

78 - 9/2/26



Lori A. Weaver  
Commissioner

Katja S. Fox  
Director

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

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

July 17, 2026

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a contract with New Hampshire Alcohol and Drug Abuse Counselors Association (VC#170428), Concord, NH, in the amount of \$460,000 to provide competency and skills-based professional development training programs to New Hampshire's substance misuse Continuum of Care workforce, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through June 30, 2027. 21.74% Federal Funds. 78.26% General Funds.

Funds are available in the following account for State Fiscal Year 2027, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

**05-95-92-920510-31680000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SAPT BLOCK GRANT, 100% FEDERAL FUNDS**

| State Fiscal Year | Class/ Account | Class Title                | Job Number             | Total                   |
|-------------------|----------------|----------------------------|------------------------|-------------------------|
| 2027              | 102-500731     | Contracts for Program Serv | 92056507               | \$100,000               |
|                   |                |                            | <b><i>Subtotal</i></b> | <b><i>\$100,000</i></b> |

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR'S COMMISSION FUNDS, 100% GENERAL FUNDS**

| State Fiscal Year | Class/ Account | Class Title | Job Number | Total |
|-------------------|----------------|-------------|------------|-------|
|-------------------|----------------|-------------|------------|-------|

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and the Honorable Council  
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|      |            |                            |                 |                  |
|------|------------|----------------------------|-----------------|------------------|
| 2027 | 102-500731 | Contracts for Program Serv | 92058512        | \$360,000        |
|      |            |                            | <b>Subtotal</b> | <b>\$360,000</b> |
|      |            |                            | <b>Total</b>    | <b>\$460,000</b> |

### **EXPLANATION**

The purpose of this request is for the Contractor to develop and deliver high-quality skills-based training programs that strengthen New Hampshire's workforce in the areas of substance use disorder, alcohol and other drug misuse, and problem gambling prevention, treatment, and recovery. The Contractor will provide a comprehensive set of trainings that build practical skills, increase understanding of public health strategies, support consistent and effective program delivery, strengthens recovery approaches, and enhance workforce development. These trainings will follow best practices and cover all parts of the care system, including prevention, suicide prevention, early intervention, treatment, and recovery support, to improve professional competencies across the Continuum of Care.

Approximately 1,400 participants through a minimum of 60 training sessions will be supported during State Fiscal Year 2027. In addition to training delivery, the Contractor will assess workforce development needs, identify emerging training gaps, provide recommendations for continuous improvement, and ensure training content remains aligned with current best practices and industry standards.

The Contractor will develop and deliver prevention, treatment and recovery support trainings through virtual and in-person formats, along with other professional development activities for the state's substance misuse Continuum of Care workforce. The Contractor will assess workforce needs, provide ongoing feedback on training gaps, and offer best-practice content. These efforts will support a systematic and accessible approach for substance misuse and problem gambling prevention, treatment and recovery professionals to obtain and maintain required credentials.

The Department will monitor services by reviewing the monthly and annual reports provided by the Contractor.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from March 20, 2026 through May 1, 2026. The Department received three (3) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request professional growth and learning opportunities for New Hampshire's Alcohol and Other Drug Continuum of Care System workforce will be significantly limited, reducing the ability of prevention, treatment, and recovery service providers to strengthen their knowledge, skills, and competency. This would also create delays and unnecessary barriers to obtaining and maintaining credentials, ultimately affecting the quality and consistency of care delivered to people with SUD and problem gambling across the state.

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
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Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.959, FAIN #B08TI088120

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Weaver". The signature is stylized with a large initial "L" and "W".

For:

Lori A. Weaver  
Commissioner

|               |                                                     |
|---------------|-----------------------------------------------------|
| Project ID #  | RFP-2027-DBH-14-TRAIN                               |
| Project Title | Training for Alcohol and Other Drug (AOD) Workforce |

|                                                                                                                | Maximum Points Available | Canham College, Inc | New Hampshire Drug Abuse Counselors Association | SARGAD LLC |
|----------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------------|------------|
| Technical                                                                                                      |                          |                     |                                                 |            |
| Workplan/Experience (Q1)                                                                                       | 275                      | 150                 | 275                                             | 265        |
| Quality Improvement (Q2)                                                                                       | 145                      | 97                  | 140                                             | 145        |
| LMS/IT Infrastructure (Q3)                                                                                     | 130                      | 100                 | 125                                             | 110        |
| Sustainability/Capacity (Q4)                                                                                   | 150                      | 50                  | 140                                             | 130        |
| Subtotal - Technical                                                                                           | 700                      | 397                 | 680                                             | 650        |
| receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened. |                          |                     |                                                 |            |
| Cost                                                                                                           |                          |                     |                                                 |            |
| Vendor Cost                                                                                                    | 250                      | N/A                 | 250                                             | 245        |
| Vendor Budget Evaluation                                                                                       | 50                       | N/A                 | 48                                              | 43         |
| Subtotal - Cost                                                                                                | 300                      | N/A                 | 298                                             | 288        |
| TOTAL POINTS                                                                                                   | 1000                     | 397                 | 978                                             | 938        |
| TOTAL PROPOSED VENDOR COST                                                                                     |                          | N/A                 | \$460,000                                       | \$470,019  |

