and 2023.

Total cost and accumulated depreciation for the facilities being leased at September 30:

	2024	2023
Building	$ 70,921	$ 70,921
Less: accumulated depreciation	55,146	53,327
Net book value of facilities	$ 15,775	$ 17,594

The following is a summary of minimum future lease payments to be received:

2025	$ 7,200
2026	5,400
	$ 12,600

9. Right of use asset:

The following is a summary of changes in the right-of-use assets on the Statement of Financial Position as of September 30, 2024:

	Balance 9/30/2023	Additions	Reductions	Balance 9/30/2024
Right-of-use assets:				
Toshiba copier - operating lease	$ 5,525	$ -	$ -	$ 5,525
Total operating lease right-of-use assets	5,525	-	-	5,525
Less: accumulated amortization for:				
Operating lease right-of-use assets	1,411	1,508	-	2,919
Total right-of-use assets, net	$ 4,114	$ (1,508)	$ -	$ 2,606

The following is a summary of changes in the right-of-use assets on the Statement of Financial Position as of September 30, 2023:

	Balance 9/30/2022	Adoption 10/1/2022	Additions	Reductions	Balance 9/30/2023
Right-of-use assets:					
Office space - operating lease	$ -	$ 7,550	$ -	$ (7,550)	$ -
Toshiba copier - operating lease	-	5,525	-	-	5,525
Total operating lease right-of-use assets	-	13,075	-	(7,550)	5,525
Less: accumulated amortization for:					
Operating lease right-of-use assets	-	-	8,961	(7,550)	1,411
Total right-of-use assets, net	$ -	$ 13,075	$ (8,961)	$ -	$ 4,114

Refer to Note 10 for the related lease information.

10. Commitments:

The Chamber leases a copier under a 5-year operating lease, with payments of $145 per month. This lease ends in April 2026.

On October 1, 2021, the Chamber entered into a lease agreement for their Peterborough, NH location. This was a two-year lease that ended September 30, 2023 and had a base payment of $600 per month. The rent shall increase annually by the percentage increase that reflects the increase in the U.S. Bureau of Statistics, Consumer Price Index. This lease was not renewed.

Because the Chamber is reasonably certain to exercise the renewal options of the relevant lease for the foreseeable future, which extends past one year, and the lease does not transfer ownership, ASU 2016-02 requires the lessee to recognize a lease liability and an intangible right of use asset. These amounts are reported on the Statement of Net Position at September 30, 2024 and 2023 (refer to Note 9 for details). In order to convey the commitment due to the full lease with the expectation of utilizing the renewal terms of the lease, the calculations per ASU 2016-02 were calculated to include the renewal periods in the present value calculation. The implicit interest rate used for this calculation was the federal prime rate at the implementation date of the right-of-use asset, plus 0.5%.

With an implicit interest rate of 6.75%, the present value of the lease liability as of September 30, 2024 was $2,606. Total lease payments during the year ended September 30, 2024 were as follows:

	Interest	Principal	Total
2024	$ 567	$ 8,961	$ 9,528

The future minimum lease commitments are as follows:

	Interest	Principal	Total
2025 (current portion)	$ 127	$ 1,613	$ 1,740
2026	22	993	1,015
	$ 149	$ 2,606	$ 2,755

11. Related foundation - known departure from generally accepted accounting principles:

On June 20, 1996, the Chamber incorporated the Greater Monadnock Collaborative Foundation (the Foundation). The Foundation has obtained exemption from federal income tax as a charitable organization under Internal Revenue Code section 501(c)(3).

The Foundation was created to provide a means to support and carry out charitable and educational activities within the Greater Keene Area. A summary of the Foundation's transactions for the years ended September 30, 2024 and 2023 on the cash basis of accounting are as follows:

	2024	2023
Receipts:		
Contributions and grants	$ 117,350	$ 13,934
Other program and miscellaneous	1,700	-
	119,050	13,934
Disbursements:		
Other program and miscellaneous	(7,155)	(9,855)
	(7,155)	(9,855)
Excess receipts (disbursements)	111,895	4,079
Cash balance, beginning of year	13,372	9,293
Cash balance, end of year	$ 125,267	$ 13,372

Management has determined that the Greater Monadnock Collaborative has a controlling financial interest in the Foundation. A controlling financial interest is defined as a direct or indirect ownership of a majority voting interest in another not-for-profit entity. In this case several directors of the Chamber also hold executive positions on the board of directors of the Foundation. In accordance with accounting principles generally accepted in the United States consolidation is required based on the existence of a controlling financial interest.

Management has chosen not to consolidate this entity as of September 30, 2024 and 2023. The effect of not consolidating this entity has not been determined.

12. Subsequent events:

In preparing these financial statements, the Chamber has evaluated events and transactions for potential recognition or disclosure through August 7, 2025, the date the financial statements were available to be issued. No material events have occurred since September 30, 2024, that require recognition or disclosure in the financial statements.

13. Reclassifications:

Certain items have been reclassified in the prior year financial statements to conform with the current year presentation. These reclassifications had no effect on net assets or changes in net assets as previously reported.

GREATER MONADNOCK COLLABORATIVE
SCHEDULES OF SPECIAL EVENTS REVENUES AND EXPENSES
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023
(See Independent Accountants' Review Report)

	2024			2023		
	Revenues	Expenses	Net	Revenues	Expenses	Net
SPECIAL EVENTS:						
Annual Gala	$ 65,135	$ 37,279	$ 27,856	$ 80,200	$ 42,403	$ 37,797
Golf Classic	39,460	10,882	28,578	49,375	25,420	23,955
September Sweeps	6,405	2,771	3,634	9,795	2,913	6,882
Glow Ball Golf	7,785	3,840	3,945	6,750	5,786	964
Peak into Peterborough	32,638	17,480	15,158	-	-	-
Business to Business events	10,675	7,501	3,174	10,710	7,122	3,588
Other special events	7,280	8,617	(1,337)	810	17,275	(16,465)
	$ 169,378	$ 88,370	$ 81,008	$ 157,640	$ 100,919	$ 56,721

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Intown Concord		**1.4. Grantee Address** 49 South Main Street, Suite 202, Concord, NH	
1.5 Grantee Phone # 603-226-2150	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 6/29/2026	**1.8. Grant Limitation** $7,733.59
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Jessi Pelletier		**1.12. Name & Title of Grantee Signor 1** Jessica Martin/ Executive Director	
Grantee Signature 2 N/A		**Name & Title of Grantee Signor 2** N/A	
Grantee Signature 3 N/A		**Name & Title of Grantee Signor 3** N/A	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney** **On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials JM
Date 4/16/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials [illegible]
Date 4/16/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials ~~AM~~ MM
Date 4/16/26

Exhibit A
Special Provisions

Due to the nature of this contract, DTTD waives the $2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond, and accepts $1,000,000 for any one incident.

Exhibit B
Scope of Services

The Division of Travel and Tourism Development (DTTD) will award Joint Promotional Grant funds to the Intown Concord (Intown) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Downtown Concord Market Days: Intown will launch a marketing campaign to promote the 52nd Annual Downtown Concord Market Days event. The campaign shall include advertising across local and regional newspapers, radio, online platforms, and social media channels. All advertisements shall include key event details and highlight Downtown Concord's offerings. For print advertising, Intown shall engage The Union Leader, Concord Monitor, and Hippo Press. For radio advertising, Intown shall engage Binnie Media and The River. For collateral materials, Intown shall engage Miren Doody Design for creative services and Capitol Copy for printing services. Intown shall also utilize social media platforms to support promotion of the event. Intown shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

This Joint Promotional Program Grant Agreement received by the Intown Concord consists of the following documents: A completed Grant Agreement form, Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Price and Payment Schedule

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development, DTTD agrees to pay the Intown Concord (Intown):

Total Grant Award: $7,733.59

Reimbursement requests will be invoiced by the Intown within 90 days after the end of the current fiscal year. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

Grantee Initials dlm
Date 4/16/26

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 INTOWN CONCORD is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 22, 2001. 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: **384941**

Certificate Number: **0007852229**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of March A.D. 2026.

David M. Scanlan
Secretary of State

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, Kimberly Severance, **hereby certify** that I am duly elected Clerk/Secretary/Officer of
(Name)
Intown Concord. I hereby certify the following is a true copy of a vote taken at
(Name of Corporation)
a meeting of the Board of Directors/shareholders, duly called and held on March 20, 2026
at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Jessica Martin, Director (may list more than one person) is
(Name and Title)
duly authorized to enter into contracts or agreements on behalf of
Intown Concord with the State of New Hampshire and any of
(Name of Corporation)
its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

DATED: 3/20/2026 **ATTEST:** Kimberly Severance
(Name & Title)
VP, Board of Directors

INTOW-1 OP ID: PC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/2026

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 Blossom Insurance Agency, Inc. 58 South Street PO Box 3000 Concord, NH 03302-3000 603-224-3000	CONTACT NAME: PHONE (A/C, No, Ext): 603-224-3000 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Liberty Mutual Insurance Co
INSURED Intown Concord, Inc. 49 So. Main St, Suite 202 Concord, NH 03301	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ N / A If yes, describe under DESCRIPTION OF OPERATIONS below			XWS 60303918	09/13/2025	09/13/2026	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

NHBEA-1

NHBEA-DTTD
100 N Main St., Suite 100
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Patricia Carville

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2026

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	CONTACT NAME: Fairley Kenneally	
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
	E-MAIL ADDRESS: fairley@esinsurance.net	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Twin City Fire Insuance Co	29459
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Intown Concord Inc.
49 S Main St Ste 202
Concord NH 03301

COVERAGES **CERTIFICATE NUMBER:** 25-26 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Host Liquor Liability	Y		04SBAAD1761	06/14/2025	06/14/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Host Liquor	$ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Certificate Holder is an additional insured (CGL) as required by signed contract with the named insured.

CERTIFICATE HOLDER

NHBEA-DTTD
100 N Main Street Ste 100
Concord NH 03302

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Fairley Kenneally

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NONPROFIT COVER SHEET

A. Entity Name: Intown Concord

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

49 S. Main Street, Concord, NH 03301, director@intownconcord.org, 603-226-2150

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Elizabeth Mulleavey	Merrimack County Savings Bank
Kim Severance	Merrimack County Savings Bank
Travis Craig	Sugar River Bank
Mary Pinard	Fidium Fiber
Sarah Glaude	Social Club Creamery
Bryanna Marceau	Grtr Concord Chamber of Commerce
Meagan Ferns	Stride Indoor Cycling
Joshua Hardy	Concord Community TV
Candy Jackson	Blossom Yoga
Ross Mingarelli	Candletree Soy Candles
Jonathan Stallsmith	Primerica Advisors
Stefanie Breton	City of Concord
Briana Therrien	PrimeMLS
Karen Jantzen	Concord Coalition to End Homelessness

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

Name	Role	Annual Salary	Amount Paid From This Contract
Jessica Martin	Executive Director	$80,000	0
Berit Brown	Events/Marketing Manager	$50,000	0
Brooke Woessner	Membership/Event Coordinator	$20,000 (part-time)	0

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

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) **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

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

2. BALANCE SHEET

Assets		Liabilities	
Cash & Equivalents	$	*Accounts Payable*	$
Investments	$	*Loans Payable*	$
Real Estate (less any depreciation)	$	*All other liabilities*	$
		Total Liabilities	$
Other Property & Equipment (less any depreciation)	$		
Pledges, grants, accounts receivable	$		
All other assets	$		
Total Assets	$		

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
31851	International Spy Museum	700 L'Enfant Plaza, SW	Washington	DC	20024	G	5/15/2026
10182	International Student Exchange Programs	1655 N. Fort Myer Drive, Suite 400Arlington, VA 22209	Arlington	VA	22209	G	11/14/2026
34939	International Studies Association, Incorporated	PO Box 359	Storrs	CT	06269	G	11/15/2025
35216	International Union for Conservation of Nature & Natural Resources-	1630 Connecticut Ave NW #300	Washington	DC	20009	G	5/15/2026
19023	International Waldenstrom's Macroglobulinemia Foundation	6144 Clark Center Avenue	Sarasota	FL	34238	X	5/15/2022
30836	International Water Initiative for Sanitation and Hygiene, Inc.	4755 East Philadelphia Street	Ontario	CA	91761	G	5/15/2026
33585	International We Love U Foundation East Coast Region, Inc.	18 Snake Hill RdNew Windsor, NY 12553	New Windsor	NY	12553	G	5/15/2026
33437	International We Serve Foundation, Inc.	C/O 1395 Piccard Drive Suite 180	Rockville	MD	20850	X	5/15/2024
30546	International Wildlife Rehabilitation Council	PO Box 3197	Eugene	OR	97403	G	5/15/2026
32019	International Women's Coffee Alliance	5020 Ash Grove Drive	Springfield	IL	62711	X	5/15/2025
16641	International Yacht Restoration School, Inc.	449 Thames Street, Unit 111	Newport	RI	02840	X	11/15/2023
11643	International Youth Foundation	C/O 1959 Palomar Oaks Way, Suite 300	Carlsbad	CA	92011	X	11/15/2022
32786	Internet Archive	300 Funston AvenueSan Francisco, CA 94118	San Francisco	CA	94118	G	5/15/2026
30972	Internet Society	1551 Emancipation Highway #1506Fredericksburg, VA	Fredericksburg	VA	22401	G	5/15/2026
33535	Internet Systems Consortium, Inc.	C/O Jacob D'Erasmo 60 Exeter Road, Suite 104	Newmarket	NH	03857	X	5/15/2024
16347	Internews Network	876 7th StArcata, CA 95521	Arcata	CA	95521	G	5/15/2026
34462	InterPride	C/O 3675 Crestwood Parkway, Suite 350	Duluth	GA	30096	X	5/15/2025
11466	Interstate Emergency Unit	22 Exeter Highland Drive	Exeter	NH	03833-4566	X	8/15/2021
31514	Interstate Renewable Energy Council	PO Box 11117	Cedar Rapids	IA	52410	X	5/15/2021
11581	Interstitial Cystitis Association of America, Inc.	1959 Palomar Oaks Way, Suite 300	Carlsbad	CA	92011	G	2/15/2027
15384	InterVivos Foundation	303 East Wacker Drive, Suite 2725	Chicago	IL	60601	X	5/15/2025
17876	Inti Academy, LTD	PO Box 3464	Manchester	NH	03105	G	5/15/2026
12715	Intown Concord	49 South Main Street #202	Concord	NH	03301	G	5/15/2026
5870	Intown Manchester Management, Inc.	1000 Elm Street	Manchester	NH	03101	X	5/15/2022
16074	Intrepid Fallen Heroes Fund	One Intrepid Square, West 46th Street & 12th Avenue	New York	NY	10036	G	9/14/2026
10224	Intrepid Museum Foundation	One Intrepid Square West 46th St & 12th Ave	New York	NY	10036	X	5/15/2025
18149	Invest in Others Charitable Foundation, Inc.	C/O 3675 Crestwood Parkway, Suite 350	Duluth	GA	30096	G	5/15/2026
30544	Invest to Protect Our Law Enforcement Officers, Inc.	12B Clusters Court	Columbia	SC	29210	X	5/15/2025
30960	IOLA Foundation	5716 Corsa Avenue, Suite 110Westlake Village, CA 913	Westlake Village	CA	91362	G	5/15/2026
35282	Iona University	715 North Avenue	New Rochelle	NY	10801-1809	G	5/15/2026
1870	Ionic-Ragged Mountain Chapter 20 Order of the Eastern Star	39 Charles Street	Franklin	NH	03235	G	12/15/2026
35890	Iowa 4-H Foundation	1259 Stange Road	Ames	IA	50011-1002	G	11/15/2026

INTOWN CONCORD
COMMUNITY + EVENTS

Mission Statement, Vision Statement, Values

Mission: To amplify and celebrate connection in and around downtown Concord.

Vision: To sustain vibrancy and promote growth of the Concord community.

Values:

- Welcoming- Fostering inclusivity and embracing diversity
- Collaborative- Cultivating community partnerships
- Fun- Creating joyful experiences for all ages

JESSICA PERRY MARTIN

EXECUTIVE DIRECTOR

Profile Summary

Highly qualified nonprofit professional with over 10 years of experience. Skilled in building community and strengthening stakeholder relationships.

Professional Skill

- Board Management
- Marketing
- Budgeting
- Grants/Fundraising
- Event Planning
- Strategic Planning

Technology

- Microsoft Word & Excel
- Social Media
- Quickbooks
- CRM
- Wordpress
- Canva

Work Experience

Executive Director | Intown Concord, Concord NH *2020-Present*

- Supervise staff and interns while collaborating with the Board of Directors to achieve strategic goals.
- Oversee marketing and communications, including social media, website, newsletters, and business engagement initiatives to strengthen downtown Concord.
- Lead planning and execution of major community events supporting the local economy and downtown businesses.
- Facilitate programs that support the local business community.
- Secure all sponsorships, in-kind donations, and grant funding to support organizational programming and enhance community impact.
- Create and manage the organization's $300,000 annual budget.

Development Events Manager | Easterseals NH *2019- 2020*

**Employment ended due to COVID*

- Secured sponsorships, in-kind donations, and vendor partnerships while directing logistics for annual golf tournaments, auctions, galas, and fundraising events.
- Planned and executed major fundraising initiatives while supervising staff and volunteer committees.

Director of Marketing and Events | Exeter Area Chamber of Commerce *2018- 2019*

- Planned and executed events and programs aligned with organizational and financial goals, while developing long-term strategies to advance the mission.
- Designed sponsorship packages, secured funding, and managed communications including website content, press releases, media relations, and stakeholder engagement.

Executive Director| Greater Manchester/Nashua Board of REALTORS (GMNBR) *2012 - 2017*

- Managed a $400,000 annual operating budget.
- Oversaw fundraising initiatives, including events generating $20,000+ for the community annually.
- Implemented political awareness campaigns and leadership programs.
- Promoted the organization through digital and community engagement strategies.
- Supervised 4-person staff and interns.

Education

Bachelor of Science *2008*

Southern New Hampshire University Bachelor of Science – Business

Leadership Greater Concord- Greater Concord Chamber of Commerce *2025*

Honors

- NH Business Review| NH 200 Honoring NH's Influential Business Leaders 2024
- GMNBR President's Award 2014, 2016 & 2017
- City of Manchester Arts Commission 2025

BERIT BROWN

WORK EXPERIENCE

SOCIAL MEDIA MARKETING CONSULTANT

FODMAP Everyday

Consultant: June 2019 - present
Internship: Dec 2017 - June 2018

- Expanded a variety of social media platforms and digital content creation including Google web stories, e-books and digital products, and short social media videos (recipes, how-tos, graphics)
- Managed Pinterest platform using Tailwind and CoSchedule leading to an engagement increase of 900k monthly viewers

SOCIAL MEDIA COORDINATOR, MARKETING CONSULTANT & WEB DESIGN

Freelance

May 2020 - present

- Created and coached clients on how to use and maintain their online brand awareness
- Developed social media marketing plans and how-to guides tailored to clients' specific needs

VIDEO EDITOR & AUDIO EDITOR

Amplified Now

May 2020 - May 2022

- Transformed 10-20 minutes of raw client footage into 10-15 polished, confident & concise videos and podcast files to be used across social media channels
- Designed new websites for clients and wrote copy for landing pages before the company transitioned towards video first

FILM PRODUCTION ASSISTANT

Writers Innovative Network

March 2022 - May 2022

- Developed and carried out boutique fundraising strategy for a film director's first international short film including digital content and email campaigning
- Maintained smooth on-set environment as set script supervisor and director's assistant

COMMUNICATIONS DIRECTOR & WEB DESIGNER

Writers Innovative Network

May 2020 - May 2022

- Re-envisioned client's website to reflect her new career direction as a film director
- Cultivated an online marketing presence through creation of digital content such as marketing videos and email campaigns to promote projects and business updates

EDUCATION

Hampshire College, Amherst, MA
Bachelor of Arts, May 2020
Marketing & Communications:
Social Media Marketing & Web Design

TOOLS

Adobe Premiere, Adobe Audition, Canva, Social Media Platforms & Analytics, WordPress, HTML & CSS, Office 360, Google Analytics, Mailchimp

Brooke Woessner-Brown

My passion for problem-solving has led me to enjoy teamwork and community development. In specific leadership roles, I have grown into a self-motivator, critical thinker and one who strives for effective communication. Relationships have become a crucial factor to my professional career as I have gained ownership in my skills and mistakes.

EXPERIENCE

Milestone Leadership, Fayetteville — *Project Coordinator*
JANUARY 2022 - CURRENT

- Managed specific programs by covering topics like: personality development, communication and conflict resolution, strategic planning, team alignments, emotional intelligence and more
- Established systems for invoicing and inventory
- Developed a working knowledge of Salesforce
- Event planning - Created safe spaces in hospitality efforts for programming

Everything Mary, Fayetteville — *Brand Manager*
JUNE 2020 - NOVEMBER 2021

- Developed social media strategies and furthered marketing platforms
- Developed skills in Adobe Suite
- Created content for e-commerce
- Partnered with other local creators to build the brand

Chamber of Commerce, Arkadelphia — *Communications Internship*
OCTOBER 2017 - OCTOBER 2018

- Served small local businesses with promotional efforts
- Gained foundational secretarial skills
- Attended and worked at local fundraising events

EDUCATION

John Brown University, Siloam Springs, AR — *M.S Leadership*
AUGUST 2021 - MAY 2023

- Built organizational leadership skills and knowledge
- Discovered tools for team and personal development

Ouachita Baptist University, Arkadelphia, AR — *B.A Strategic Communications and B.A Ministry*
AUGUST 2016 - MAY 2020

SKILLS

- Introspective and tactical
- Organized and coachable
- Amiable and hard-working

PROJECTS

Ouachitonian - *Yearbook Editor-In-Chief*

- managed a team of 10-15 peers
- created an award-winning yearbook

Public Relations Campaign - *Arkadelphia Public Schools*

- worked with a team to grow the relationship between the community and the district by bettering communication platforms

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

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: INTOWN CONCORD
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 49 SOUTH MAIN STREET, SUITE 202
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CONCORD NH 03301

D Employer identification number: 02-0528727
E Telephone number: 603-226-2150
G Gross receipts$ 284,189

F Name and address of principal officer:
JAMIE SIMCHIK
49 SOUTH MAIN ST, SUITE 202
CONCORD NH 03301

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

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

J Website: WWW.INTOWNCONCORD.ORG

H(c) Group exemption number

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

L Year of formation: 2001

M State of legal domicile: NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2
6 Total number of volunteers (estimate if necessary)	6	80
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	114,542	106,432
9 Program service revenue (Part VIII, line 2g)	177,870	177,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-246	223
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		534
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,166	284,189
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,500	128,080
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 20,362		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	207,848	220,393
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	340,348	348,473
19 Revenue less expenses. Subtract line 18 from line 12	-48,182	-64,284

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	176,136	156,973
21 Total liabilities (Part X, line 26)	75,160	58,237
22 Net assets or fund balances. Subtract line 21 from line 20	100,976	98,736

Part II Signature Block

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

Sign Here

Signature of officer — Date

TRAVIS CRAIG TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LENA ROZZI, CPA	LENA ROZZI, CPA	08/21/25		P02111496

Firm's name: MASON & RICH P.A. — Firm's EIN: 02-0365196
Firm's address: 6 BICENTENNIAL SQ CONCORD, NH 03301-4058 — Phone no. 603-224-2000

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ 296,684 including grants of$) (Revenue $ 177,000)

PROMOTION: PROMOTING DOWNTOWN CONCORD AS AN EXCITING PLACE TO WORK, LIVE, PLAY, DO BUSINESS AND INVEST. INCLUDING ADMINISTERING FUNDS IN CONNECTION WITH SUCH PROMOTION.

4b (Code:) (Expenses $ 3,774 including grants of$) (Revenue $)

ECONOMIC DEVELOPMENT: FOSTERING THE GROWTH AND IMPROVING THE COMMERCIAL, EMPLOYMENT, HOUSING, CULTURAL AND RECREATIONAL OPPORTUNITIES IN DOWNTOWN CONCORD, NEW HAMPSHIRE.

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 300,458

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	27		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] 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.

JESSICA MARTIN 49 SOUTH MAIN STREET, SUITE 202
CONCORD NH 03301 603-226-2150

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) JESSICA MARTIN	40.00									
EXECUTIVE DIRECTOR	0.00			X				75,487	0	0
(2) STEFANIE BRETON	0.10									
DIRECTOR	0.00	X						0	0	0
(3) STEPHANIE CLARK	0.25									
DIRECTOR	0.00	X						0	0	0
(4) TRAVIS CRAIG	1.00									
TREASURER	0.00	X		X				0	0	0
(5) BROOKE LOVETT SHILO, ESQ.	1.00									
DIRECTOR	0.00	X						0	0	0
(6) MEAGAN FERNS	0.10									
DIRECTOR	0.00	X						0	0	0
(7) BRIANA GARRETT	0.10									
DIRECTOR	0.00	X						0	0	0
(8) SARAH GLAUDE	0.50									
DIRECTOR	0.00	X						0	0	0
(9) JOSHUA HARDY	0.50									
DIRECTOR	0.00	X						0	0	0
(10) CANDY JACKSON	0.10									
DIRECTOR	0.00	X						0	0	0
(11) KAREN JANTZEN	0.10									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JESSICA LIVINGSTON										
(12)	0.10									
DIRECTOR	0.00	X						0	0	0
(13) BRYANNA MARCEAU										
(13)	1.00									
DIRECTOR	0.00	X						0	0	0
(14) ROSS MINGARELLI										
(14)	0.10									
DIRECTOR	0.00	X						0	0	0
(15) ELIZABETH MULLEAVEY										
(15)	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(16) IAN NEMICCOLO										
(16)	0.10									
DIRECTOR	0.00	X						0	0	0
(17) MARY PINARD										
(17)	1.00									
DIRECTOR AT LARGE	0.00	X		X				0	0	0
(18) NICHOLAS ROLLINS										
(18)	0.10									
DIRECTOR	0.00	X						0	0	0
(19) KIM SEVERANCE										
(19)	0.50									
SECRETARY	0.00	X		X				0	0	0
1b Subtotal								75,487		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,487		

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 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	6,325			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	30,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	70,107			
	g Noncash contributions included in lines 1a-1f	1g	$ 6,984			
	h Total. Add lines 1a–1f			106,432		
Program Service Revenue		Business Code				
	2a MARKET DAYS		106,934	106,934		
	b WINTERFEST		28,493	28,493		
	c HALLOWEEN HOWL		15,425	15,425		
	d FIRST FRIDAY		13,150	13,150		
	e MIDNIGHT MERRIMENT		11,081	11,081		
	f All other program service revenue		1,917	1,917		
	g Total. Add lines 2a–2f		177,000			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		223			223
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a NEWSLETTER/POSTER INCOME		534			534
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		534			
	12 Total revenue. See instructions		284,189	177,000	0	757

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	75,487	60,389	7,549	7,549
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	43,760	35,008		8,752
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,833	7,067	559	1,207
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,059		5,059	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,599	1,119	400	80
13 Office expenses	7,311	5,117	1,828	366
14 Information technology				
15 Royalties				
16 Occupancy	30,206	21,144	7,552	1,510
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,788	1,952	697	139
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215		215	
23 Insurance	2,893	2,025	723	145
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 MARKET DAYS	114,521	114,521		
b WINTERFEST	19,399	19,399		
c FIRST FRIDAY	10,325	10,325		
d MISCELLANEOUS	6,887	4,821	1,722	344
e All other expenses	19,190	17,571	1,349	270
25 **Total functional expenses.** Add lines 1 through 24e	348,473	300,458	27,653	20,362
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		101,253	1	40,585
	2	Savings and temporary cash investments		73,878	2	115,723
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		125	4	
	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	10a 1,078			
	b	Less: accumulated depreciation	10b 413	880	10c	665
	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)		176,136	16	156,973
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		11,250	19	180
	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		63,910	25	58,057
	26	**Total liabilities.** Add lines 17 through 25		75,160	26	58,237
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		99,326	27	97,086
	28	Net assets with donor restrictions		1,650	28	1,650
		Organizations that do not follow FASB ASC 958, check her 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		100,976	32	98,736
	33	Total liabilities and net assets/fund balances		176,136	33	156,973

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	284,189
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,473
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,976
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	62,044
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	98,736

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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			
(20) JAMIE SIMCHIK										
(12)	1.00									
PRESIDENT	0.00	X		X				0	0	0
(21) JONATHAN STALLSMITH										
(13)	0.25									
DIRECTOR	0.00	X						0	0	0
(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

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: INTOWN CONCORD

Employer identification number: 02-0528727

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 [X] 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	117,149	106,618	99,012	114,542	106,432	543,753
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	30,133	94,879	146,393	177,870	177,000	626,275
3 Gross receipts from activities that are not an unrelated trade or business under section 513	480	1,000	1,285		534	3,299
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	147,762	202,497	246,690	292,412	283,966	1,173,327
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.)						1,173,327

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	147,762	202,497	246,690	292,412	283,966	1,173,327
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66	38	18	19	223	364
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	66	38	18	19	223	364
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					534	534
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	147,828	202,535	246,708	292,431	284,723	1,174,225

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.92 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	99.97 %

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

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

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

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

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

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

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

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

7 ☐ 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			

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

PART III, LINE 12 - OTHER INCOME DETAIL

PUBLIC EVENTS & NEWSLETTER	$	534

SUPPLEMENTAL INFORMATION

INCOME FROM NON-REGULAR MISC ACTIVITIES.

Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization

INTOWN CONCORD

Employer identification number

02-0528727

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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 33 1/3% 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
INTOWN CONCORD

Employer identification number
02-0528727

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	CITY OF CONCORD, NH 41 GREEN STREET CONCORD NH 03301	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: INTOWN CONCORD

Employer identification number: 02-0528727

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

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

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
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:

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,078	413	665
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				665

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) DOWNTOWN DOLLARS LIABILITY	58,057
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	58,057

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE 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

INTOWN CONCORD

Employer identification number

02-0528727

FORM 990 - ORGANIZATION'S MISSION
OUR MISSION IS TO AMPLIFY AND CELEBRATE CONNECTION IN AND AROUND DOWNTOWN CONCORD.
OUR VISION IS TO SUSTAIN VIBRANCY AND PROMOTE GROWTH OF THE CONCORD COMMUNITY.
OUR VALUES:
WELCOMING- FOSTER INCLUSIVITY AND EMBRACING DIVERSITY
COLLABORATIVE- CULTIVATING COMMUNITY PARTNERSHIPS
FUN- CREATING JOYFUL EXPERIENCES FOR ALL AGES

FORM 990, PART I, LINE 6
VOLUNTEERS CONSIST OF THE BOARD OF DIRECTORS WHO PROVIDE OVERSIGHT AND HELP WITH OPERATIONS, MARKETING, PLANNING AND EVENTS. EVENT VOLUNTEERS PROVIDE PLANNING AND ASSIST WITH EVENT LOGISTICS AND PROGRAMS/ACTIVITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN IS PROVIDED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS REQUIRES ALL BOARD MEMBERS, BOTH NEW AND CONTINUING, TO READ, UNDERSTAND AND DISCLOSE ANY CONFLICTS BY COMPLETING AND SIGNING THE ORGANIZATION'S ANNUAL CONFLICT OF INTEREST POLICY QUESTIONNAIRE AND AGREEING TO DISCLOSE CONFLICTS OF INTEREST THAT DEVELOP AT ANY POINT IN TIME DURING THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EXECUTIVE DIRECTOR COMPENSATION - ANNUALLY THE BOARD OF DIRECTORS COMPLETE EVALUATIONS REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE, THE EXECUTIVE COMMITTEE SUMMARIZES THE EVALUATIONS WHICH ARE PRESENTED TO BOARD MEMBERS. SALARY IS DETERMINED ANNUALLY BASED ON PERFORMANCE EVALUATIONS AND COMPARATIVE ANALYSIS.

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

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name League of New Hampshire Craftsmen, Inc.		**1.4. Grantee Address** 49 South Main Street, Suite 100, Concord, NH 03301	
1.5 Grantee Phone # 603-224-3375	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 9/30/2026	**1.8. Grant Limitation** $15,440.55
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1		**1.12. Name & Title of Grantee Signor 1** Katherine Saunders Executive Director	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Assistant Attorney General, On:** 5/11/26			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials KS
Date 5/7/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials MCJ
Date 4/16/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials KES
Date 4/6/26

Exhibit A
Special Provisions

Due to the nature of this contract, the Division of Travel and Tourism Development (DTTD) waives the $2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond) and accepts $1,000,000 for any one incident.

Exhibit B
Scope of Services

The Division of Travel and Tourism Development (DTTD) will award Joint Promotional Grant funds to the League of New Hampshire Craftsmen, Inc. (LNHC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Distribution: LNHC will work with White Mountain Attractions and CTM Media Group to distribute a rack card at all twelve NH Welcome Centers as well as locations throughout southern NH and northern MA. LNHC will work with Nashua Extra, Valley News, Local IQ, and Hearst to extend the reach of distribution of LNHC's Preview Guide into the Upper Valley of NH, and throughout select regions of VT, MA and CT. LNHC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Radio Promotion: LNHC will work with New England Public Media, NH Public Radio and WBUR to place radio advertisements promoting LNHC's Annual Craftsmen's Fair. LNHC will schedule radio spots to run in the weeks leading to the event, to communicate key information and important event details. LNHC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Public Relations: LNHC will contract with The Spradling Group for Public Relations Services to reach a broader audience through press releases, article placements, and media interviews. This will ensure that potential visitors to the 2026 Annual Craftsmen's Fair will be informed about all the opportunities for engagement available at the 93rd Annual Fair and know where to locate all pertinent information. LNHC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Photography & Video Collection: LNHC will contract with Windwood Productions for photography and videography services. Windwood Productions will take still photography as well as video throughout LNHC's Annual Craftsmen's Fair to capture the overall experience of the event. This will give LNHC a library of images and videos that will be used for future promotional campaigns and website updates. LNHC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

The Joint Promotional Program Grant Agreement received by the League of New Hampshire Craftsmen consists of the following documents: A completed Grant Agreement form, Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Grantee Initials CES
Date 4/6/26

Exhibit C
Price and Payment Schedule

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development, DTTD agrees to pay the League of New Hampshire Craftsmen (LNHC):

Total Grant Award: $15,440.55

Reimbursement requests will be invoiced by the LNHC within 90 days after the end of the current fiscal year. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

Grantee Initials 108
Date 4/6/26

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 THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 27, 1932. 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: **64181**

Certificate Number: **0007775194**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of February A.D. 2026.

David M. Scanlan
Secretary of State

League of N.H. Craftsmen signature of excellence

Certificate of Authority

I, Zachary Jonas, Chair of the Board of Directors of the League on NH Craftsmen, certify that Kate Saunders, Executive Director of the League, is authorized to sign contracts on behalf of the organization.

In addition, I certify that the Board of Directors fully supports the organization's application for a grant through the Joint Promotional Program. If received, funds from the program will enhance but not decrease the marketing budget and promotions of the League of NH craftsmen for events that will draw tourists to New Hampshire.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which the certificate is attached.

This authority shall remain valid for thirty (30) days from the date of this certificate.

Zachary Jonas, Board Chair

03/19/2026

Date

League of NH Craftsmen Inc
49 South Main Street, Suite 100/Concord, NH 03301
nhcrafts.org
nhleague@nhcrafts.org 603-224-3375

LEAGOFN-01 MFOYE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/19/2026

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	CONTACT NAME:	
Davis & Towle Morrill & Everett, Inc. 115 Airport Road Concord, NH 03301	PHONE (A/C, No, Ext): (603) 225-6611	FAX (A/C, No): (603) 225-7935
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : The Hanover Insurance Companies	22292
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

The League of New Hampshire Craftsmen, Inc.
49 South Main St, Suite 100
Concord, NH 03301

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZHV5115722	4/1/2026	4/1/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Owner?s & Contractor						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ZHV5115722	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR			UHV2904408	4/1/2026	4/1/2027	EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		WKV2812155	4/1/2026	4/1/2027	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

NH BEA-DTTD
100 North Main Street, Suite 100
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Michelle F Forge

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NONPROFIT COVER SHEET

A. Entity Name: League of NH Craftsmen, Inc

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Sarah Nyhan, snyhan@nhcrafts.org – items provided as attachment

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Zachary Jonas (Chair)	Jonas Blade and Metalworks
Bev Wolf (Vice Chair and Education Chair)	Retired
Hethre Larivee (Treasurer)	Takeda Pharmaceuticals
Andy Hampton (Events Chair)	Hampton Pottery
Chris Archer (Standards Chair)	New England College
Sabrina Beavens (Member at Large)	McLean Middleton Law Firm
Grayson Mead Shepard (Member at Large)	Rath, Young Pingatelli Law Firm

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

Name	Role	Annual Salary	Amount Paid From This Contract
Kate Saunders	Executive Director	$125,000	$0.00
Sarah Nyhan	Assoc ED for Ops	$80,000	$0.00

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

FINANCIAL DISCLOSURES

G. Check one the following:

[X] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR attached**

[ ] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**

[ ] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization's most recently completed fiscal year:

1. INCOME STATEMENT

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

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
10724	Lawyers' Committee for Civil Rights Under Law	1500 K St NW Ste 900Washington, DC 20005	Washington	DC	20005	G	11/15/2025
34484	Lawyers Depression Project, Inc.	112-16 71st Road	Forest Hills	NY	11375	X	5/15/2024
32751	Lawyers for Good Government, Inc.	122 E 42nd StNew York, New York 10168	New York	New Yo	10168	G	5/15/2026
13745	Lazarus House, Inc.	PO Box 408	Lawrence	MA	01841	X	2/15/2022
33506	LCC International Fund	PO Box 2761	Mount Vernon	WA	98273	G	12/15/2026
33818	LCG iCare Foundation	C/O 3675 Crestwood Parkway, Suite 350	Duluth	GA	30096	G	5/15/2026
18042	LDi, Inc.	1635 Highway 34 East, Suite B	Newnan	GA	30265-2173	X	5/15/2021
19216	Lead the Way Equestrian Center for Girls	28A Laurier Street	Manchester	NH	03102	X	5/15/2017
6504	Leader Dogs for the Blind	1039 South Rochester Road	Rochester Hills	MI	48307	G	11/14/2026
32028	Leader Transition Institute, Inc.	1714 Fleetwood DrBel Air, MD 21015	Bel Air	MD	21015	G	5/15/2026
32623	Leadership Center for Attorney General Studies	1350 I Street NW, Suite 300	Washington	DC	20005	G	5/15/2026
17192	Leadership Conference Education Fund, Inc.	1620 L Street, NW, Suite 1100	Washington	DC	20036	G	11/15/2026
17191	Leadership Conference on Civil & Human Rights, Inc.	1620 L Street, NW, Suite 1100	Washington	DC	20036	G	11/15/2026
14236	Leadership Institute	4850 Wright Road, Suite 168	Stafford	TX	77477	G	5/15/2026
6505	Leadership Lakes Region	PO Box 7289	Gilford	NH	03247-7289	G	11/15/2026
4566	Leadership NH	PO Box 3446	Concord	NH	03302-3446	G	5/14/2026
30762	Leadership Roundtable, Inc.	1775 I Street NW, Suite 1150Washington, DC 20006	Washington	DC	20006	G	5/15/2026
4427	Leadership Seacoast	PO Box 131	Portsmouth	NH	03802-0131	G	1/15/2027
14850	Leadership Teacher	308 Stoddard Road	Hancock	NH	03449	X	11/15/2021
31648	LeadingAge, Inc.	2519 Connecticut Avenue NW	Washington	DC	20008	G	8/15/2026
12576	League of Conservation Voters Education Fund	740 15th Street, NW, Suite 700	Washington	DC	20005	G	5/15/2026
12573	League of Conservation Voters, Inc	740 15th Street, NW, Suite 700	Washington	DC	20005	G	5/15/2026
1193	League of NH Craftsmen, Inc.	49 South Main Street, Suite 100	Concord	NH	03301	G	7/15/2026
5322	League of Women Voters Education Fund	3675 Crestwood Pkwy, Suite 350Duluth, GA 30096	Duluth	GA	30096	G	5/15/2026
31539	League of Women Voters of NH Education Fund	4 Park Street, Suite 200	Concord	NH	03301	G	8/15/2026
33586	League of Women Voters of the City of New York, Inc.	4 West 43rd Street #613	New York	NY	10036	G	5/15/2026
5323	League of Women Voters of the United States	3675 CRESTWOOD PARKWAY, SUITE 350DULUTH, GA 3	DULUTH	GA	30096	G	5/15/2026
13771	League to Save Lake Tahoe	2877 Lake Tahoe BoulevardSouth Lake Tahoe, CA 9615	South Lake Tahoe	CA	96150	G	5/15/2026
19898	Leandro P. Rizzuto Foundation	23 Barry Place	Stamford	CT	06902	X	5/15/2019
32497	Leapfrog Group	1775 K Street, NW, Suite 400Washington, DC 20006	Washington	DC	20006	G	11/15/2025
11623	Learn to Read	405 Pine Street	Manchester	NH	03104	X	11/15/2022
35400	Learner-Centered Collaborative	1611 South Melrose Drive, Suite A #334	Vista	CA	92081	G	11/15/2026
5861	Learning Ally	20 Roszel RoadPrinceton, NJ 08540	Princeton	NJ	08540	G	11/14/2026

League of N.H. Craftsmen
signature of excellence

Mission

The mission of the League of NH Craftsmen is to advance, cultivate and champion excellence in fine craft. We pursue the mission through educational programming, leadership initiatives, marketplace strategies and support services.