| Reviewer Name        | Title                       |
|----------------------|-----------------------------|
| 1 Katelyn Setterlund | Business Administrator III  |
| 2 Lorlette Moir      | Program Administrator III   |
| 3 Jessica Howard     | Block Grant Program Planner |
| 4 Sara Cleveland     | CSU Administrator           |
| 5 Kimbly Wade        | BDAS Administrator          |



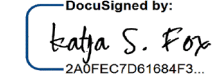
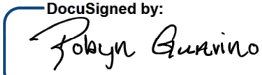
**Subject:** Training for Alcohol and Other Drug (AOD) Workforce (RFP-2027-DBH-14-TRAIN-01)

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

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

|                                                                                                                                                                                                                                                                                                       |                                          |                                                                                       |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------|
| <b>1.1 State Agency Name</b><br><br>New Hampshire Department of Health and Human Services                                                                                                                                                                                                             |                                          | <b>1.2 State Agency Address</b><br>129 Pleasant Street<br>Concord, NH 03301-3857      |                                          |
| <b>1.3 Contractor Name</b><br>New Hampshire Alcohol and Drug Abuse Counselors Association                                                                                                                                                                                                             |                                          | <b>1.4 Contractor Address</b><br>130 Pembroke Road, Suite 150, Concord, NH 03301      |                                          |
| <b>1.5 Contractor Phone Number</b><br>(603) 225-7060                                                                                                                                                                                                                                                  | <b>1.6 Account Unit and Class</b><br>TBD | <b>1.7 Completion Date</b><br>6/30/2027                                               | <b>1.8 Price Limitation</b><br>\$460,000 |
| <b>1.9 Contracting Officer for State Agency</b><br>Robert W. Moore, Director                                                                                                                                                                                                                          |                                          | <b>1.10 State Agency Telephone Number</b><br>(603) 271-9631                           |                                          |
| <b>1.11 Contractor Signature</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">Signed by:</div><br> <div style="float: right;">Date: 7/17/2026</div>                                |                                          | <b>1.12 Name and Title of Contractor Signatory</b><br><br>Christine McKenna President |                                          |
| <b>1.13 State Agency Signature</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">DocuSigned by:</div><br> <div style="float: right;">Date: 7/17/2026</div>                         |                                          | <b>1.14 Name and Title of State Agency Signatory</b><br><br>Katja S. Fox Director     |                                          |
| <b>1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b><br><br>By: _____ Director, On: _____                                                                                                                                                             |                                          |                                                                                       |                                          |
| <b>1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)</b><br>By: <div style="border: 1px solid black; padding: 2px; display: inline-block;">DocuSigned by:</div>  On: 7/22/2026 |                                          |                                                                                       |                                          |
| <b>1.17 Approval by the Governor and Executive Council (if applicable)</b><br><br>G&C Item number: _____ G&C Meeting Date: _____                                                                                                                                                                      |                                          |                                                                                       |                                          |

**2. SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

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

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

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

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

## 8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

## 9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

## 10. PROPERTY OWNERSHIP/DISCLOSURE.

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

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

## 12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

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

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

#### 14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

#### 15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

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

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

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

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

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

**22. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

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

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

**25. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**26. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services  
Training for Alcohol and Other Drug (AOD) Workforce  
EXHIBIT A**

---

**Revisions to Standard Agreement Provisions**

1. Revisions to Form P-37, General Provisions

- 1.1. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3., in its entirety and replacing it as follows:
  - 3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.
- 1.2. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
  - 6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
- 1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5., as follows:
  - 12.5. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