Katherine Saunders

Summary of Professional Profile and Style:

- *A results-driven professional with over 25 years of experience in educational leadership, marketing, communications and project management*
- *An energetic and proactive leader who loves to build teams and culture as the pathway to develop trust to foster strong relationships while accomplishing aggressive goals while defining a record of creative and quality work*
- *A strong communicator dedicated to developing effective systems and data-driven strategies that produce results to help organizations thrive*

Professional Experience:

Executive Director, League of NH Craftsmen, Concord , NH

Responsibilities Include: The Executive Director serves as the strategic leader (CEO) of the organization, providing guidance and leadership in all areas related to running the organization including but not limited to program development, financial management , retail gallery and event management, advancement, human resources and day to day operations.

League of NH Craftsmen, Concord NH

Exhibition Coordinator/Manager 2024 Annual Craftsmen's Fair *(part-time event contract)*

Responsibilities Include: Facilitate the design and installation of the 2024 Art, Craft & Design Exhibition and Fair Sculpture Garden, and to manage these exhibition areas for the event. Art, Craft & Design is a showcase of high-caliber craftsman pieces, displayed in a gallery setting within a large tent prominently located on the Fairgrounds. The Sculpture Garden features fine craft in a beautifully landscaped setting on a hillside within the Fairgrounds. The Exhibition Coordinator/Manager is responsible for designing the Exhibition and Sculpture Garden layouts, and will also manage administrative oversight of the craftsmen submissions as well as sales and inventory in the exhibition spaces during the event.

Education and Outreach for Craft Stories Volunteer Supplemental Role:

A special initiative engaging art educators with the stories of NH Craftsmen to inspire and create opportunities for youth to learn more about the field of design, art and craft. Website: https://nhcrafts.org/craft-stories/ In this role I meet with educators to support their program and create opportunities for engaging with the the video series via Craft Stories and partnerships to foster opportunity for mentorships, artist in residence programs and other avenues supporting both youth and education in the arts.

Tilton School, Tilton NH June 2021-February 2024 (Total years of service at Tilton 16)

Head of School

Responsibilities Include: The Head of School serves as the strategic leader (CEO) of the school, providing guidance and leadership in all areas related to an independent residential boarding school including but not limited to program development, financial management (15M annual budget), enrollment management, advancement, human resources and day to day operations.

Important Milestones: In the first two years of leadership raised over 22M to support the people, program and physical plant of Tilton. Designed and implemented new scholarship programs to support female enrollment and leadership skill development which lead to the school opening in the highest number of new students in five years. In collaboration with the Communications team led a new rebranding project to create a new logo, website and promotional materials. Created a special faculty/staff fund to enhance benefits, professional development and care for the employees. Initiated and completed over 15M of capital projects on campus starting in September of 2021 through May 2024. Designed and implemented featured program opportunities for students and faculty including entrepreneurship programming and strategic partnerships to support a new model for community engagement and unique learning opportunities for young people.

Assistant Head of School for Enrollment (2019-2021)

Responsibilities Include: Leading the enrollment management systems/strategies for new and returning students. Oversee the master communications plan for admissions. Collaborate with the Board of Trustees for enrollment goals and initiatives. Partner with the Business Office, Head of School and Leadership team to ensure program offerings and strategic decisions are mission appropriate. Manage the staff, budget and process for admissions. Serve as a primary communicator for the Board, the faculty/staff for enrollment management issues. Travel and represent the Tilton program in the marketplace. Supervise and manage the College Counseling program and staff.

Important Milestones: Designed and implemented a rolling admissions program. Transitioned the paper-based systems to fully online and paperless. Led a partnership with KiQ partners to assess program initiatives and parent satisfaction to better develop strategic goals for Tilton. Created a new net revenue model to right size the school due to the impact of COVID -19 and the loss of the international market.

Assistant Head of School (2016-2019)

Responsibilities Include: Serving as the operational leader (COO) of the school, acting with the full authority of the Head of School in their absence. The Assistant Head is responsible for managing the daily life of the School and overseeing all aspects of academic, co-curricular, and residential life programming on the campus. Served as Chair of the Internal Management Team – work with key administrators to provide leadership and strategic planning for growth and enhancement of school programming. Served as the primary contact for all academic oriented hiring. Work with the Head of School, Academic Dean, Athletic Director and Dean of Student Life in the retention, hiring, support, and evaluation of all professional teaching faculty members.

Important Milestones: Designing and implementing a new hiring process, onboarding support plan and professional development program for new faculty. Creating all new position descriptions and clarity of policy, procedures and practices campus-wide to help develop more efficient systems to support operations.

Director of Admissions (2012-2016)

Responsibilities Include: Lead the admission process for new and returning students. Oversee the master communications plan for admissions in collaboration with the Director of Communications. Collaborate with the Board of Trustees for enrollment goals and initiatives. Manage the staff, budget and process for admissions. Serve as a primary communicator for the Board, the faculty/ staff for enrollment management issues. Travel and represent the Tilton program in the marketplace.

Important Milestones: Increasing the enrollment growth of mission appropriate students and the net tuition revenue by nearly 1 million dollars in net tuition revenue (opening 2014-2015). Redesigning the tuition model to meet budget needs and create market opportunity. New program development/partnerships to help international students with second language services now implemented in the Center for Academic Achievement. In collaboration with the Director of Communications, partnered to complete a re-design and

messaging campaign for Tilton.

Additional Strategic Leadership Role, Special Project Responsibility (June 2015- June 2017)
Tilton Experience Project Manager
Responsibilities Include:
Serve as the project manager for a special year-long partnership with Grant Litchman, author and educational innovator, to re-imaging the future of Tilton School. Serve as the lead liaison with the Head of School, Board of Trustees and the faculty. Lead and manage the Design Thinking process of nine design teams including over 60+ faculty/staff and 20+ students.

Director of Admissions, Virginia Episcopal School, Lynchburg, VA, July 2008-2012

Director of Admissions
Responsibilities Included: Managing the master communication and recruitment plan in order to maximize enrollment and redefine the market position of the school. Manage staff that implements a territory management strategy to maximize the results out of specific regions of US and international markets. Complete the evaluation and selection of all new and returning students as well as manage the orientation process for new families to the school. Organize and promote regional events as well as monthly on campus events such as Open Houses and scholarship competitions.

Marketing and Communications: Create and manage the master communication and marketing plan for Admissions including electronic communication, direct mail, tele-counseling and social networking initiatives. Structure and integrate new brand messaging after the completion of a major market research project in collaboration with Mark Edwards Inc. Redefine the school's image and bring consistency and value to admission and school wide marking plan.

Important Milestones Include: The project management of researching and defining the school's brand; development of new marketing materials including new view book, supporting materials, new web site and, the development of effective strategies to effectively engage target audiences. Serve an active team leader in finalizing a strategic plan to increase enrollment over the next four years. Results include enrollment growth and applications resulting in a 6-year record high.

Director of Admissions Tilton School, Tilton, NH, July 2004-2008

Responsibilities include: Achieving the enrollment goals of the school including enrollment management, revenue goals in excess of $7million, managing the distribution of financial aid, creating and implementing communications planning, and the supervision of all admissions systems and personnel.

Important Milestones Include: Within four years the total enrollment increased from 195 students to 243 students, which is a near 20- year record. Inquiries increased by 54% and the applications by 35%.

Marketing and Communications: Responsible for being the leader of defining the face and voice of the institution including the coordination of the design and messaging of all admissions materials including view book, postcards, HTML messaging and brochures that promote the programming for the institution. Also, responsible for developing and implementing a communications plan that informs and motivates the prospective student audience to apply and enroll.

Chair of the Admissions and Financial Aid Committee: Responsible for the distribution of more than $1.7 million of merit and need-based financial aid while managing the net tuition revenue goals. The new financial model has achieved record-breaking results for the total population and now funds more than 80% of the operational budget.

Important Milestones Include: The project management of researching and defining the school's brand; development of new marketing materials including the Web site and, the development of effective strategies to effectively engage target audiences. All key systems have been audited and redefined to increase efficiency and productivity. The key strategies were supported by plans for action and implementation, which has resulted in record-breaking success.

Summary of Leadership Positions at Lynchburg College, Lynchburg , VA from 1998 - 2004

Associate Director of Admissions (2001 - 2004)

Coordinator of On-campus Recruitment Programs
Responsibilities included: Creating and organizing recruitment events from original concept to final details. In addition, responsible for the coordination of invitation design, marketing initiatives, faculty/staff/student presenters, media and food services for all programs within a strict budget and time-frame. Programs include six large-scale events (approx. 400-500 participants) per year and seven smaller-scale programs (approx. 50-125 participants). Each program is designed to meet the specific needs of each participant. Additional programs include events designed for educational consultants and high school guidance counselors that are from all across the nation.

Transfer and Adult Student Coordinator / Counselor
Responsibilities included: Developing and implementing marketing strategies (telephone, electronic and direct mail communication), advising prospective students, collaborating with community colleges, hosting recruitment information sessions and serving as a representative of the college for the State Council of Higher Education in Virginia transfer meetings.

Tele-counseling Program Supervisor
Responsibilities included: Hiring, supervising and training three professional tele-counselors, twenty student tele-counselors and three data entry specialists. The coordination of the master calling plan and organizing the targeted messages for the completion of calls that builds a relationship with the target audience throughout the admission cycle. The program surpassed goals and completed over 25,000 phone contacts to prospective students and families each year.

Supervisor of the Enrollment Student Association (ESA)
Responsibilities included: Hiring, supervising and training twenty college students and one graduate assistant. Developing creating incentive plans with a limited budget and aggressive goals for student employees. The ESA representatives complete in-depth training on marketing messages and complete campus tours, tele- counseling contacts and personal outreach to key markets and campus visitors.

Member of the Communication Flow Committee
Responsibilities included: Participation in the development and implementation of the strategy, timing, content and presentation of marketing messages. The committee collaborated with the Office of Public Relations and professional marking companies to create a streamlined intergraded communication plan. Direct mail contacts included invitations, letters, postcards and a variety of brochures highlighting key messages for the institution.

Senior Enrollment Associate (2000 - 2001)

Transfer and Adult Student Coordinator / Counselor
Responsibilities included: See summary under Associate Director of Admissions.
Central Virginia Territory Manager
Responsibilities included: Developing relationships with the key high schools in the primary recruiting area, travel (6-8 weeks per year), prospect management, interviewing tele-counseling and conducting presentation to market Lynchburg College.

Student Tele-Counseling Program Supervisor
Responsibilities included: Hiring, supervising and training twenty college students and three data entry specialists to execute the annual tele-counseling plan. Develop the call script and system for quality control and data management that results in an effective program to support application generation and increasing the number of visitors to campus.

Campus Tour Program Coordinator
Responsibilities included: See description under Associate Director of Admissions (ESA). Enrollment Associate

Enrollment Associate (1998 - 1999)
Territory Manager
Responsibilities Included: Managing the key markets of Northern Virginia, Shenandoah Valley and Southwest Virginia by completing the travel, prospect management, interviewing tele-counseling and all other initiatives related to recruiting prospective students to enroll. Fostering quality relationships within the operation and with the target audiences is vital to ensuring success, through collaboration, creativity, and clear communication.

National and Regional Leadership Positions, Conferences and Organizations

Board Member, Concord Hospital System, Concord NH, 2023- present

Award Winner, Tilton School Mansion Project for Stewardship, May 2024

Member, The Association of Boarding Schools (TABS), Annual Conference Advisory Committee, 2021

Faculty Leader & Curriculum Developer, TABS Summer Session Admissions Academy, July 2013- 2021

Faculty, TABS Summer Session, Boot Camp for New Boarding School, July 2011-14

Executive Board Member , Independent Schools of Northern New England (ISANNE), Spring 2014-2017

Admissions Representative, ISANNE Annual Admissions Conference Planning, Spring 2013-2017

Presenter, Secondary School Admission Testing (SSAT)Annual Conference
Topic: Squirrel! How to capture attention in a market driven to distraction!, September 2016

Member, TABS Committee for Conference Planning Committee, Fall/Winter 2011

Faculty Award Recipient, Virginia Episcopal School, Smith Family Award
Given to the faculty member who demonstrates a significant investment of time in young peoples' personal development as well as creating meaningful connections with students. Recipient: 2011

Co-Chair Liaison, Virginia Association of Independent Schools (VAIS), 2010/2011

Leadership Lynchburg Program Graduate, City Leadership Lynchburg - Chamber of Commerce, Lynchburg, VA *(nine month professional leadership program)*, May 2010

Presenter, The Association of Boarding Schools Conference (TABS)
Topic: Applying College Admission Strategies to Boarding School Admissions, December 2009

Presenter, The Association of Boarding Schools Conference (TABS)
Topic: Marketing and Branding, co-presenter with Mark Edwards of Mark Edwards Inc., December 2008

Presenter, Small Boarding Schools Association
Topic: 9th Grade Program Initiatives, March 2007

Presenter, Independent Schools of Northern New England, Annual Conference
Topic: Cost-Effective Marketing Strategies, Contract Law and Conference Planning Leader, April 2007

Presenter, Independent Educational Consultant Association (IECA)
Topic: Data-Driven Admission Funnel, May 2007

Education:

1994-1998 BA, Lynchburg College* Lynchburg, VA

1990-1994 High School Diploma, Tabor Academy Marion, MA

**Double Major, French & Theatre Design Technology, recipient the senior academic awards for both degrees*

SARAH NYHAN

Associate Executive Director for Operations
League of NH Craftsmen

Concord, NH
snyhan@nhcrafts.org |

Professional Summary

Senior nonprofit and arts administrator with extensive experience leading tourism-focused marketing, communications, and promotional initiatives that attract in-state and out-of-state visitors to New Hampshire. Oversees integrated marketing campaigns and large-scale public events that support cultural tourism, visitor engagement, and sustained economic activity statewide.

Professional Experience

League of NH Craftsmen
Associate Executive Director for Operations | April 2025 – Present

- Provide senior operational leadership for communications, marketing, membership administration, and standards programs supporting statewide public-facing initiatives.
- Lead development and execution of integrated marketing and promotional strategies designed to attract visitors to New Hampshire, with primary responsibility for the **Annual Craftsmen's Fair**, a nine-day signature cultural tourism event entering its **93rd year in 2026**.
- Oversee recruitment and hiring of seasonal and support staff for the Annual Craftsmen's Fair, supporting professional delivery of a high-volume public event.
- Manage forward-facing communications to visitors and the public, including promotional messaging, event information, and tourism-focused outreach.
- Serve as primary point person for the assembly, review, and editing of the Annual Craftsmen's Fair program and website updates related to events and new programs.
- Create and implement web-based forms supporting event participation, calls for art, and visitor engagement.
- Serve as primary liaison to the company supporting the League's website and webstore, coordinating visitor-facing updates and promotional content.
- Collaborate closely with the Executive Director and headquarters staff to ensure consistent, high-quality delivery of services to members, artists, and visitors.

Communications and Administrative Director | March 2018 – April 2025

- Directed organization-wide communications strategy supporting programs, exhibitions, and major public events.
- Managed internal and external messaging across print, digital, and event-based platforms.
- Supported volunteer coordination and execution of signature events and public-facing initiatives.

Communications and Volunteer Coordinator | September 2015 – March 2018

- Coordinated volunteer recruitment and scheduling in support of League programs and events.
- Assisted with promotional communications, member outreach, and event logistics.

Education & Professional Background

Bachelor of Arts in History, Minor in Education
Mount Holyoke College

- Extensive experience designing and delivering educational and community programs serving all ages in nonprofit and cultural settings.
- Served as **Minister for Children, Youth, and Families**, St. Paul's Episcopal Church, Concord, NH (2007–2016), leading youth, family, and intergenerational education programs.

BAKER NEWMAN NOYES

The League of New Hampshire Craftsmen, Inc.

Financial Statements

For the Years Ended March 31, 2025 and 2024
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

FINANCIAL STATEMENTS

For the Years Ended March 31, 2025 and 2024

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
The League of New Hampshire Craftsmen, Inc.

Opinion

We have audited the financial statements of The League of New Hampshire Craftsmen, Inc. (the League), which comprise the statements of financial position as of March 31, 2025 and 2024, the related statements of activities and changes in net assets and cash flows for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the League as of March 31, 2025 and 2024, and the results of its activities and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

STATEMENTS OF FINANCIAL POSITION

March 31, 2025 and 2024

	2025	2024
ASSETS		
Current assets:		
Cash and cash equivalents	$ 505,587	$ 585,566
Accounts receivable	74,762	92,945
Prepaid expenses	19,102	26,994
Inventory	11,489	12,734
Total current assets	610,940	718,239
Property and equipment:		
Furniture and equipment	276,181	263,613
Building and improvements	1,583,566	1,533,267
	1,859,747	1,796,880
Less accumulated depreciation	(552,280)	(501,844)
Total property and equipment	1,307,467	1,295,036
Other assets:		
Investments	1,309,018	1,295,645
Goodwill, net of accumulated amortization	21,625	–
Total other assets	1,330,643	1,295,645
Total assets	$3,249,050	$3,308,920
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable	$ 36,700	$ 26,635
Outstanding gift certificates	30,759	16,278
Accrued expenses	45,363	59,182
Deferred revenue	360,043	345,753
Total current liabilities	472,865	447,848
Net assets:		
Without donor restrictions	2,484,036	2,557,237
With donor restrictions	292,149	303,835
Total net assets	2,776,185	2,861,072
Total liabilities and net assets	$3,249,050	$3,308,920

See accompanying notes.

THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended March 31, 2025

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue, gains and other support:			
Contributions and grants:			
Donations	$ 71,097	$ –	$ 71,097
Annual appeal	44,471	–	44,471
Other grants and awards	67,901	6,400	74,301
	183,469	6,400	189,869
Membership dues	105,055	–	105,055
Royalty fees	43,056	–	43,056
Investment return, net	64,756	8,440	73,196
Program service revenue:			
Special events	12,821	–	12,821
Concord exhibition gallery	6,576	–	6,576
Fair	1,031,812	–	1,031,812
Standards and education	2,184	–	2,184
Retail galleries, net of discounts	474	–	474
Hooksett retail gallery	198,215	–	198,215
Concord retail gallery	163,797	–	163,797
Net assets released from restrictions	26,526	(26,526)	–
Total revenue, gains and other support	1,838,741	(11,686)	1,827,055
Expenses:			
Program services:			
Special events	17,712	–	17,712
Concord exhibition gallery	2,164	–	2,164
Fair	814,059	–	814,059
Standards and education	22,169	–	22,169
Retail galleries	103,299	–	103,299
Hooksett retail gallery	191,515	–	191,515
Concord retail gallery	197,523	–	197,523
Supporting services:			
General and administrative	563,501	–	563,501
Total expenses	1,911,942	–	1,911,942
Deficiency of revenue, gains, and other support over expenses	(73,201)	(11,686)	(84,887)
Change in net assets	(73,201)	(11,686)	(84,887)
Net assets – beginning of year	2,557,237	303,835	2,861,072
Net assets – end of year	$2,484,036	$292,149	$2,776,185

See accompanying notes.

THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended March 31, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue, gains and other support:			
Contributions and grants:			
Donations	$ 62,156	$ –	$ 62,156
Annual appeal	36,129	–	36,129
Other grants and awards	81,940	2,405	84,345
	180,225	2,405	182,630
Membership dues	105,090	–	105,090
Royalty fees	43,924	–	43,924
Investment return, net	114,951	21,426	136,377
Program service revenue:			
Special events	19,411	–	19,411
Concord exhibition gallery	11,310	–	11,310
Fair	940,372	–	940,372
Retail galleries, net of discounts	(305)	–	(305)
Hooksett retail gallery	174,269	–	174,269
Net assets released from restrictions	26,508	(26,508)	–
Total revenue, gains and other support	1,615,755	(2,677)	1,613,078
Expenses:			
Program services:			
Special events	17,214	–	17,214
Concord exhibition gallery	3,011	–	3,011
Fair	717,032	–	717,032
Standards and education	33,059	–	33,059
Retail galleries	94,467	–	94,467
Hooksett retail gallery	154,486	–	154,486
Supporting services:			
General and administrative	491,365	–	491,365
Total expenses	1,510,634	–	1,510,634
Excess (deficiency) of revenue, gains, and other support over expenses	105,121	(2,677)	102,444
Change in net assets	105,121	(2,677)	102,444
Net assets – beginning of year	2,452,116	306,512	2,758,628
Net assets – end of year	$2,557,237	$303,835	$2,861,072

See accompanying notes.

THE LEAGUE OF NEW HAMPSHIRE CRAFTSMEN, INC.

STATEMENTS OF CASH FLOWS

Years Ended March 31, 2025 and 2024

	2025	2024
Cash flows from operating activities:		
Change in net assets	$ (84,887)	$ 102,444
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	51,981	49,351
Net realized and unrealized gains on investments	(33,444)	(105,201)
Loss on disposal of property and equipment	–	3,487
Changes in operating assets and liabilities:		
Accounts receivable	18,183	9,863
Prepaid expenses	7,892	(5,838)
Inventory	4,023	1,815
Accounts payable	10,065	(5,455)
Outstanding gift certificates	3,433	1,742
Accrued expenses	(13,819)	8,099
Deferred revenue	14,290	78,890
Net cash (used) provided by operating activities	(22,283)	139,197
Cash flows from investing activities:		
Purchases of property and equipment	(62,867)	(35,265)
Net sales (purchases) of investments	20,071	(409,114)
Cash consideration paid for acquisition of Concord retail gallery	(14,900)	–
Net cash used by investing activities	(57,696)	(444,379)
Net decrease in cash and cash equivalents	(79,979)	(305,182)
Cash and cash equivalents – beginning of year	585,566	890,748
Cash and cash equivalents – end of year	$ 505,587	$ 585,566

See accompanying notes.

1. Nature of Operations

Organization and Purpose

The League of New Hampshire Craftsmen, Inc. (the League) is a voluntary, not-for-profit corporation, incorporated under the laws of the State of New Hampshire and organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. The purpose of the League is to educate the public on New Hampshire's crafts and its artists.

Program Services

The League was formed to encourage, nurture, and promote the creation, use, and preservation of fine contemporary and traditional craft through the inspiration and education of artists and the broader community. A description of the League's major classes of programs is as follows:

Concord Exhibition Gallery – Dedicated to the exhibition of work by its juried members and invited or affiliated craftsmen and artists featuring three to four exhibitions yearly attracting over 2,000 visitors annually.

Fair – Began in 1933 and runs for nine days featuring the juried work of approximately 350 members with sales booths, educational workshops, demonstrations, and exhibitions attracting over approximately 25,000 visitors annually.

Special Events – Includes the annual sale of ornaments.

Standards & Education – A jury program that nurtures the development of NH fine craftsmen together with education programs and grants for non-member craftsmen, lifelong learners, and the public.

Hooksett Retail Gallery – The Hooksett fine craft gallery opened in February 2015 in the Hooksett Welcome Center off of I-93 North. The gallery space is leased and operated by The League of New Hampshire Craftsmen, Inc.

Concord Retail Gallery – On August 16, 2024, the League entered into an agreement to assume ownership of the Concord fine craft retail gallery for total cash consideration totaling $14,900. As part of the agreement, the League also assumed certain outstanding gift certificate liabilities totaling $11,048 and inventories totaling $2,778. The purchase price was allocated to assets acquired and liabilities assumed based on their estimated fair values at the transaction date. The League recognized goodwill totaling $23,170 as a result of the transaction. The Concord retail gallery's operations from the acquisition date through March 31, 2025 are included in the 2025 statement of activities and changes in net assets.

Retail Galleries – There are four additional League of New Hampshire Craftsmen, Inc. fine craft galleries located throughout the state (Center Sandwich, Littleton, Meredith and North Conway). These affiliated retail galleries are independently owned and operated, and pay royalties to the League. The Nashua fine craft gallery that was previously in existence closed in January 2025.

All of the retail galleries can only sell the work of juried members of The League of New Hampshire Craftsmen, Inc.

1. Nature of Operations (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America.

Revenue, Other Support and Accounts Receivable

Grants and other contributions of cash and other assets are reported as donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Donations received with restrictions that are met in the same reporting period are reported as unrestricted support and increase net assets without donor restrictions in accordance with Accounting Standards Update (ASU) 2018-08.

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

Revenues from the fair, retail sales, royalties, and other program services are recognized when performance obligations are satisfied. Revenues from membership dues are recognized over the term of the related membership. Accounts receivable are stated at the amount management expects to collect from outstanding balances.

Net Assets

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions as follows:

Without Donor Restrictions: Net assets that are not subject to donor-imposed stipulations. Board-designated net assets are considered net assets without donor restrictions. When donor restrictions are met in the same period the resources are received, the receipts are classified as net assets without donor restrictions.

2. Summary of Significant Accounting Policies (Continued)

With Donor Restrictions: Net assets subject to donor-imposed stipulations include contributions and investment earnings subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature and will be met by actions of the League and/or the passage of time. Other donor-imposed restrictions are perpetual in nature. Generally, the donors of the assets permit the recipient organization to use all or part of the income earned on related investments for general or specific purposes. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Cash and Cash Equivalents

The League considers cash in all banks and all highly liquid investments with an original maturity of three months or less to be cash equivalents for the purposes of the statement of cash flows.

Cash is maintained at financial institutions that insure the League's accounts with the Federal Deposit Insurance Corporation (FDIC). At any time, there could be amounts over the insurable limits. The League has not experienced any losses on such accounts.

Inventory

Inventory, which consists of items for sale through the League's retail store, is stated at the lower of cost or net realizable value determined by the first-in, first-out method.

Property and Equipment

Property and equipment are recorded at cost less accumulated depreciation, or fair value at the date received if donated. The League capitalizes expenditures that materially increase asset lives and charges ordinary repairs and maintenance to operations as incurred. When items of property and equipment are sold or retired, the related cost and accumulated depreciation are removed from the accounts, and any gain or loss is included in income. Assets which have been purchased but not yet placed in service are included in construction in progress and no depreciation expense is recorded. Depreciation is calculated using the straight-line method over the following estimated useful lives:

	Years
Building and improvements	10 – 40
Furniture and equipment	5 – 7

Depreciation expense for the years ended March 31, 2025 and 2024 was $50,436 and $49,351, respectively.

2. Summary of Significant Accounting Policies (Continued)

Goodwill

Goodwill relates to the assumption of the Concord retail gallery as described in note 1 and represents the excess cash consideration over the fair value of assets acquired and liabilities assumed. The League has adopted the accounting approach for goodwill available to private companies and began amortizing the newly-acquired goodwill on a straight-line basis over a period of ten years. Amortization expense for the year ended March 31, 2025 totaled $1,545. Also pursuant to this standard, the League will test its goodwill for impairment only upon the occurrence of an event or circumstance that may indicate impairment. During the year ended March 31, 2025 there were no events or circumstances identified by the League which could be indicative of potential goodwill impairment. Amortization expense is expected to approximate $2,300 per year through the year ended March 31, 2034 and $772 during the year ended March 31, 2035.

Permanent Collection

The League maintains a permanent collection of crafts. This collection, which was acquired through purchases and contributions since the organization's inception, is not recognized as an asset on the statement of financial position. Purchases of collection items are recorded as decreases in net assets without donor restrictions in the year in which the items are acquired, or as a decrease in net assets with donor restrictions if the assets used to purchase the items are restricted by donors. Contributed collection items are not reflected on the financial statements. Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset classes.

Deferred Revenue and Prepaid Expenses

The League receives funds (such as deposits for booths at the fair) and pays certain costs in advance of special events and services performed. Revenues and expenditures from such services are recognized in the reporting period to which they relate.

Income Taxes

The League is exempt from both federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position historically taken on various tax exposure items, including unrelated business income or tax status. In accordance with accounting principles generally accepted in the United States of America, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Management has evaluated the League's tax positions taken on its filed tax returns and concluded that the League has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the financial statements.

2. Summary of Significant Accounting Policies (Continued)

Donated Services

Numerous volunteers have donated significant amounts of time to the League's program services and fundraising efforts. The fair value of these services has not been recognized as revenue in the financial statements.

Advertising Expense

Advertising costs are expensed as incurred and total $136,164 and $143,855 for the years ended March 31, 2025 and 2024, respectively.

Reclassifications

Certain 2024 amounts have been reclassified to permit comparison with the 2025 financial statements presentation format.

Subsequent Events

Events occurring after the statement of financial position date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through July 17, 2025, which is the date the financial statements were available to be issued.

3. Investments and Fair Value Measurements

Investments are reported in the accompanying statement of financial position at fair value and consist of the following at March 31:

	2025	2024
Investments:		
U.S. Treasury securities	$ 392,606	$ 395,756
Marketable equity securities	515,081	492,929
Fixed income securities and other	401,331	406,960
	$1,309,018	$1,295,645

The League holds certain shares in U.S. Treasury securities and the Vanguard 500 Index Fund which represent 45% of the total investment balance as of March 31, 2025. The League held certain shares in U.S. Treasury securities which represented 30% of the total investment balance as of March 31, 2024.

3. Investments and Fair Value Measurements (Continued)

Fair Value Measurements

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value under generally accepted accounting principles. FASB ASC 820 defines fair value, establishes a framework for measuring fair value under generally accepted accounting principles and enhances disclosures about fair value measurements.

As defined in FASB ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the League uses various methods, including market, income and cost approaches. Based on these approaches, the League often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The League utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the League is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third-party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker-traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the League performs a detailed analysis of the assets and liabilities that are subject to FASB ASC 820. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

3. Investments and Fair Value Measurements (Continued)

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets and liabilities reported at fair value on a recurring basis are as follows:

	Level 1	Level 2	Level 3	Total
2025				
Corporate bonds	$ –	$ 72,723	$ –	$ 72,723
Municipal bonds	24,220	–	–	24,220
Fixed income securities	188,431	–	–	188,431
Government agency obligations	49,515	–	–	49,515
U.S. Treasury securities	392,606	–	–	392,606
Other exchange traded funds	66,442	–		66,442
Marketable equity securities:				
Large cap	84,526	–	–	84,526
Mid cap	53,348	–	–	53,348
Equity mutual funds	353,108	–	–	353,108
International	24,099	–	–	24,099
Total assets	$1,236,295	$ 72,723	$ –	$1,309,018
2024				
Corporate bonds	$ –	$114,700	$ –	$ 114,700
Municipal bonds	23,662	–	–	23,662
Fixed income securities	147,030	–	–	147,030
Government agency obligations	73,041	–	–	73,041
U.S. Treasury securities	395,756	–	–	395,756
Other exchange traded funds	48,527	–		48,527
Marketable equity securities:				
Large cap	153,187	–	–	153,187
Mid cap	55,640	–	–	55,640
Equity mutual funds	260,529	–	–	260,529
International	23,573	–	–	23,573
Total assets	$1,180,945	$114,700	$ –	$1,295,645

The following schedule summarizes interest income and investment return in the statement of activities for the years ended March 31:

	2025	2024
Interest and dividends	$ 39,752	$ 31,176
Realized and unrealized gains, net	33,444	105,201
	$ 73,196	$136,377

4. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at March 31:

	2025	2024
Purpose restriction:		
Education and scholarships	$116,510	$118,343
Equipment and capital improvements	23,263	21,708
Emerging artists support	2,835	2,725
Designated for certain communities	12,724	12,724
Fair awards	39,556	31,876
	194,888	187,376
Restricted to the passage of time	–	20,000
	194,888	207,376
Perpetual in nature:		
Investments, gains and income from which is donor restricted	97,261	96,459
	97,261	96,459
Total net assets with donor restrictions	$292,149	$303,835

Investment Return Objectives, Risk Parameters, and Strategies: The League has adopted investment and spending policies for invested assets that attempt to provide a predictable stream of funding to programs supported by its funds while also maintaining the purchasing power of those assets over the long-term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk.

Assets are invested in a conservative asset mix that includes fixed income securities, which is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make an annual distribution of 5%, while growing the funds if possible. Therefore, the League expects its invested assets, over time, to produce an average rate of return in excess of 5%. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of total investment assets and allocation between asset classes and strategies are managed to not expose the fund to unacceptable levels of risk.

Spending Policy: The League has a policy of appropriating for distribution each year an amount not to exceed 5% of the principal amount of the funds. In establishing this policy, the League considered the long-term expected return on its investment assets, the nature and duration of the individual funds, many of which must be maintained in perpetuity based on donor restrictions, and the possible effects of inflation. The League expects the current spending policy to allow its funds to grow at a nominal average rate, which is consistent with the League's objective to maintain the purchasing power of the assets as well as to provide additional real growth through investment return. From time to time, certain net assets with donor restrictions may have fair values less than the amount required to be maintained by donors or by law (underwater donor restricted net assets). The League has interpreted UPMIFA to permit spending from underwater donor restricted net assets in accordance with prudent measures required under the law. At March 31, 2025 and 2024, there were no underwater donor restricted net assets.

5. Permanent Collection (Unaudited)

In conformity with industry practice, certain crafts purchased and donated are not recorded in the accompanying statements of financial position. The League's permanent art collection is cataloged, preserved, and cared for continuously. The value of the objects acquired, for which the League can make a reasonable estimate, totaled approximately $342,000 at March 31, 2025 and 2024.

6. Compensated Absences

Employees at the League are entitled to paid vacation, depending on job classification, length of service and other factors. The statements of financial position reflect accrued vacation earned, but unpaid, at March 31, 2025 and 2024 in the amount of $1,287 and $3,851, respectively.

7. Line of Credit

On July 28, 2020, the League established a line of credit with a bank totaling $500,000. The line bears interest at the Wall Street Journal Prime Rate (7.50% at March 31, 2025) and is due on demand. The line is secured by assignment of certain rents and real estate. There were no outstanding borrowings on the line of credit at March 31, 2025 and 2024.

8. Royalty Fee Income

The League receives royalties from affiliated retail galleries under the terms of written agreements requiring payments currently amounting to 2.4% of gross sales. Royalty fee income amounted to $43,056 and $43,924 for the years ended March 31, 2025 and 2024, respectively.

9. Operating Leases

The League leases various office equipment under noncancelable operating leases which expire through May 2027.

The League leases retail gallery space in a building located in Hooksett, New Hampshire. The lease contains a 3-year term ending in October 2026. Rent is variable and paid at 10% of gross sales. The League also leases retail gallery space in a building located in Concord, New Hampshire. The lease contains a 12-month term ending in December 2025. Rent is fixed at $2,500 per month. Total lease expense under all operating leases for the years ended March 31, 2025 and 2024 was $43,223 and $24,977, respectively.

9. Operating Leases (Continued)

Future minimum lease payments, other than variable amounts due under the Hooksett lease, required under operating leases as of March 31 are as follows:

2026	$28,873
2027	3,981
2028	464
	$33,318

10. Retirement Plan

Effective June 1992, the League adopted a defined contribution retirement plan covering all employees who meet the eligibility requirements of the plan. There were no employer contributions for the year ended March 31, 2025. Employer contributions totaled $9,186 for the year ended March 31, 2024.

11. Functional Allocation of Expenses

Expenses by functional classification at March 31 are as follows:

	Program Services	Supporting Services	Total
2025			
Salaries and employee benefits	$ 356,258	$197,505	$ 553,763
Catering	2,787	4,063	6,850
Cost of sales	454,152	293	454,445
Repairs and maintenance	6,834	2,313	9,147
Advertising	132,768	3,396	136,164
Postage, printing and shipping	12,360	9,336	21,696
Depreciation and amortization	8,286	43,695	51,981
Contract services	30,970	167,536	198,506
Bank and credit card fees	33,741	9,251	42,992
Utilities	6,264	11,779	18,043
Travel	5,665	3,355	9,020
Equipment rental	199,271	10,411	209,682
Occupancy	35,464	53,660	89,124
Supplies	30,132	5,036	35,168
Dues and subscriptions	788	16,325	17,113
Education	14,555	20,628	35,183
Other expenses	18,146	4,919	23,065
Total	$1,348,441	$563,501	$1,911,942

11. Functional Allocation of Expenses (Continued)

	Program Services	Supporting Services	Total
2024			
Salaries and employee benefits	$ 251,881	$210,286	$ 462,167
Catering	1,033	2,881	3,914
Cost of sales	276,250	119	276,369
Repairs and maintenance	–	1,268	1,268
Advertising	139,273	4,582	143,855
Postage, printing and shipping	10,218	9,850	20,068
Depreciation	8,483	40,868	49,351
Contract services	24,785	119,927	144,712
Bank and credit card fees	27,672	8,549	36,221
Utilities	1,914	12,629	14,543
Travel	4,885	6,620	11,505
Equipment rental	198,041	3,674	201,715
Occupancy	17,715	47,573	65,288
Supplies	16,831	2,168	18,999
Dues and subscriptions	494	14,826	15,320
Education	20,911	836	21,747
Other expenses	18,883	4,709	23,592
Total	$1,019,269	$491,365	$1,510,634

Specifically identifiable costs are assigned to the function to which they are identified.

12. Financial Assets and Liquidity Resources

As of March 31, 2025 financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, consist of the following:

Cash and cash equivalents	$505,587
Accounts receivable	74,762
	$580,349

To manage liquidity, the League maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the League. In addition, the League has investments without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of March 31, 2025, the balance in these investments was $1,016,869. The League also has a line of credit with available borrowings up to $500,000 (note 7).

League of N.H. Craftsmen
signature of excellence

Topic:
Salaries for Key Personal
Contract Share

To Whom It May Concern,

This letter serves to clarify that at the League of New Hampshire Craftsmen, Inc., there is no contractual obligation or arrangement that allocates any portion of funds received through the JPP program to individual employees.

The salaries for key personnel are Executive Director Kate Suanders - $125,000 and Sarah Nyham Associate Executive Director - $80,000.

Please feel free to contact us if additional clarification is needed.

Sincerely,

Katherine Saunders
Executive Director

League of New Hampshire Craftsmen
49S Main Street, Concord, NH 03301

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Lakes Region Chamber of Commerce		**1.4. Grantee Address** 383 South Main Street, Laconia, NH 03246	
1.5 Grantee Phone # 603-524-5531	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 12/31/2026	**1.8. Grant Limitation** $23,903.30
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Karmen Gifford		**1.12. Name & Title of Grantee Signor 1** Karmen Gifford, President	
Grantee Signature 2 N/A		**Name & Title of Grantee Signor 2** N/A	
Grantee Signature 3 N/A		**Name & Title of Grantee Signor 3** N/A	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney,** **On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials KG
Date 4/6/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials KG
Date 4/4/24

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials
Date 4/4/26

Exhibit A
Special Provisions

Due to the nature of this contract, DTTD waives the $2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond, and accepts $1,000,000 for any one incident.

Exhibit B
Scope of Services

The Division of Travel and Tourism (DTTD) will award Joint Promotional Grant funds to the Lakes Region Chamber of Commerce (LRCC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Come Catch the Glow Website: LRCC will contract with LTD Company to provide seasonal updates to the ComCatchtheGlow.com website to promote regional events and businesses. LTD Company shall also develop a media and advertising plan, as well as related collateral and creative assets, to promote and attract both local and visitors' interest in the region. LRCC shall further utilize social media platforms to extend the marketing reach. LRCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Lakes Region Summer Fun Guide: LRCC will contract with The Laconia Daily Sun to print and produce 35K copies of the Lakes Region Summer Fun Guide 2026, an up to 100+ page color, glossy publication promoting the Lakes Region as a destination to visit and a place to live and work. The publication will include activities, attractions, lodging and resources. LRCC will also contract with Best Read Guide to distribute the guide across NH and at the Big E in MA. The guide will also be available digitally on LRCC's website. LRCC will ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Newfound Map: LRCC will work with multiple vendors to design, print and distribute the Newfound Lake Map, highlighting the businesses and destinations around the lake to attract more visitors to the region. LRCC will contract with Sundius Designs to custom design the map, Evans Printing to print 10K copies of the full color map, and Best Read Guide to distribute the map to various locations in NH including six of the state welcome centers. LRCC will ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

The Joint Promotional Program Grant Agreement received by the Lakes Region Chamber of Commerce consists of the following documents: A completed Grant Agreement form, and Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Schedule and Payments

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Lakes Region Chamber of Commerce (LRCC).

Total Grant Award: $23,903.30

Reimbursement requests will be invoiced by the LRCC within 90 days after the current fiscal year. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

Grantee Initials KG
Date 4/6/26

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 LAKES REGION CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 26, 1938. 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: **64104**

Certificate Number: **0007879972**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of March A.D. 2026.

David M. Scanlan
Secretary of State

I, Cynthia Theriault, **hereby certify** that I am duly elected Clerk/Secretary/Officer of
(Name)

Lakes Region Chamber of Commerce. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Jan 28, 2026,

at which a quorum of the Directors/shareholders were present and voting.

VOTED: That **Karmen Gifford, President** (may list more than one person) is

duly authorized to enter into contracts or agreements on behalf of

Lakes Region Chamber of Commerce with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

DATED: April 6, 2026

ATTEST: _____
(Name & Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/02/2026

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	**CONTACT NAME:** Annette Kowalczyk
Cross Insurance-Laconia	**PHONE (A/C, No, Ext):** (603) 524-2425 **FAX (A/C, No):** (603) 524-3666
155 Court Street	**E-MAIL ADDRESS:** annette.kowalczyk@crossagency.com
Laconia NH 03246	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A :** Hanover Ins Co. 22292
LAKES REGION CHAMBER OF COMMERCE	**INSURER B :**
383 SOUTH MAIN STREET	**INSURER C :**
LACONIA NH 03246	**INSURER D :**
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 25-26 GL, WC, Auto & **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		OHVA182738	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			OHVA182738	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			OHVA182738	12/31/2025	12/31/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WHVA182727	12/31/2025	12/31/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000

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

3.A. State - NH
NH BEA-DTTD is included as an additional insured on the General Liability policy when required by written contract.

CERTIFICATE HOLDER

NH BEA-DTTD
100 North Main Street, 100
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Annette Kowalczyk

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NONPROFIT COVER SHEET

A. Entity Name: Lakes Region Chamber of Commerce

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

_____

_____

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Tate Miller, Chair of the Board	Meredith Village Savings Bank
Chris Dickinson, Treasurer	Franklin Savings Bank
Patrick Brown, First Vice Chair	Ames Farm Inn
Steve Tucker, Second Vice Chair	Lakes Region Community College
Cynthia Theriault, Secretary	Wilcox & Barton

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

Name	Role	Annual Salary	Amount Paid From This Contract
Karmen Gifford	President	$78,000	n/a

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:

[ ] 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**

[X] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

[ ] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

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) **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

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

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

Lakes Region Chamber

Our Mission is to create value for members through collaboration and education that promotes a more engaged community and thriving economy for the businesses in the Lakes Region. Our vision is to be the pre-eminent business organization in the Lakes Region creating new opportunities for our members, driving economic growth through collaboration with other organizations and thereby building a stronger community.

KARMEN GIFFORD

SUMMARY

Accomplished and Collaborative Community Leader with 25+ years of experience in human resources, nonprofit and business development, strategic planning, and project management. Skilled in communication, relationship-building, and team engagement that drive organizational success at all levels. Proven expertise in economic development, workforce sustainability, and community partnerships. Recognized for fostering collaboration, maintaining a positive and professional approach, and developing strategies and processes that strengthen performance, enhance engagement, and support long-term growth. Open to contributing these strengths in either executive or non-executive leadership roles.

PROFESSIONAL EXPERIENCE

Lakes Region Chamber – Laconia, NH
President | 2010–Present
- Executive leader of a nonprofit with 680+ member businesses across 35+ communities.
- Spearheaded turnaround from financial loss to profitability, reducing debt and expanding programmatic impact.
- Manage governance with a 21-member board of directors.
- Founded a 501(c)(3) foundation to enhance funding opportunities for workforce initiatives.
- Secured 3-4 New Hampshire state grants annually to bolster regional visibility.
- Successfully managed 25+ events annually ranging from small business meetings, collaborative workforce projects to large-scale community festivals drawing over 40,000 attendees.

Lakes Region Community Services – Laconia, NH
Director of Human Resources | 2008–2010
- Directed HR operations for a private nonprofit serving two counties with 24/7 client support.
- Oversaw recruitment, compliance, employee relations, and workforce development strategies.

Vitex Extrusion / Aavid Thermalloy – Franklin & Laconia, NH
Director of HR, Safety & Environmental | 1994–2008
- Senior leader responsible for HR strategy, employee engagement, and safety compliance in a 3-shift, 600+ employee manufacturing operation.
- Managed transitions during multiple reorganizations and ownership changes (private to publicly traded).

Jenkins Garden Center / Your Neighborhood Florist – Laconia, NH
President / Co-Owner | 1999–2005
- Year-round retail, agricultural, residential/commercial account business with 15 employees.

EDUCATION

University of New Hampshire

- Introduction to Grant Writing, 2022
- Professional Development Certification, Human Resources Management, 1996

U.S. Chamber of Commerce Institute for Organizational Management

- Villanova University, PA | 2017-2018

U.S. Chamber of Commerce Foundation

- Talent Pipeline Management Academy, Cohort IX, 2019

Leadership Lakes Region NH

- Graduate, 2009

TECHNICAL SKILLS

Microsoft 365, Google Suite, QuickBooks Online, Asana project management, Constant Contact, CRM-GrowthZone/ChamberMaster, Canva, Survey Monkey, Zoom, Meta, AI tools ChatGPT, Otter

PROFESSIONAL DEVELOPMENT & AFFILIATIONS

- Divided by 4 Homeowners Association, Treasurer 2017-Present
- Lakes Region Community College, Advisory Board Member 2024-2026
- Belknap EDC – Incorporator, 2013–2026
- New England Association of Chamber of Commerce Executives – Past President, Board Member, Scholarship Committee, 2013–2026
- New Hampshire Association of Chamber of Commerce Executives – Past President, 2011–2016
- Laconia NH Airport Authority – Vice Chair & Board Member, 2015–2020
- City of Laconia NH– Personnel Advisory Committee, 2014–2019
- NH Governor's Joint Promotional Program - Advisory Board – 2015–2017
- Governor's Task Force on Work & Family – Appointed Member, 2010–2014
- Licensed NH Real Estate Agent (Coldwell Banker, ReMax) – 2005–2011
- Franklin Business & Industrial Development Corp. – Board Member, 2004–2008

12550

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

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: LAKES REGION CHAMBER OF COMMERCE
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 383 SOUTH MAIN STREET
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: LACONIA NH 03246

D Employer identification number: 02-0155643
E Telephone number: 603-524-5531
G Gross receipts$ 272,796

F Name and address of principal officer:
DIRK NADON
29 GABLES DRIVE
LACONIA NH 03246

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

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LAKESREGIONCHAMBER.ORG

H(c) Group exemption number

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

L Year of formation:

M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-668
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	251,541	201,256
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19	5
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,403	-17,169
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	262,963	184,092

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	141,415	120,585
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 9,647		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	128,820	104,961
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	270,235	225,546
19 Revenue less expenses. Subtract line 18 from line 12	-7,272	-41,454

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	294,824	249,178
21 Total liabilities (Part X, line 26)	114,957	110,765
22 Net assets or fund balances. Subtract line 21 from line 20	179,867	138,413

Part II Signature Block

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

Sign Here

Signature of officer: COPY
Date:
CHRISTOPHER DICKINSON TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name: PENNY I. RABY, CPA	Preparer's signature: Penny Raby PENNY I. RABY, CPA	Date: 11/14/25	Check ☐ if self-employed	PTIN: P00236341
Firm's name: MALONE, DIRUBBO & COMPANY, P.C.			Firm's EIN:	02-0436087
Firm's address: 64 FRANKLIN ST FRANKLIN, NH 03235-1610			Phone no.	603-934-2942

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2024)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

REPRESENT MEMBER BUSINESSES IN THE COMMUNITY.

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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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) PATRICK BROWN	1.00									
DIRECTOR	0.00	X						0	0	0
(2) LISA BYARS	1.00									
DIRECTOR	0.00	X						0	0	0
(3) LORRIE DETERMANN	1.00									
DIRECTOR	0.00	X						0	0	0
(4) NIKKI LYONS LAHEY	1.00									
DIRECTOR	0.00	X						0	0	0
(5) TATE MILLER	1.00									
DIRECTOR	0.00	X						0	0	0
(6) JEFF MILLS	1.00									
DIRECTOR	0.00	X						0	0	0
(7) NICOLE MURRAY	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JASON OLSON	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KARA OLSON	1.00									
DIRECTOR	0.00	X						0	0	0
(10) LORA PIATTI	1.00									
DIRECTOR	0.00	X						0	0	0
(11) ERIC PROULX	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRIE STEPHENS	1.00									
DIRECTOR	0.00	X						0	0	0
(13) ROBERT STEWART	1.00									
DIRECTOR	0.00	X						0	0	0
(14) SHAWNA YOUNG	1.00									
DIRECTOR	0.00	X						0	0	0
(15) CHRISTOPHER DICKINSON	2.00									
TREASURER	0.00			X				0	0	0
(16) TED FODERO	1.00									
PAST CHAIR/DIRECTOR	0.00			X				0	0	0
(17) DON ST. GELAIS	1.00									
1ST VICE CHAIR	0.00			X				0	0	0
(18) GRACE MCNAMARA	1.00									
SECRETARY	0.00			X				0	0	0
(19) DIRK NADON	2.00									
CHAIR	0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f						
Program Service Revenue		Business Code					
	2a DUES			103,559	103,559		
	b PROGRAM FEES			97,697	97,697		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			201,256			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5	5		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	12,000					
	b Less: rental expenses 6b	12,668					
	c Rental inc. or (loss) 6c	-668					
	d Net rental income or (loss)			-668		-668	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a	59,535				
	b Less: direct expenses	8b	76,036				
	c Net income or (loss) from fundraising events			-16,501			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			184,092	201,261	-668	0

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	108,241	97,417	2,165	8,659
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,000	2,700	60	240
10 Payroll taxes	9,344	8,409	187	748
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,573		1,573	
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.)	6,175		6,175	
12 Advertising and promotion	36,151	27,000	9,151	
13 Office expenses	6,480		6,480	
14 Information technology				
15 Royalties				
16 Occupancy	7,304		7,304	
17 Travel	1,383		1,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,638		2,638	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,231		5,231	
23 Insurance	3,015		3,015	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	25,724	25,724		
b EQUIPMENT RENT & REPAIRS	4,161		4,161	
c BANK AND CREDIT CARD FEES	2,814		2,814	
d MAINTENANCE EXPENSE	757		757	
e All other expenses	1,555		1,555	
25 Total functional expenses. Add lines 1 through 24e	225,546	161,250	54,649	9,647
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	81,653	1	58,557
	2	Savings and temporary cash investments	3,165	2	3,170
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,338	4	10,250
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,676	9	700
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 332,689			
	b	Less: accumulated depreciation — 10b: 156,188	184,992	10c	176,501
	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)	294,824	16	249,178
Liabilities	17	Accounts payable and accrued expenses	15,713	17	6,432
	18	Grants payable		18	
	19	Deferred revenue	51,270	19	59,141
	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	47,974	24	45,192
	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	114,957	26	110,765
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	179,867	27	138,413
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	179,867	32	138,413
	33	Total liabilities and net assets/fund balances	294,824	33	249,178

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	184,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,546
3	Revenue less expenses. Subtract line 2 from line 1	3	-41,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,867
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	138,413

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

12550

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LAKES REGION CHAMBER OF COMMERCE

Employer identification number

02-0155643

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

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

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

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

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

Part II Conservation Easements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
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:

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		325,916	150,057	175,859
d Equipment		6,773	6,131	642
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				176,501

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.

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

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

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

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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
LAKES REGION CHAMBER OF COMMERCE

Employer identification number
02-0155643

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 fund-raiser have custody or control of contributions? Yes	(iii) No	(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
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 COME CATCH THE (event type)	(b) Event #2 FOOD TRUCK FEST (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	53,335	6,200		59,535
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	53,335	6,200		59,535
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	74,402	1,634		76,036
	10 Direct expense summary. Add lines 4 through 9 in column (d)				76,036
	11 Net income summary. Subtract line 10 from line 3, column (d)				-16,501

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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 $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

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.

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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

LAKES REGION CHAMBER OF COMMERCE

Employer identification number

02-0155643

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Part III Grants or Assistance Benefiting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues? Yes	(e) Sharing of org. revenues? No
(1)	MALONE, DIRUBBO & CO.	PAST OFFICER	1,650	TAX PREPARATION FEE		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

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SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
LAKES REGION CHAMBER OF COMMERCE	02-0155643

FORM 990 - ORGANIZATION'S MISSION
TO ADVANCE THE COMMUNITIES OF THE LAKES REGION BY FOSTERING THE GROWTH OF THE MULTI-FACETED BUSINESS COMMUNITY THROUGH PROMOTION AND ENHANCEMENT OF THE AREA'S DIVERSE CIVIC, ECONOMIC, CULTURAL, HISTORICAL AND SOCIAL RESOURCES AND BY WORKING WITH OTHER ORGANIZATIONS ON ISSUES OF BROAD COMMUMITY INTERESTS.

FORM 990, PART I, LINE 6
VOLUNTEERS HELP WITH THE PROMOTION AND MISSION OF THE CHAMBER. THE BOARD MEMBERS ARE VOLUNTEERS AS WELL AS COMMITTEE MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD MEMBERS AT THEIR DISCRETION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION WAS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

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

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Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning ..... , and ending .....

Go to *www.irs.gov/Form990T* for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(6)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
LAKES REGION CHAMBER OF COMMERCE

Number, street, and room or suite no. If a P.O. box, see instructions.
383 SOUTH MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code
LACONIA NH 03246

C Book value of all assets at end of year 249,178

D Employer identification number
02-0155643

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of LR C OF C OFFICE Telephone number 603-524-5531

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	
4	**Total tax.** Add lines 2 and 3f (see instructions) ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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

Sign Here

COPY

Signature of officer Date TREASURER Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PENNY I. RABY, CPA	PENNY I. RABY, CPA	11/14/25		P00236341

Firm's name	Firm's EIN
MALONE, DIRUBBO & COMPANY, P.C.	02-0436087

Firm's address	Phone no.
64 FRANKLIN ST FRANKLIN, NH 03235-1610	603-934-2942

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SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
LAKES REGION CHAMBER OF COMMERCE

B Employer identification number
02-0155643

C Unrelated business activity code (see instructions) 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	12,000	12,668	-668
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	12,000	12,668	-668

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)				1	
2 Salaries and wages				2	
3 Repairs and maintenance				3	
4 Bad debts				4	
5 Interest (attach statement). See instructions				5	
6 Taxes and licenses				6	
7 Depreciation (attach Form 4562). See instructions	7	3,259			
8 Less depreciation claimed in Part III and elsewhere on return	8a	3,259		8b	0
9 Depletion				9	
10 Contributions to deferred compensation plans				10	
11 Employee benefit programs				11	
12 Excess exempt expenses (Part VIII)				12	
13 Excess readership costs (Part IX)				13	
14 Other deductions (attach statement)				14	
15 **Total deductions.** Add lines 1 through 14				15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16	-668
17 Deduction for net operating loss. See instructions				17	
18 **Unrelated business taxable income.** Subtract line 17 from line 16				18	-668

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ MAIN ST LACONIA NH 03246

B ☐

C ☐

D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	12,000			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	12,000			

3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	12,000
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) — A: 12,668	
5	**Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	12,668

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8	**Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	
9	Allocable deductions. Multiply line 3c by line 6	
10	**Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	
11	**Total dividends — received deductions** included in line 10	

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Federal Statements

Unrelated Business Activity

Schedule A (990T), Part IV, Line 4 - Rent Expense Information

Description	Deduction
RENTAL OFFICE SPACE	$
INSURANCE	1,262
CLEANING & MAINTENANCE	504
TAXES	1,887
UTILITIES	2,982
DEPRECIATION	3,259
EQUIP RENTAL & MAINT	2,774
TOTAL	$ 12,668

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: LAKES REGION CHAMBER OF COMMERCE

Identifying number: 02-0155643

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,889

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	342
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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,231
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: LAKES REGION CHAMBER OF COMMERCE

Identifying number: 02-0155643

Business or activity to which this form relates: RENTAL OFFICE SPACE

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,259

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,259
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

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Form **990**	**Event Income and Deduction Worksheet** Description COME CATCH THE GLOW/PUMPKIN	**2024**

Name: LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number: 02-0155643

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	53,335
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	53,335
8. Cost of Goods Sold	8.	74,402
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	74,402
16. **Net Income/Loss.** Line 7 minus Line 15	16.	-21,067

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	74,402
Ending inventory	
Total Cost of Goods Sold	74,402

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq #_____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

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Form 990	Event Income and Deduction Worksheet Description FOOD TRUCK FESTIVAL	2024

Name	Taxpayer Identification Number
LAKES REGION CHAMBER OF COMMERCE	02-0155643

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	6,200
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	6,200
8. Cost of Goods Sold	8.	1,634
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	1,634
16. **Net Income/Loss.** Line 7 minus Line 15	16.	4,566

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	1,634
Ending inventory	
Total Cost of Goods Sold	1,634

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

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Form 990/990PF	Rent Income and Deduction Worksheet Description RENTAL OFFICE SPACE	2024

Name	Taxpayer Identification Number
LAKES REGION CHAMBER OF COMMERCE	02-0155643

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	12,000
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	3,259
4. Direct Expense	4.	9,409
5. Total expenses. Add lines 8 through 12	5.	12,668
6. Net Income/Loss. Line 7 minus Line 13	6.	-668

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	3,259
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	3,259

Expense Details - Direct Expense:

Interest	
Taxes/licenses	1,887
Occupancy Expenses	
Repairs & Maintenance	504
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	1,262
Utilities	2,982
Supplies	
Other expenses	2,774
Total Direct Expense	9,409

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code 531120 Seq # 1

X Part IV, Rent Income
Part V, Debt Financing
Part VI, Controlled Org Income
Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ

First	
Second	
Third	
All other	

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Form **990-T**	**Business Income Activity Summary**	**2024**

Name: LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number: 02-0155643

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	**A.**
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		**B.**
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		**C.**
D. Pre-2018 Applied (Sum of B and C)		**D.**
E. Pre-2018 Remaining (Line A minus Line D)		**E.**
F. Pre-2018 Net Operating Losses Expiring this Year		**F.**
G. Pre-2018 Net Operating Losses Carried Forward		**G.**

	Unrelated Business Income Activity with Income	Code		Net Income	Allocated Pre2018 NOL
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
11.			11.		
12.			12.		
13.			13.		
14.			14.		
15.	All other revenue		15.		
16.	Total taxable income		16.		

Business Activity Losses

	Unrelated Business Income Activity with Losses	Code		Current Year Loss
1.	UNRELATED BUSINESS ACTIVITY	531120	1.	-668
2.			2.	
3.			3.	
4.			4.	
5.	All other activities		5.	
6.	Totals		6.	-668

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Form **990-T**	**Schedule A Loss Carryover Calculation** Description UNRELATED BUSINESS ACTIVITY	**2024**

Name: LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number: 02-0155643

Unincorporated Business Income Tax Code: 531120 Activity: LESSORS OF NONRESIDENTIAL BUILDI

Each activity may carryforward losses after 2018

1	Activity income	**1**	-668
2	Activity deductions	**2**	
3	Activities income or loss, after deductions	**3**	-668
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	**4**	
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	**5**	
6	Take the lesser of Line 4 or Line 5. **Enter here and on Line 17 of Form 990-T, Sch A, Part II**	**6**	
7	Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	**7**	
8	If line 3 is less than zero, enter that amount here as a positive number	**8**	668
9	Total loss carried forward to 2025 (Add lines 7 and 8)	**9**	668

Electronic Filing includes the report of additional amounts for this activity

E1	Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	**E1**	
E2	Prior year activity losses included on Schedule A, LIne 17	**E2**	

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Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number

02-0155643

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.			
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	251,541	201,256	-50,285
	5. Investment income	5.	19	5	-14
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	8,350	-16,501	-24,851
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	3,053	-668	-3,721
	12. **Total revenue.** Add lines 1 through 11	12.	262,963	184,092	-78,871
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	141,415	120,585	-20,830
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	7,773	7,748	-25
	19. Occupancy, rent, utilities, and maintenance	19.	4,915	7,304	2,389
	20. Depreciation and Depletion	20.	5,283	5,231	-52
	21. Other expenses	21.	110,849	84,678	-26,171
	22. **Total expenses.** Add lines 13 through 21	22.	270,235	225,546	-44,689
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-7,272	-41,454	-34,182
Other Information	24. Total exempt revenue	24.	262,963	184,092	-78,871
	25. Total unrelated revenue	25.	1,879	-668	-2,547
	26. Total excludable revenue	26.	252,734	201,261	-51,473
	27. Total assets	27.	294,824	249,178	-45,646
	28. Total liabilities	28.	114,957	110,765	-4,192
	29. Retained earnings	29.	179,867	138,413	-41,454
	30. Number of voting members of governing body	30.	22	19	
	31. Number of independent voting members of governing body	31.	22	19	
	32. Number of employees	32.	2	2	
	33. Number of volunteers	33.	30	30	

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Form **990T**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number

02-0155643

			2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades	2.	1,359		-1,359
	3. Charitable contributions	3.			
	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.	1,359		-1,359
	6. Net operating loss (pre-2018)	6.	1,108		-1,108
	7. Specific deduction	7.	1,000	1,000	
	8. Unrelated business taxable income.	8.			
Tax & Credits	9. Income tax (corporate or trust)	9.			
	10. Proxy tax	10.			
	11. Other taxes	11.			
	12. Total taxes	12.			
	13. Other credits	13.			
	14. General business credit	14.			
	15. Credit for prior year minimum tax	15.			
	16. Total credits	16.			
	17. Net tax after credits	17.			
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.			
Due/Refund	20. Prior year overpayment and estimated tax payments	20.			
	21. Payment made with extension	21.			
	22. Backup withholding and foreign withholding	22.			
	23. Other payments	23.			
	24. Total payments	24.			
	25. Balance due/(Overpayment)	25.			
	26. Overpayment applied to next year	26.			
	27. Penalties	27.			
	28. Total due/(Refund)	28.			
	29. Activity Losses NOL (Post-2017)	29.		-668	-668

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Form **SchA**(990T) **Two Year Comparison for Unrelated Business Activity** **2023 & 2024**

For calendar year 2024, or tax year beginning , ending

Organization Name: LAKES REGION CHAMBER OF COMMERCE

Taxpayer Identification Number: 02-0155643

Activity: UNRELATED BUSINESS ACTIVITY

Unincorporated Business Income Tax Code: 531120

			2023	2024	Differences
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	1,879	-668	-2,547
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	1,879	-668	-2,547
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	1,879	-668	-2,547
	24. Deductible losses	24.	520		-520
	25. Unrelated business taxable income (loss)	25.	1,359	-668	-2,027

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Form **990**

Tax Return History

2024

Name

LAKES REGION CHAMBER OF COMMERCE

Employer Identification Number

02-0155643

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants						
Membership dues						
Program service revenue	161,481	192,683	170,791	251,541	201,256	
Capital gain or loss						
Investment income	13	8	575	19	5	
Fundraising revenue (income/loss)	13,289	70,028	45,129	8,350	-16,501	
Gaming revenue (income/loss)						
Other revenue	2,652	1,133	256	3,053	-668	
Total revenue	177,435	263,852	216,751	262,963	184,092	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	124,345	93,558	135,110	141,415	120,585	
Professional fees	5,093	5,408	4,753	7,773	7,748	
Occupancy costs	6,080	6,548	7,105	4,915	7,304	
Depreciation and depletion	6,010	5,661	5,440	5,283	5,231	
Other expenses	36,592	119,715	70,472	110,849	84,678	
Total expenses	178,120	230,890	222,880	270,235	225,546	
Excess or (Deficit)	-685	32,962	-6,129	-7,272	-41,454	
Total exempt revenue	177,435	263,852	216,751	262,963	184,092	
Total unrelated revenue	451	900	56	1,879	-668	
Total excludable revenue	163,695	192,924	171,566	252,734	201,261	
Total Assets	306,832	302,322	283,545	294,824	249,178	
Total Liabilities	154,486	108,014	96,406	114,957	110,765	
Net Fund Balances	152,346	194,308	187,139	179,867	138,413	

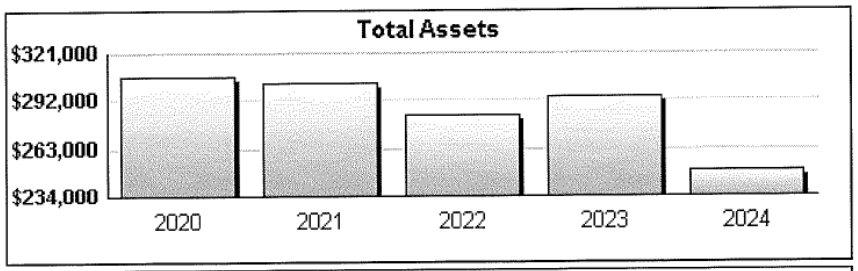
12550

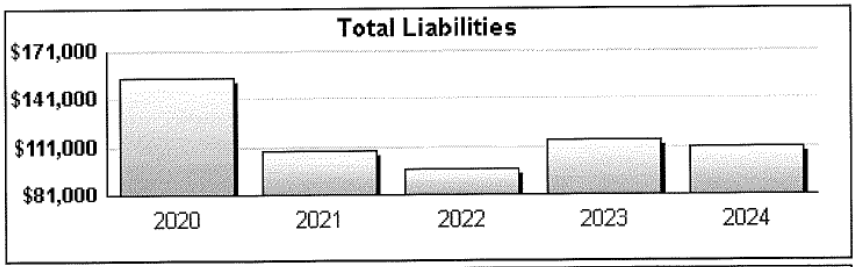
Form **990T** | **Tax Return History** | **2024**

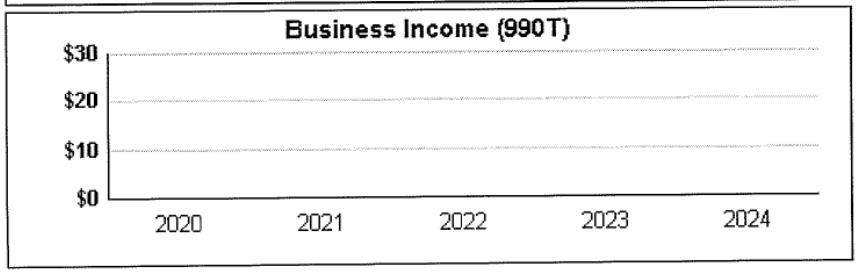
Name: LAKES REGION CHAMBER OF COMMERCE

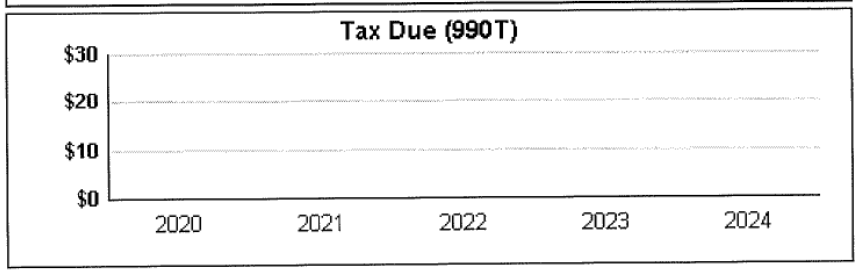
Employer Identification Number: 02-0155643

	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	324	0	1,359	0	
Charitable contributions						
Net operating loss deduction		324		1,108		
Specific deduction	1,000	1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due /-Overpayment						









12550 Lakes Region Chamber of Commerce
02-0155643
FYE: 12/31/2024

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	$ 6,175	$	$ 6,175	$
TOTAL	$ 6,175	$ 0	$ 6,175	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBERSHIPS & SUBSCRIPTIO	$ 725	$	$ 725	$
STATE TAXES	555		555	
BUSINESS REGISTRATION FEE	275		275	
TOTAL	$ 1,555	$ 0	$ 1,555	$ 0

Federal Statements

Accounts payable & accrued exp

Description	Amount
ACCRUED WAGES	$ 1,621
ACCURED RETIREMENT	1,748
ACCRUED PAYROLL TAXES	3,064
TOTAL	$ 6,433

Come Catch the Glow/Pumpkin

Gross receipts

Description	Amount
PUMPKIN FESTIVAL	$ 53,335
TOTAL	$ 53,335

Come Catch the Glow/Pumpkin

Other Costs

Description	Amount
COME CATCH THE GLOW	$ 24,850
PUMPKIN FESTIVAL	49,552
TOTAL	$ 74,402

Federal Statements

Food Truck Festival

Other Costs

Description	Amount
	$ 1,634
TOTAL	$ 1,634

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:

GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Lake Sunapee Region Chamber of Commerce		**1.4. Grantee Address** 328 Main Street, New London, NH 03257	
1.5 Grantee Phone # 603-526-6575	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 12/30/2026	**1.8. Grant Limitation** $7,240.50
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1		**1.12. Name & Title of Grantee Signor 1** Ashlee Lajoy - Executive Director	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney** **On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials AL
Date 4/10/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA: RETENTION OF DATA: ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials
Date 4/10/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials
Date 4/10/20

Exhibit A
Special Provisions

Due to the nature of this contract, DTTD waives the $2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond, and accepts $1,000,000 for any one incident.

Exhibit B
Scope of Services

The Division of Travel and Tourism Development (DTTD) will award Joint Promotional Grant funds to the Lake Sunapee Region Chamber of Commerce (LSRCC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Lake Sunapee Region Information Guide Printing: LSRCC will contract with RC Brayshaw to print 8K copies of the 84-page information guide to be distributed throughout the state at local and regional businesses, visitor center, public spaces and events. The guide will also be available digitally on LSRCC's website. LSRCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Digital Guide Service: LSRCC will contract digital guide services through FlippingBook.com. This service will enhance the user experience as well as track clicks, opens, where visitors spend time in the guide and amplify the outreach with clickable links. LSRCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

This Joint Promotional Program Grant Agreement received by the Lake Sunapee Region Chamber of Commerce consists of the following documents: A completed Grant Agreement form, Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Price and Payment Schedule

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Lake Sunapee Region Chamber of Commerce (LSRCC):

Total Grant Award: $7,240.50

Reimbursement requests will be invoiced by the LSRCC within 90 days after the fiscal year in which the grant was awarded. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

Grantee Initials
Date 4/10/26

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 LAKE SUNAPEE REGION CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 11, 1970. 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: **66343**

Certificate Number: **0007843462**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of March A.D. 2026.

David M. Scanlan
Secretary of State

Certificate of Authority #1

Corporate Resolution

I, Doug Daniels, hereby certify that I am duly elected Clerk/Secretary/Officer of Lake Sunapee Region Chamber of Commerce. I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 17, 2026 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That **Ashlee Rowley – LSRCC Executive Director** is duly authorized to enter into contracts or agreements on behalf of **Lake Sunapee Region Chamber of Commerce** with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupies the position 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.

Date: 3/17/26

Attest: Douglas D

LAKESUN-06 DLAWARE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/16/2026

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	CONTACT NAME:	
Colby Insurance Group LLC 74 Pleasant Street New London, NH 03257	PHONE (A/C, No, Ext): (603) 526-2451	FAX (A/C, No): (603) 526-2903
	E-MAIL ADDRESS: insure@colby-group.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Insurance Company	
INSURER B : Travelers	01899
INSURER C : United States Liability Ins Co	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lake Sunapee Region Chamber of Commerce
PO Box 532
New London, NH 03257

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2628553-011	11/30/2025	11/30/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Owner?s & Contractor						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A		UB1J096165	6/7/2025	6/7/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	Directors & Officers			NDO2550449G	6/14/2025	6/14/2026		1,000,000

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

CERTIFICATE HOLDER

NH BEA- DTTD
100 North Main Street, Suite 100
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Danielle Jane

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NONPROFIT COVER SHEET

A. Entity Name: Lake Sunapee Region Chamber of Commerce

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Ashlee Rowley - Executive Director
Admin@LakeSunapeeRegionChamber.com or 603.526.6575

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Doug Daniels (President)	Mount Sunapee Resort
Michelle Hale (Vice-President)	Morgan Hill Bookstore
Annie Beck (Treasurer)	NorthCape Design Build
Allyson Traeger (Secretary)	Town of Sunapee
Tom Robb	Benjamin F. Edwards
Jason Bell	O'Halloran Group Realty
Amy Drummond	New London Hospital
Kirstin Judge	Hoptimysic Brewing
Julia Johnston	Colby-Sawyer College
Jay Brazo	Newbury Deli
Tanya Frost	Boys & Girls Club of Central NH
Francisco Lopez Jr.	The Elms Restaurant

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

Name	Role	Annual Salary	Amount Paid From This Contract
Ashlee Rowley	Executive Director	Part-Time - Approx $42,000	0.00
Jenna McCarthy	Marketing Coordinator	Part-Time - Approx $15,000	0.00

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:

[ ] 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**

[X] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

[ ] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[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) **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

Revenue	
Grants	$
Donations	$
Program Services Revenue	$
Interest & Dividends	$
All other Revenue	$
Total Revenue	$

Expenses	
Compensation of officers, directors, and key personnel	$
Other salaries & wages	$
Payroll taxes & employee benefits	$
Occupancy, rent, utilities, and insurance	$
Printing, publications, postage, office supplies, and IT	$
All other expenses	$
Total Expenses	$

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

Lake Sunapee Region
CHAMBER OF COMMERCE

MISSION STATEMENT

The Lake Sunapee Region Chamber of Commerce is a trusted resource committed to fostering a vibrant business community, encouraging collaboration, and driving sustainable economic growth throughout our region.

Ashlee Rowley

Education:
Bachelor of Business Administration, May 2010
New England College, Henniker, NH
Major: Business Management

Professional Experience:
Executive Director, Lake Sunapee Region Chamber of Commerce, New London, NH (Feb 2019 – Present)
Manage a 12 town – 275 member – Chamber in the central western region of NH. Role includes event, meeting, volunteer, committee, website and social media facilitation, creation and management, fundraising, marketing, communications, recruitment and overall support for our business/organization members and our communities.

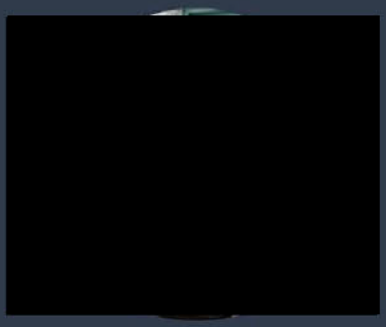
Owner/Artistic Director, Dance Arts Academy, Sunapee, NH (July 2016 – Present)
Started, own and operate a recreational and competitive dance studio in the heart of the Lake Sunapee region. Manage all day to day operations, enrollment, social media, website design, staff management as well as teach classes throughout the week. We organize and hold a Winter Show and an annual Spring Recital.

Guest Services Manager, New London Inn, New London, NH (May 2012 – November 2017)
Assistant Artistic Director, Stardancer Studios, Newport, NH (June 2013 – June 2016)
Paraprofessional Educator, Kearsarge Regional High School, North Sutton, NH (Sept 2010 – June 2013)
Resident Assistant, New England College, Henniker, NH (August 2007 –May 2010)
Work Study with Campus Operations, Henniker, NH (2006 – 2010)

Professional and Leadership Development:
- Institute of Organizational Management – Year One – January 2024
- Discover Sugar River Region DMO – Founding Member & Board Member – 2022 to Present
- New Hampshire Travel Council – Board Member – 2021 to Present
- Granite State Ambassador – Board Member – 2020 to 2022
- Granite State Ambassador Training & Graduation – May 2019
- SCORE mentee for starting business – 2016 through 2018
- Building A Better Non-Profit Board Workshop – October 2016
- Various Business Workshops through Center for Women in Enterprise - 2016
- NEC Leadership Conference January 2009 and February 2010
- Assistant Girl Scout Leader, 2004 – 2007
- Center for the Arts – Board Member – November 2017 - 2019
- KRHS Dance Team Coach & Mentor – September 2010 – 2018
- Member of Dancer Teacher's Club of Boston – May 2006 to Present

Related Skills & Interests:
- Strong computer & social media skills
- Proficient in Microsoft Office programs
- Passion for community engagement & promotion
- Event management & analysis
- Interest for travel to different locations
- Looking to explore & learn more about the non-profit sector
- Very detailed oriented and organized
- Quick learner and attention to detail

Thank You for your time and consideration ~ please contact me if you should need any further information.



Jenna McCarthy

Graphic Designer/Digital Creator

Detail oriented, college graduate, seeking entry level position aligned to fields of study. Visual communication and concept development from original concept to completion; including visual identity and branding, information design, packaging, collateral design, editorial and book design, web, motion and interactive design, electronic pre-press production. Advanced knowledge of Adobe Creative Cloud including Illustrator, Photoshop, InDesign, AfterEffects, Lightroom, InVision Microsoft Office, Constant Contact and Canva.

Contact

Phone

[redacted]

[redacted]

Address

[redacted]

Education

2016-2020
BA: Graphic Design and Photography
College of Saint Rose

2020-2022
MS: Communications: New Media and Marketing
Southern New Hampshire University

Expertise

- Photography
- Visual Communication
- Marketing
- Logo Design
- Packaging Design
- Branding

Language

English

Experience

2017-Present
Jenna Grace Art and Design
Freelance Designer

Designing logos and flyers for local companies, businesses and events. Worked with a local non-profit kitten rescue to develop a website and promotional material to raise funds to support the continued rescue efforts/adoption of kittens who would otherwise be euthanized at high kill shelters.

2019 - 2024
The Refinery Restaurant: 4 Mill Rd, Andover, NH
Host/Server/Market

Market: Working with customers over the phone taking orders. Working with the catering manager to help produce orders and make sure orders are correct and ready to go out the door.
Hosting: Seating customers at tables. Taking reservations and helping with catering requests.
Serving: Giving the customers the best possible experience.

2024-2025
Lake Sunapee Region Chamber of Commerce:
328 Main Street, New London, NH
Marketing Coordinator

- Worked with members across 12 towns to help create graphics, marketing materials, and social media posts across multiple platforms.
- Supported event planning, trade shows, and promotional activities, ensuring consistent brand presentation.
- Maintained historical marketing materials and ensured alignment with brand guidelines to create a regional travel guide for the 2025-2026 season.
- Assisted in managing digital advertising campaigns, including email marketing, and paid social.
- Tracked marketing performance metrics for bi-weekly community newsletter.
- Reignited local Young Professional's Network, and attended Young Professional events state wide.

Reference available upon request.

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 01/01/2025 and ending 12/31/2025

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

C Name of organization
LAKE SUNAPEE REGION CHAMBER OF COMMERCE

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO Box 532

City or town, state or province, country, and ZIP or foreign postal code
New London, NH 03257

D Employer identification number
02-0278693

E Telephone number
603-526-6575

F Group Exemption Number

G Accounting Method: ☑ Cash ☐ Accrual Other (specify):

H Check ☑ if the organization is **not** required to attach Schedule B (Form 990).

I Website: www.lakesunapeeregionchamber.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 151,886

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	15,000
	2	Program service revenue including government fees and contracts			2	57,403
	3	Membership dues and assessments			3	32,928
	4	Investment income			4	955
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	45,600		
	c	Less: direct expenses from gaming and fundraising events	6c	29,818		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	15,782
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	122,068
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	61,291
	13	Professional fees and other payments to independent contractors			13	3,687
	14	Occupancy, rent, utilities, and maintenance			14	4,872
	15	Printing, publications, postage, and shipping			15	19,885
	16	Other expenses (describe in Schedule O) .See Schedule O, Statement 1			16	33,310
	17	**Total expenses.** Add lines 10 through 16			17	123,045
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	-977
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	90,452
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	89,475

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	63,970	22	63,509
23	Land and buildings	24,885	23	24,026
24	Other assets (describe in Schedule O)	2,721	24	2,941
25	**Total assets**	91,576	25	90,476
26	**Total liabilities** (describe in Schedule O)	1,124	26	1,001
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	90,452	27	89,475

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? See Schedule O, Statement 2

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Lake Sunapee Region Chamber of Commerce operated a year-round information booth in the center of New London and advertised and promoted web and publication presence to enhance tourism in the region.
(Continued on Schedule O, Statement 3)
(Grants $) If this amount includes foreign grants, check here . . . . . ☐ **28a**

29
(Grants $) If this amount includes foreign grants, check here . . . . . ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here . . . . . ☐ **30a**

31 Other program services (describe in Schedule O)
(Grants $ 0) If this amount includes foreign grants, check here . . . . . ☐ **31a** 0

32 **Total program service expenses** (add lines 28a through 31a) **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Katie Blake President	5.00	0	0	0
Doug Daniels Vice-President	5.00	0	0	0
Colleen DeAngelis Treasurer	5.00	0	0	0
Tiffany Perkins Secretary	5.00	0	0	0
Tanya Frost Director	3.00	0	0	0
Allyson Traeger Director	3.00	0	0	0
Noelle Bassi Director	3.00	0	0	0
Amy Drummond Director	3.00	0	0	0
Tom Robb Director	3.00	0	0	0
Annie Beck Director	3.00	0	0	0
(Continued on Schedule O, Statement 4)				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed: NH			
42a	The organization's books are in care of: Katie Blake Telephone no. 603-526-6575 Located at: PO Box 532, New London, NH 03257 ZIP + 4 03257			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer — Date

Katie Blake, President

Officer's name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
Kelly Murphy	Kelly Murphy	3/4/2026		P02350649

Firm's name The Nonprofit First Responders — Firm's EIN 47-1554838

Firm's address PO Box 283, Ascutney, VT 05030 — Phone no. 802-299-9121

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

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
LAKE SUNAPEE REGION CHAMBER OF COMMERCE

Employer identification number
02-0278693

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? Yes	(iii) No	(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
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 Black Fly Golf Tourname (event type)	(b) Event #2 Hospital Days (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	31,625	13,975		45,600
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	31,625	13,975		45,600
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	15,738	8,239		23,977
	7 Food and beverages	4,554	0		4,554
	8 Entertainment	0	0		0
	9 Other direct expenses	1,287	0		1,287
	10 Direct expense summary. Add lines 4 through 9 in column (d)				29,818
	11 Net income summary. Subtract line 10 from line 3, column (d)				15,782

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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 $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

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 O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
LAKE SUNAPEE REGION CHAMBER OF COMMERCE	02-0278693

Form 990-EZ, Part II, Line 24 - Prepaid Membership Software Fee

Form 990-EZ, Part II, Line 26 - Payroll Liabilities

Other Expenses Structured Explanation

Description	Amount
Young Professionals and Member Support Programs	11,376
Payroll Taxes	4,801
Information Technology	6,491
Office Supplies	792
Board Development	0
Credit Card Processing	1,494
Insurance	3,061
Professional Development	3,580
Banking Fees	0
Dues and Memberships	857
Depreciation	858
Total:	**33,310**

Primary Exempt Purpose

Primary Exempt Purpose
to promote tourism and quality of life in greater Lake Sunapee region.

First Program Service Accomplishments Description

Description

During 2025, the Chamber maintained ongoing communication with its member businesses and the greater community, to provide continued information and essential service needs, funding updates and all community news as it was happening.

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name	Kristin Judge	3.00	0	0	0
Title	Director				
Name	Jason Bell	3.00	0	0	0
Title	Director				
Name	Ashlee Rowley	40.00	61,291	0	0
Title	Executive Director				

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Lincoln-Woodstock Chamber of Commerce		**1.4. Grantee Address** P.O. Box 1017, Lincoln, NH 03251	
1.5 Grantee Phone # 603-745-6621	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 12/31/2026	**1.8. Grant Limitation** $3,286.87
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1		**1.12. Name & Title of Grantee Signor 1** Kimberly Pickering - Executive Director	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Assistant Attorney General, On:** 5/11/26			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials KP
Date 4/7/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA: RETENTION OF DATA: ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials KP
Date 4/7/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials KP
Date 4/7/16

Exhibit A
Special Provisions

There are no special provisions to this contract

Exhibit B
Scope of Services

The Division of Travel and Tourism (DTTD) will award Joint Promotional Grant funds to the Lincoln-Woodstock Chamber of Commerce (LWCC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Western White Mountain Area Map & Guide: LWCC will contract with RAM Companies to print 25K copies of the Western White Mountain Area Map & Guide to be distributed to NH State Welcome Centers and local racks through the White Mountains and Lakes Region by White Mountain Attractions Association. Additionally, this map will include a QR code to direct users to LWCC's website. LWCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

The Joint Promotional Program Grant Agreement received by Lincoln-Woodstock Chamber of Commerce consists of the following documents: A completed Grant Agreement form, and Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Schedule and Payments

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Lincoln-Woodstock Chamber of Commerce (LWCC).

Total Grant Award: $3,286.87

Reimbursement requests will be invoiced by the LWCC within 90 days after the current fiscal year. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

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 LINCOLN-WOODSTOCK CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 10, 1986. 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: **86780**

Certificate Number: **0007892346**



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

David M. Scanlan
Secretary of State

Corporate Resolution
(Corporation, Non-Profit Corporation)

I, Hilary Calistro hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
Lincoln-Woodstock Chamber of Commerce hereby certify the following is a true copy of a vote taken by the
(Name of Corporation)
Board of Directors/shareholders via an electronic vote on August 12, 2025, in accordance with the corporation's bylaws, at which a quorum of the Directors/shareholders participated and
VOTED: That **Kimberly Pickering, Executive Director** is duly authorized to enter into contracts or
(Name and Title)
agreements on behalf of **Lincoln-Woodstock Chamber of Commerce** with the State of New Hampshire
(Name of Corporation)
and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote

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

DATED: 04/07/26 **ATTEST:** [signature], President
(Name & Title elected Officer of Corporation)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/21/2025

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

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

PRODUCER	**CONTACT NAME:** Randy Buswell
HPM Insurance	**PHONE (A/C, No, Ext):** (603) 673-1201 **FAX (A/C, No):** (603) 673-4825
101 Ponemah Road, Suite 1	**E-MAIL ADDRESS:** Randy@hpminsurance.com
Amherst NH 03031	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A :** Allmerica Fin Benefits 41840
Lincoln Woodstock Chamber Of	**INSURER B :**
Po Box 1017	**INSURER C :**
	INSURER D :
	INSURER E :
Lincoln NH 03251-1017	**INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CL256342087 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			Z2VJ074007	08/01/2025	08/01/2026	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ Included
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		W2VJ097828	08/01/2025	08/01/2026	[ ] PER STATUTE [X] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Chamber of Commerce Excluded Officers: Kate Wetherall - President, Kay Scambio - Vice President, Fraser Kirkpatrick - Treasure from Workres Comp

Re: State Grant Application

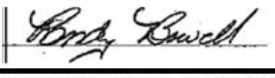
CERTIFICATE HOLDER

NH BEA-DTTD
100 North Main Street, Suite 1
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
31409	Life Teen, Inc.	2222 South Dobson Road, Suite 601	Mesa	AZ	85202	X	5/15/2025
35684	Life Time Foundation	2902 Corporate Place	Chanhassen	MN	55317	G	5/15/2026
19653	Life Without Limbs	2001 W Plano Parkway, Ste 3500Plano, TX 75075	Plano	TX	75075	G	5/15/2026
33034	LIFEBOAT Foundation USA	1 Caesars Palace DriveLas Vegas, NV 89109	Las Vegas	NV	89109	G	11/15/2026
34385	Lifebox Foundation, Inc.	195 Montague Street, 14th Floor	Brooklyn	NY	11201	X	2/15/2025
35203	Lifeline Children's Services, Inc.	4850 Wright Rd Suite 168	Stafford	TX	77477	G	3/30/2027
33138	Lifeline Christian Mission	921 Eastwind Drive, Suite 104Westerville, OH 43081	Westerville	OH	43081	G	11/15/2026
12003	Lifesavers, Inc	C/O 1800 Thibodo Road, Suite 310	Vista	CA	92081	G	11/14/2026
19752	Lifesong for Orphans, Inc.	101 N Western Avenue	Gridley	IL	61744	G	5/15/2026
35403	LifeWise, Inc.	5375 Grace Street	Hilliard	Ohio	43026	G	11/15/2026
32464	Lifted Outdoors	4D Stonewall Way	Exeter	NH	03833	X	4/15/2021
35920	Light Foundation of New Hampshire (The)	38 Sanborn Road	Gilford	NH	03249	G	5/15/2027
32944	Light of Life Ministries	247 Pearl Street	Manchester	NH	03104	G	5/15/2026
32689	Light of Life Ministries, Inc.	665 Ridge AvePittsburgh, PA 15212	Pittsburgh	PA	15212	G	8/15/2026
31951	Lighthouse Credit Union Foundation	100 Lighthouse Drive	Dover	NH	03820	G	5/15/2027
15474	Lighthouse Guild International, Inc.	250 West 64th Street	New York	NY	10023	G	5/15/2026
16874	Lighthouse Kids, Incorporated	PO Box 96	Rye	NH	03870	G	11/14/2026
11869	Lighthouse Pregnancy Crisis Center	PO Box 305	Center Ossipee	NH	03814	X	5/15/2023
17193	Lightning Soccer, Inc.	PO Box 5059	Hanover	NH	03755	X	11/15/2022
12107	Lil' Iguana's Children's Safety Foundation	3 Bud Way Unit 19Nashua, NH 03063	Nashua	NH	03063	G	5/15/2026
34725	Lila Productions	8 Clow Court	Rochester	NH	03867	G	5/15/2026
18510	Lilac Groves Pampered Pups, Inc.	94 Grove Road	Rye	NH	03870	X	5/15/2017
12097	Lillian Prendergast Charitable Trust	300 FRANKLIN STREETMANCHESTER, NH 03101	MANCHESTER	NH	03101	G	11/15/2026
15338	Lilliputian Montessori School, Inc.	PO Box 275	North Conway	NH	03860-0275	G	11/15/2026
15279	Limerick Charitable Trust	230 Congress Street, 12th Floor	Boston	MA	02110	G	5/15/2027
13421	Lina Groux Declaration of Trust	PO Box 653067	Dallas	TX	75265-3067	G	8/15/2026
5808	Lincoln Akerman PTO	8 Exeter Road	Hampton Falls	NH	03844-2028	G	11/15/2026
14238	Lincoln Center for the Performing Arts, Inc.	70 Lincoln Center Plz Fl 9New York, NY 10023	New York	NY	10023	G	5/15/2026
35671	Lincoln Park Zoological Society (The)	2001 N. Clark Street	Chicago	IL	60614	G	8/15/2026
5208	Lincoln Woodstock Rotary Club	PO Box 225	Lincoln	NH	03251	G	11/15/2026
2536	Lincoln-Woodstock Alumni Association	PO Box 582	North Woodstock	NH	03262	X	5/15/2024
11872	Lincoln-Woodstock Chamber of Commerce	PO Box 1017	Lincoln	NH	03251	G	2/15/2027

The Western White Mountains Chamber of Commerce is a tourism-driven organization dedicated to connecting businesses, supporting community vitality, and strengthening the visitor economy in Lincoln, Woodstock, and the Franconia Notch region. Through strong partnerships with local businesses, nonprofit organizations, and municipal leaders, the Chamber plays a vital role in fostering economic growth and enhancing the overall quality of life for residents and visitors alike.

Mission & Vision Statements

Mission: Connecting businesses and people to create a thriving community.

Vision: A place where people can live, work, and play in a prosperous and sustainable region.

Our History & Region

The Western White Mountains Chamber of Commerce was founded in 1959 by local business leaders who believed in the value of a unified organization to support and promote the region's economy.

Originally known as the Lincoln-Woodstock Chamber of Commerce, the organization focused on serving businesses in the Lincoln and Woodstock area while welcoming visitors to the heart of the White Mountains.

Over the decades, the Chamber has played a key role in regional collaboration and destination marketing. Major milestones include:
1959: Chamber incorporated to support and promote local businesses
1990s-2000s: Expansion of cooperative regional marketing efforts and visitor publications
2015: Adoption of the Western White Mountains Chamber of Commerce name to reflect a broader regional focus
Today: A year-round chamber and destination marketing organization supporting businesses, events, advocacy, and community initiatives

NONPROFIT COVER SHEET

A. Entity Name: Lincoln Woodstock Chamber of Commerce

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Kimberly Pickering, Executive Director
PO Box 1017, Lincoln NH 03251 ; 603-745-6621; Kim@WesternWhiteMtns.com

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Hilary Calistro (President)	Riverbank Motel & Cabins
Renee Blood (Vice President)	RiverWalk Resort at Loon Mountain
Delia Sullivan (Secretary)	New England Disabled Sports
Deigh Cormiea	Bank of NH
Kevin Bell	Loon Mountain Resort
Igor Bily	Montaup Cabins
Marcus Corey	Loon Mountain Ministry
Ed Gaiero	Mountain Club on Loon
Justin LaBarge	Bold Everything
Molly Rice Norby	Woodstock Inn Brewery
Christian Parenteau	InnSeason Resorts Pollard Brook
Maria Spanos	Indian Head Resort
Kate Wetherell	White Mountains Attractions

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

Name	Role	Annual Salary	Amount Paid From This Contract
Kimberly Pickering	Executive Director	68,000	0

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

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) **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

Revenue	
Grants	$
Donations	$
Program Services Revenue	$
Interest & Dividends	
All other Revenue	$
Total Revenue	$

Expenses	
Compensation of officers, directors, and key personnel	$
Other salaries & wages	$
Payroll taxes & employee benefits	$
Occupancy, rent, utilities, and insurance	$
Printing, publications, postage, office supplies, and IT	$
All other expenses	$
Total Expenses	$

KIMBERLY PICKERING

PROFESSIONAL SUMMARY

Community-focused leader with extensive experience in tourism development, nonprofit management, and regional economic growth. As Executive Director of the Western White Mountains Chamber of Commerce, brings a strategic, collaborative approach to strengthening local businesses, enhancing visitor experiences, and driving community-based initiatives. Proven success in partnership building, event development, and marketing campaigns that increase engagement and economic impact.

PROFESSIONAL EXPERIENCE

Executive Director | Western White Mountains Chamber of Commerce | January 2017- Present

- Lead a regional chamber serving a tourism-driven economy, supporting local businesses and community vitality
- Develop and implement strategic initiatives focused on tourism, member engagement, and economic development
- Oversee marketing campaigns promoting the region as a premier four-season destination
- Manage partnerships with local businesses, nonprofits, and municipal leaders to strengthen the regional economy
- Direct community events and initiatives that drive visitation and local engagement
- Administer grant-funded programs, including coordination with state tourism initiatives and matching grant opportunities
- Supervise staff, volunteers, and committees to ensure organizational success and growth

Key Accomplishments

- *Increased website traffic and digital engagement through targeted marketing and content strategies*
- *Successfully planned and executed large-scale community events, attracting hundreds of participants*
- *Strengthened collaboration between businesses, nonprofits, and government partners across the region*
- *Secured and managed grant funding to support tourism promotion and introduced new community enhancement projects*
- *Expanded membership engagement and visibility through new programs and initiative*

Member Services | Ski NH | September 1999 - January 2017

- Supported a statewide organization representing New Hampshire's ski industry, working closely with member resorts and tourism partners
- Built and maintained relationships with member businesses, enhancing engagement and collaboration across the industry
- Coordinated member communications, events, and programs to support industry growth and visibility

COMMUNITY LEADERSHIP & INVOLVEMENT

- Member, Quality Committee at Littleton Regional Healthcare
- Trustee, North Country Center for the Arts & Jean's Playhouse
- Board Member, NH Travel Council
- Member, Lincoln-Woodstock Community Center Building
- Volunteer: The Bridge Project NH, Town of Woodstock Ballot Clerk, Celebrity Senior Center Bingo Caller, Lin-Wood High School Future Business Leaders & Kanc Ski Racing Timer

EDUCATION

B.S Marketing | Franklin Pierce University | 2000

16079

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01/24 , and ending 09/30/25

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

C Name of organization: LINCOLN-WOODSTOCK CHAMBER COMMERCE

Doing business as: WESTERN WHT MTNS CHAMBER COMMERCE

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 1017

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LINCOLN NH 03251

D Employer identification number: 02-0256731

E Telephone number: 603-745-6621

G Gross receipts$: 307,961

F Name and address of principal officer: HILARY CALISTRO

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

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

If "No," attach a list. See instructions

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LINCOLNWOODSTOCK.COM

H(c) Group exemption number

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

L Year of formation: 1986

M State of legal domicile: NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	18
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	71,216	59,833
9 Program service revenue (Part VIII, line 2g)	256,402	234,825
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	169	37
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,801	5,487
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,588	300,182
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,000	1,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	92,925	92,179
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 7,391		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	221,584	188,640
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	315,509	281,819
19 Revenue less expenses. Subtract line 18 from line 12	16,079	18,363

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	524,882	510,485
21 Total liabilities (Part X, line 26)	370,684	337,924
22 Net assets or fund balances. Subtract line 21 from line 20	154,198	172,561

Part II Signature Block

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

CLIENT COPY

Sign Here

Signature of officer: HILARY CALISTRO PRESIDENT

Type or print name and title

Date

Paid Preparer Use Only

Preparer's name: RONDA J KILANOWSKI, CPA	Preparer's signature: Ronda J Kilanowski RONDA J KILANOWSKI, CPA	Date: 02/06/26	Check ☐ if self-employed	PTIN: P00234628

Firm's name: RMW ACCOUNTING, LLC — Firm's EIN: 85-1777754

Firm's address: PO BOX 537 LINCOLN, NH 03251 — Phone no. 603-745-3121

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

16079

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 10/01, 2024, and ending 9/30, 20 25

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Name of filer

	EIN or SSN
LINCOLN-WOODSTOCK CHAMBER COMMERCE	02-0256731

Name and title of officer or person subject to tax: HILARY CALISTRO
PRESIDENT

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	[X]	**b** Total revenue, if any (Form 990, Part VIII, column (A), line 12)	**1b**	300,182
2a Form 990-EZ check here	[ ]	**b** Total revenue, if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here	[ ]	**b** Total tax (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here	[ ]	**b** Tax based on investment income (Form 990-PF, Part V, line 5)	**4b**	
5a Form 8868 check here	[ ]	**b** Balance due (Form 8868, line 3c)	**5b**	
6a Form 990-T check here	[ ]	**b** Total tax (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here	[ ]	**b** Total tax (Form 4720, Part III, line 1)	**7b**	
8a Form 5227 check here	[ ]	**b** FMV of assets at end of tax year (Form 5227, Item D)	**8b**	
9a Form 5330 check here	[ ]	**b** Tax due (Form 5330, Part II, line 19)	**9b**	
10a Form 8038-CP check here	[ ]	**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 [X] 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

[X] I authorize RMW ACCOUNTING, LLC (ERO firm name) to enter my PIN 16079 as my signature
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 _____

COPY

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. 65661557169
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 Ronda J Kilanowski RONDA J KILANOWSKI, CPA Date 02/06/26

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Twin Mountain Chamber of Commerce		**1.4. Grantee Address** PO Box 194, Twin Mountain, NH 03595	
1.5 Grantee Phone # 603-846-5501	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 9/30/2026	**1.8. Grant Limitation** $3,823
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Carol Carlson Cunningham		**1.12. Name & Title of Grantee Signor 1** Carol Carlson Cunningham V Pres.	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney, On:** 5/11/26 / /			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials CCC
Date 4-8-26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE; COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions

8. PERSONNEL.

8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.

8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

9. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT; REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials ecc
Date 4-8-26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials CW
Date 4-8-26

Exhibit A
Special Provisions

Due to the nature of this contract, DTTD waives the $2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond) and accepts $500,000 for any one incident.

Exhibit B
Scope of Services

The Division of Travel and Tourism (DTTD) will award Joint Promotional Grant funds to Twin Mountain Chamber of Commerce (TMCC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Online Advertising: TMCC will work with Kathy Bennett Marketing to use targeted, concentrated online advertising to reach audiences primarily outside of New Hampshire. TMCC will create Google Ad campaigns using search and display ads, targeting prospective visitors by demographics, interests and geography. TMCC will also use paid social advertisement on Facebook, and Instagram to promote activities in the region. TMCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Print Media: TMCC will work with Smith & Town Printers to print 10K of a rack card that will be distributed through local outlets and used at trade shows. TMCC will place a 22.75"x13.75" display advertisement within the brochure room at the White Mountains Visitor Center for 3 months. TMCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

Marketing Services: TMCC will contract with Kathy Bennet Marketing to provide professional services to ensure targeted marketing that will appeal to potential visitors. Services will include public relations, press releases, blog writing, Google Ads Management, Meta Ads Management, organic social media strategy and content development, and SEO and website maintenance. TMCC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

The Joint Promotional Program Grant Agreement received by the Twin Mountain Chamber of Commerce consists of the following documents: A completed Grant Agreement form, and Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Schedule and Payments

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Twin Mountain Chamber of Commerce (TMCC).

Total Grant Award: $3,823

Reimbursement requests will be invoiced by the TMCC within 90 days after the fiscal year in which the grant was awarded. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

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 TWIN MOUNTAIN CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 19, 1979. 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: **65440**

Certificate Number: **0007888539**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of March A.D. 2026.

David M. Scanlan
Secretary of State

Corporate Resolution
(Corporation, Non-Profit Corporation)

I, Robert Arey, herby certify that I am a duly elected Officer of the Twin Mountain Chamber of Commerce. I hereby certify the following is a true copy of a vote of the Twin Mountain Chamber of Commerce taken at a conference of the Board of Directors, duly called and held on March 23, 2026, at which a quorum of the Directors was present and voting.

> VOTED: Carol Carlson Cunningham as vice-president is duly authorized to enter into contracts or agreements on behalf of the Twin Mountain Chamber of Commerce with the State of New Hampshire and any of its agencies or departments and is further authorized to execute any documents which may in her judgment be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract to which this certificate is attached. This authority remains valid for thirty (30) days from the date of the Corporate Resolution. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that she has 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: 4/10/26

Robert Arey, President
(name & title of elected officer)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/30/2026

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 Geo. M. Stevens & Son Co. PO Box 271 149 Main Street Lancaster NH 03584	CONTACT NAME: PHONE (A/C, No, Ext): 800-675-2555 FAX (A/C, No): E-MAIL ADDRESS:
INSURED TWINMOU-01 Twin Mountain Chamber Of Commerce PO Box 194 Twin Mountain NH 03595-0194	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : First Comp Underwriters 27626 INSURER B : Nautilus 17370 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 244557357 **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	
B	X COMMERCIAL GENERAL LIABILITY			NN1955845	3/5/2026	3/5/2027	EACH OCCURRENCE	$ 500,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		WC0108900-17	5/1/2026	5/1/2027	PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

NH BEA - DTTD
100 North Main St, Ste 100
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Christopher Knapp

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NONPROFIT COVER SHEET

A. Entity Name: Twin Mountain Chamber

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Carol Carlson Cunningham carlsonslodge@gmail.com

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Robert Arey (President)	Cog Railway
Carol Carlson Cunningham (V Pres)	Carlson's Lodge
Sarah Levy	Wayside Inn
Lynda Martin	Bretton Woods Ski Area
Robert Lamoureaux	Along the River
Nicholas Bolcon	Patio Cabins
Christine Holman	Allegory Inn

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

Name	Role	Annual Salary	Amount Paid From This Contract
Cyndi Smith	Treasurer	$1500.00	0
Carol Carlson Cunningham	V Pres	0	

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:

[ ] 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**

[X] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

[ ] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[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) **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

		Expenses	
Revenu			
Grants	$	*Compensation of officers, directors, and key personnel*	$
Donations	$		
Program Services Revenue	$	*Other salaries & wages*	$
Interest & Dividends	$	*Payroll taxes & employee benefits*	$
All other Revenue	$	*Occupancy, rent, utilities, and insurance*	$
Total Revenue	$	*Printing, publications, postage, office supplies, and IT*	$
		All other expenses	$
		Total Expenses	$

TWIN MOUNTAIN-
BRETTON WOODS
Chamber of Commerce

PO Box 194, Twin Mountain, NH 03495

The mission statement of the Twin Mountain – Bretton Woods Chamber of Commerce

To inspire growth by promoting tourism, supporting local businesses, and strengthening the Twin Mountain–Bretton Woods community.

Cynthia Smith

Professional Summary

A reliable, energetic, compassionate and enthusiastic person looking to continue employment after owning a fast-paced small business. I am self-motivated and an independent multi-tasker with a team spirit. Providing a positive and successful work environment is essential to a business's success.

Skills

* All Front Desk duties -Greet & register guests, answer phones & emails
* Installed & maintained WIFI and phone system
* Telecommunications – 21 year career
* Valid NH Driver License
* Use of POS credit card machines
* Effective at multi-tasking
* *Familiar with Microsoft Excel, Word & outlook*
* Manage yearly budgets & expenses
* Plowing & Lawn Mowing with zero turn mower
* Managed housekeeping team & supplies
* Performed housekeeping duties
* Work independently effectively
* Established a large repeat customer base
* Pool equipment repairs, maintenance & testing
* Able to use Ohm meter
* *Worked with oil, propane & kerosene provider*
* Quickbooks Accounting Software

Work History

Owner/Operator, October 2005 to January 2021
Carroll Motel & Cottages – Twin Mountain, NH
Greeted and Interacted with all guests during check-ins and their stay to ensure a perfectly pleasant experience. Handled all incoming phone calls and responded to emails expeditiously. Managed all financial data, marketing and housekeeper staff. Oversaw all daily operations. Coordinated upgrades each year of the property. Performed various kinds of maintenance work, including landscaping. Maintained and repaired SX-200 sand filter and LAARS pool heater. Performed daily pool testing during the summer months.

Systems/Fiber Engineer
March 1984 to October 2002
Telecommunications Industry
Telecommunications career responsibilities:
Outside Field positions installing and repairing fiber systems, local dial tone, DSL T1/T3's and CPE equipment. Customer interactions and support for both sales, installation and repair of voice & data services. Managed outside field technicians & Technical sales support employees. Coordinated installations of fiber systems in the New England area. Daily and on-call equipment & network repair duties. Designed & implemented customer networks. Technical sales support. Ordered and coordinated FG-A, B & D voice circuits for switching center. Maintained office Mitel SX200 PBX & voice mail system.

Education

High School Diploma 1983 – Wakefield Memorial High School, Wakefield, MA
Northeastern University– Telecommunications classes

Volunteer Positions

Twin Mountain Chamber of Commerce- Treasurer 2004 to present
Twin Mountain Snowmobile Club- Vice President 2007 until September 2019
Twin Mountain Recreation Department – Treasurer 2007 to 2011
Twin Mountain Recreation Ski program – Coordinator 2005 to 2015

Carol Carlson Cunningham

Professional Experience

- **Carlson's Lodge, Twin Mountain, NH** current co-owner and manager of 24 room lodge with experience and responsibility for all facets of the business since 1982
- **Mount Washington Hotel, Bretton Woods, NH** (1973 – 1982 & consulting in 1986) Starting in convention office and leaving as Vice President in charge of the Rooms Division
- **Franconia Ski School, Cannon Mountain, Franconia, NH** (winters 1976 – 1994) complete all financial responsibilities and communication with the state. Assistant Director on site beginning in 1982 assuming administrative and marketing responsibilities
- **Profile Junior-Senior High School, Bethlehem, NH** - Member of School Board (3/2008 – 3/2017) addressing school issues at monthly meetings
- **Colonial Theatre, Bethlehem, NH Member** - Board of Directors 11/2013 – 10/2022 Worked on marketing committee and attended all bi-monthly meetings
- **Twin Mountain – Bretton Woods Chamber of Commerce, Twin Mountain, NH** (1980's – present) Active member and current Vice President having served in all capacities and as secretary and president

Education

- **AB in Sociology/Psychology** Brown University, Providence, RI (9/1967 – 5/1971)
- **MBA** in small business and marketing, Plymouth State College, Plymouth, NH (8/1980 – 6/1982)

References

Available upon request.

From: Twin mountain Chamber <twinmtnchamber@gmail.com>
Sent: Wednesday, April 8, 2026 10:41 AM
To: DOJ: Charitable Trusts Unit <CharitableTrustsUnit@doj.nh.gov>
Subject: Re: Non-Profit Chamber of Commerce

EXTERNAL EMAIL WARNING! This email originated outside of the New Hampshire Executive Branch network. Do not open attachments or click on links unless you recognize the sender and are expecting the email. Do not enter your username and password on sites that you have reached through an email link. Forward suspicious and unexpected messages by clicking the Phish Alert button in your Outlook and if you did click or enter credentials by mistake, report it immediately to helpdesk@doit.nh.gov!

Hello Sara,

We are a 501(c)6. We have been receiving a JPP grant from the state of NH which is used to promote tourism with advertising, etc. Does that change anything in reference to being registered with you?

Thank you for your quick response and time in this matter,

Cyndi Smith

Twin Mountain Chamber of Commerce

Treasurer

On Wed, Apr 8, 2026, 9:14 AM DOJ: Charitable Trusts Unit <CharitableTrustsUnit@doj.nh.gov> wrote:

> Hi Cyndi,
>
> If you are 501(c) 3 then you would need to register.
>
> Here are some links that might be useful:
>
> https://www.doj.nh.gov/bureaus/charitable-trusts/free-trustee-training-and-resources
>
> Our Guidebook for NH Charitable Organizations is found here:
>
> https://mm.nh.gov/files/uploads/doj/remote-docs/guidebook-non-profit-organizations.pdf
>
> All our up-to-date forms, including Annual Reports, can be found on our website.
>
> https://www.doj.nh.gov/bureaus/charitable-trusts/ctu-forms
>
> Thank you,
>
> Sarah on behalf of the Charitable Trusts Unit

Form **990-N**

Electronic Notice (e-Postcard)

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

OMB No. 1545-2085

2025

Open to Public Inspection

A For the **2025** Calendar year, or tax year beginning **2025-01-01** and ending **2025-12-31**

B Check if available
- ☐ **Terminated for Business**
- ☑ **Gross receipts are normally $50,000 or less**

C Name of Organization: **TWIN MOUNTAIN CHAMBER OF COMMERCE**

PO Box 194, Twin Mountain,
NH, US, 03595

D Employee Identification Number **02-0318529**

E Website:
www.twinmountain.org

F Name of Principal Officer: **Rob Avery**

PO Box 194, Twin Mountain,
NH, US, 03595

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name Department of Business and Economic Affairs		**1.2. State Agency Address** 100 N. Main St, Suite 100, Concord, NH 03301	
1.3. Grantee Name Wolfeboro Area Chamber of Commerce		**1.4. Grantee Address** P.O. Box 547, Wolfeboro, NH 03894	
1.5 Grantee Phone # 603-569-2200	**1.6. Account Number** 20130000/500590	**1.7. Completion Date** 12/31/2026	**1.8. Grant Limitation** $8,520.50
1.9. Grant Officer for State Agency Michelle Cruz		**1.10. State Agency Telephone Number** 603-271-2665	
If Grantee is a municipality or village district: "**By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1 Mary DeVries		**1.12. Name & Title of Grantee Signor 1** Mary DeVries, Executive Director	
Grantee Signature 2 **N/A**		**Name & Title of Grantee Signor 2** **N/A**	
Grantee Signature 3 **N/A**		**Name & Title of Grantee Signor 3** **N/A**	
1.13 State Agency Signature(s) Lucy Lange		**1.14. Name & Title of State Agency Signor(s)** Lucy Lange, Commissioner	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Vasilios Manthos **Attorney, On:** 5/11/26			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

Initials MD
Date 5/6/26

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

Initials MD
Date 5/6/26

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

Initials MD
Date 5/6/26

Exhibit A
Special Provisions

Due to the nature of this contract, DTTD waives the 2,000,000 provision for bodily injury or death in Paragraph 17.1.2 (Insurance and Bond, and accepts $1,000,000 for any one incident.)

Exhibit B
Scope of Services

The Division of Travel and Tourism Development (DTTD) will award Joint Promotional Grant funds to the Wolfeboro Area Chamber of Commerce (WACC) to be used to promote travel and tourism in New Hampshire.

Grant Deliverables:

Wolfeboro Area Brochure: WACC will work with donna di casparro to design, Cummings to print 25K copies and Smiley Publishing to distribute the Wolfeboro Area brochure. The brochure will represent all four season and show the unique location of the region as well as provide information regarding the goods and services within the area. The brochure will be distributed at NH State Welcome Centers throughout NH and available digitally on WACC's website. WACC shall ensure that DTTD's logo is used to co-brand materials, as appropriate and in accordance with DTTD branding guidelines.

This Joint Promotional Program Grant Agreement received by the Wolfeboro Area Chamber of Commerce consists of the following documents: A completed Grant Agreement form, Exhibits A, B, and C, which are all incorporated herein by reference as if fully set forth herein.

Exhibit C
Price and Payment Schedule

In consideration of the satisfactory performance of the services described in Exhibit B, as determined by the Division of Travel and Tourism Development (DTTD), DTTD agrees to pay the Wolfeboro Area Chamber of Commerce (WACC):

Total Grant Award: $8,520.50

Reimbursement requests will be invoiced by the WACC within 90 days after the after the fiscal year in which the grant was awarded. The invoices shall be paid in accordance with state procedures, 30 days after the invoice date. Expenses incurred prior to Governor and Executive Council approval and after DTTD internal approval will only be reimbursed if contract receives final approval from Governor and Executive Council.

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 WOLFEBORO AREA CHAMBER OF COMMERCE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 16, 1974. 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: **66643**

Certificate Number: **0007859681**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of March A.D. 2026.

David M. Scanlan
Secretary of State

Certificate of Authority # 1 *(Corporation, Non-Profit Corporation)*

Corporate Resolution

I, Yvonne Lauziere, **hereby certify** that I am duly elected Clerk/Secretary/Officer of
(Name)
Wolfeboro Area Chamber of Commerce. I hereby certify 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 9, 2026 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Mary DeVries, Executive Director (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts or agreements on behalf of

Wolfeboro Area Chamber of Commerce3 with the State of New Hampshire and any of
(Name of Corporation)

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

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

DATED: April 9, 2026 **ATTEST:** Yvonne M Lauziere
(Name & Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/23/2026

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	CONTACT NAME: Karyn Vander Hey
Avery Insurance 21 South Main Street PO Box 1510 Wolfeboro NH 03894-1510	PHONE (A/C, No, Ext): (603) 569-2515 FAX (A/C, No): (603) 569-4266 E-MAIL ADDRESS: karyng@averyinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Insurance Co	00914
INSURER B : FirstComp	27626
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Wolfeboro Area Chamber of Commerce
PO Box 547
Wolfeboro NH 03894-0547

COVERAGES **CERTIFICATE NUMBER:** 26-27 MASTER **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			04SBABU3PLC	01/28/2026	01/28/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			04SBABU3PLC	01/28/2026	01/28/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC0164696-11	09/21/2025	09/21/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

"This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein."

CERTIFICATE HOLDER

NH BEA - DTTD
100 North Main St, Suite 100
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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NONPROFIT COVER SHEET

A. Entity Name: Wolfeboro Area Chamber of Commerce

B. Entity's Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):

Mary DeVries
603-569-2200
mary@wolfeborochamber.com

C. List Board of Directors and Affiliations

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
Yvonne Lauziere (President)	Kingswood Press & Design Studio
Lynne Palmer (Vice President)	Brewster Academy
Jeremy Roberge (Past President)	Huggins Hospital
Ryan Maran (Treasurer)	Leone, McDonnell & Roberts PA
Jeremiah Burke	Goodhue Boat Company
Jim McDevitt	Wolfetrap Raw Bar, and Wolfetrap Fish Market
Tiana Tocio	Butternuts Good Dishes
Lucy Van Cleve	Coldwell Banker Realty
Sheila Chittum	The Windrifter Resort
Gina Lessard	Wolfeboro Lions Club
Kathy Tetreault	Lakes Region Technology Center
Kevin Lawlor. Also: Jami Bourdeau, Aaron Morrissey, Melissa Scruton,	Edward Jones; Meredith Village Savings Bank; Morrisseys` Porch & Pub; PSI Molded Plastics

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

Name	Role	Annual Salary	Amount Paid From This Contract
Mary DeVries	Executive Director	$60,000	-0-

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:

[ ] 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**

[X] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**

[ ] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

[ ] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**

[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) **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

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

2. BALANCE SHEET

Assets	
Cash & Equivalents	$
Investments	$
Real Estate (less any depreciation)	$
Other Property & Equipment (less any depreciation)	$
Pledges, grants, accounts receivable	$
All other assets	$
Total Assets	$

Liabilities	
Accounts Payable	$
Loans Payable	$
All other liabilities	$
Total Liabilities	$

MISSION STATEMENT

The Wolfeboro Area Chamber of Commerce works with the community and municipal representatives to promote the economic betterment and enhanced quality of life in our area by bringing together the special talents, skills and resources of the community for the benefit of present and future residents, businesses and visitors.

New Hampshire Wolfeboro™ JEWEL OF LAKE WINNIPESAUKEE

PO Box 547, 32 Central Avenue Wolfeboro, NH 03894
603-569-2200 800-516-5324
www.wolfeborochamber.com mary@wolfeborochamber.com

Mary DeVries

PROFESSIONAL SUMMARY

Strategic nonprofit leader and economic development advocate with expertise in tourism marketing, partnership building, and community engagement. Proven ability to manage budgets and deliver marketing and communications that elevate local businesses and drive year-round economic growth.

CORE COMPETENCIES

Nonprofit Leadership • Partnership Development • Strategic Communications • Community Engagement • Economic Development • Budget Management • Marketing

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PROFESSIONAL EXPERIENCE

Executive Director

Wolfeboro Area Chamber of Commerce, Wolfeboro, NH – Present

- Lead economic development and tourism initiatives to strengthen local business growth and community visibility
- Manage organizational budget, aligning resources with strategic priorities and ensuring financial stability
- Secure sponsorships, grants and funding opportunities to expand programs and initiatives
- Build and sustain partnerships with businesses, municipal leaders, and community stakeholders
- Develop and execute strategies promoting the region as a year-round destination
- Produce successful campaigns, press materials, and digital content

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ADDITIONAL LEADERSHIP & IMPACT

- Business advocacy
- Event planning and promotion
- Public speaking and stakeholder presentations
- Grew membership by 66%
- Business and Industry Association of NH Above and Beyond Award recipient
- Volunteer board member 15 years of Wolfeboro Community Television
- Volunteer member, Wolfeboro Economic Development Committee

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

The Wolfeboro Chamber of Commerce
P.O. Box 547
Wolfeboro, NH 03894

Prepared By:

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

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

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

OMB No. 1545-0047

2024

Name of filer
THE WOLFEBORO CHAMBER OF COMMERCE

EIN or SSN
02-0227035

Name and title of officer or person subject to tax
RYAN T MARAN
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	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☒	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	119,670.
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**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 LEONE, MCDONNELL & ROBERTS, P.A. to enter my PIN 27035
ERO firm name
Enter five numbers, but do not enter all zeros

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 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 RTM, CPA Date 11/13/25

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.

02023203894
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 RTM, CPA Date 10/20/25

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
THE WOLFEBORO CHAMBER OF COMMERCE

Taxpayer identification number (TIN)
02-0227035

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 547

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
WOLFEBORO, NH 03894

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MARY DEVRIES
32 CENTRAL AVENUE - WOLFEBORO, NH 03894

Telephone No. 603-569-2200 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20_____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

EXTENDED TO NOVEMBER 17, 2025

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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: THE WOLFEBORO CHAMBER OF COMMERCE

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 547

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: WOLFEBORO, NH 03894

D Employer identification number: 02-0227035

E Telephone number: 603-569-2200

F Group Exemption Number

G Accounting Method: [ ] Cash [X] Accrual Other (specify)

H Check [X] if the organization is **not** required to attach Schedule B (Form 990).

I **Website:** WWW.WOLFEBOROCHAMBER.COM

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c) (6) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ..... $ 119,670.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ..... [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,245.
	2	Program service revenue including government fees and contracts	2	55,543.
	3	Membership dues and assessments	3	50,770.
	4	Investment income SEE SCHEDULE O	4	40.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	72.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,670.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	62,804.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	9,892.
	15	Printing, publications, postage, and shipping	15	4,869.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	40,142.
	17	**Total expenses.** Add lines 10 through 16	17	117,707.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,963.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,977.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	57,940.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	37,218.	22	38,570.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	21,086.	24	22,176.
25	**Total assets**	58,304.	25	60,746.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	2,327.	26	2,806.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	55,977.	27	57,940.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III X

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here 28a

29

(Grants $) If this amount includes foreign grants, check here 29a

30

(Grants $) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here 31a

32 **Total program service expenses** (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV X

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHEILA CHITTUM PRESIDENT	10.00	0.	0.	0.
JEREMY ROBERGE VICE PRESIDENT	4.00	0.	0.	0.
RYAN MARAN TREASURER	3.00	0.	0.	0.
KATE LEMAY PAST PRESIDENT	4.00	0.	0.	0.
JEREMIAH BURKE DIRECTOR	2.00	0.	0.	0.
KEVIN LAWLOR DIRECTOR	2.00	0.	0.	0.
JIM MCDEVITT DIRECTOR	2.00	0.	0.	0.
LYNNE PALMER DIRECTOR	2.00	0.	0.	0.
DANIEL MILLS DIRECTOR	2.00	0.	0.	0.
AARON MORRISSEY DIRECTOR	2.00	0.	0.	0.
YVONNE LAUZIERE DIRECTOR	2.00	0.	0.	0.
JEFF SIRLES DIRECTOR	2.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of MARY DEVRIES Telephone no. 603-569-2200			
	Located at: 32 CENTRAL AVENUE, WOLFEBORO, NH ZIP + 4 03894			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here [ ] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here

Signature of officer RTM, CPA Date 11/13/25

RYAN T MARAN, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN

Firm's name | Firm's EIN

Firm's address | Phone no.

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
THE WOLFEBORO CHAMBER OF COMMERCE	02-0227035

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	55,985.	61,647.	52,022.	64,160.	64,015.	297,829.
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	45,181.	44,370.	50,326.	56,592.	55,543.	252,012.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	101,166.	106,017.	102,348.	120,752.	119,558.	549,841.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						549,841.

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	101,166.	106,017.	102,348.	120,752.	119,558.	549,841.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.	3.	16.	48.	40.	110.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3.	3.	16.	48.	40.	110.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		24,587.				24,587.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	101,169.	130,607.	102,364.	120,800.	119,598.	574,538.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	95.70 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	95.63 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	.02 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	.01 %

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

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

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

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

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

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

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

7 ☐ 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 under distributions 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			

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
PAYCHECK PROTECTION PROGRAM LOAN FORGIVENESS
2021 AMOUNT: $ 24,587.

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: THE WOLFEBORO CHAMBER OF COMMERCE

Employer identification number: 02-0227035

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
BANK INTEREST	40.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	72.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES	375.
INSURANCE	3,305.
PROGRAM SERVICE COSTS	23,756.
DISTRIBUTION	2,880.
TELEPHONE	2,728.
PAYROLL TAXES	5,215.
WEBSITE EXPENSE	269.
BANK AND SERVICE FEES	1,087.
ADVERTISING AND PROMOTION	48.
CONFERENCES	479.
TOTAL TO FORM 990-EZ, LINE 16	40,142.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	20,742.	21,832.
DEPOSIT	344.	344.
TOTAL TO FORM 990-EZ, LINE 24	21,086.	22,176.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES	2,327.	2,806.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE THE ECONOMIC BETTERMENT AND ENHANCED QUALITY OF LIFE IN WOLFEBORO, NEW HAMPSHIRE AND THE SURROUNDING COMMUNITIES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
PROMOTING ECONOMIC BETTERMENT IN THE WOLFEBORO AREA.
LARGEST PROGRAM ACCOMPLISHMENTS ARE SECURING ADVERTISING IN OUR ANNUAL BROCHURE, SUCCESSFUL FUNDRAISING, AWARDING EDUCATIONAL SCHOLARSHIPS, AND PRESENTING COMMUNITY EVENTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization: THE WOLFEBORO CHAMBER OF COMMERCE

Employer identification number: 02-0227035

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KATHY TETREAULT DIRECTOR	2.00	0.	0.	0.
TIANA TOCIO DIRECTOR	2.00	0.	0.	0.
LUCY VAN CLEVE DIRECTOR	2.00	0.	0.	0.
MARY DEVRIES EXECUTIVE DIRECTOR	40.00	58,004.	0.	0.