RFP-2027-DBH-14-TRAIN-01

Exhibit A

Contractor Initials

Initial  


New Hampshire Alcohol and  
Drug Abuse Counselors Association

Date 7/17/2026



**New Hampshire Department of Health and Human Services  
Training for Alcohol and Other Drug (AOD) Workforce  
Exhibit B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor must provide competence and skills based professional training for the Alcohol and Other Drug (AOD) Continuum of Care (CoC) and problem gambling prevention workforce (Workforce).
- 1.2. The Contractor must ensure services are available statewide.
- 1.3. For the purposes of this Agreement, all references to business hours mean Monday through Friday from 8:00 AM to 5:00 PM, excluding State and Federal holidays.
- 1.4. The Contractor must provide a competency and skills-based professional development training program that teaches about trauma-informed best practices, risk mitigation, prevention, problem gambling prevention, co-occurring mental health disorders, recovery supports, and emerging issues in order to address the needs of the Workforce statewide.
- 1.5. The Contractor must assign a staff member as a Training Director, whose responsibility is to oversee, coordinate, and facilitate the development and implementation of the professional development training program.
- 1.6. The Contractor must administer a Workforce training needs survey to all Workforce training providers on an annual basis to ascertain training needs.
- 1.7. The Contractor must administer a multi-component training program covering prevention, intervention, treatment and recovery. It must also provide a training calendar with scheduled trainings that offer a systematic approach to meeting the credentialing and continuing education requirements of the Workforce.
- 1.8. The Contractor must plan, coordinate and provide a minimum of 60 live trainings, with in-person and virtual attendance options, which includes a minimum of four (4) trainings offered in the northern region of NH, a minimum of three (3) webinars, and a minimum of two (2) learning module trainings offered per state fiscal year. The Contractor must ensure training topics, approved by the Department, include, but are not limited to:
  - 1.8.1. A skill building practice series.
  - 1.8.2. Instruction on emerging issues, including at least eight (8) suicide prevention related topics.
  - 1.8.3. Instruction on industry standards for prevention, treatment and recovery strategies for Stimulant Use Disorder.
  - 1.8.4. Instruction on co-occurring mental health disorders with adherence to public health strategies and overdose prevention for youth ages 12 – 18, young adulthood ages 18 - 25 and adults including, but not limited to:

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- 1.8.4.1. Contingency Management.
  - 1.8.4.2. Community Reinforcement Approach.
  - 1.8.4.3. Cognitive Behavioral Therapy.
  - 1.8.4.4. Motivational Interviewing.
  - 1.8.4.5. Exercise Therapy.
  - 1.8.4.6. Mindfulness.
  - 1.8.4.7. Impact of brain injury and overdose.
  - 1.8.4.8. Methamphetamine.
  - 1.8.4.9. Youth mental health first aid.
  - 1.8.4.10. Adult mental health first aid.
  - 1.8.4.11. Law enforcement training that includes stigma reduction and mental health first aid, as requested.
  - 1.8.4.12. Other identified trainings for credentialing, licensure and certification and other evidence-based practice skills.
- 1.9. For all trainings outlined in Section 1.8., the Contractor must:
- 1.9.1. Provide participants with:
    - 1.9.1.1. Training materials;
    - 1.9.1.2. Continuous access to a library of a minimum of 50 on-demand webinars; and
    - 1.9.1.3. Approved continuing education (CE) hours as identified by the Department, applicable to the training audience and certification needs.
  - 1.9.2. Ensure training:
    - 1.9.2.1. Meets the needs of the Workforce as identified in the Workforce training needs survey;
    - 1.9.2.2. Is provided by qualified trainers with expertise relevant to the Workforce and is designed for various adult learning styles and levels of knowledge;
    - 1.9.2.3. Is pre-approved by the Department; and
    - 1.9.2.4. Integrates eLearning tools, when appropriate.
- 1.10. The Contractor must provide training space, materials, and logistical support for in-person quarterly trainings on Initial Training on addiction and recovery which utilize trainers provided by the Department, and are at no cost to participants.

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- 1.11. The Contractor must ensure training sessions are consistent with the required professional standards and core competency needs of the Workforce including, but not limited to, such roles as:
  - 1.11.1. Certified Prevention Specialists.
  - 1.11.2. Advanced Certified Prevention Specialists.
  - 1.11.3. Licensed Alcohol and Drug Counselors.
  - 1.11.4. Master Licensed Alcohol and Drug Counselors.
  - 1.11.5. Certified Recovery Support Workers.
- 1.12. The Contractor must monitor and verify attendance at each event to ensure individuals attending are accounted for accurately in order to obtain CE hours. The method of monitoring and verification of attendance must be approved by the Department before use.
- 1.13. The Contractor must market training events utilizing methods approved by the Department, including, but not limited to:
  - 1.13.1. Maintaining an email list and sending email notifications to the Workforce and other identified training audiences.
  - 1.13.2. Maintaining and publishing an events calendar on the Contractor's website.
  - 1.13.3. Publishing and distributing a newsletter to the Workforce and other identified training audiences on a quarterly basis.
- 1.14. The Contractor must develop and utilize an evaluation plan, process and tool(s), as approved by the Department and in accordance with each accrediting body, to evaluate each training event's efficacy and quality, including, but not limited to:
  - 1.14.1. Collecting and analyzing participant evaluation responses for each training session.
  - 1.14.2. Compiling and analyzing aggregate data from evaluation responses no less than every six (6) months.
  - 1.14.3. Sharing evaluation data with the Department to ensure the program is meeting its goals and for continuous quality improvement of the training program.
- 1.15. The Contractor must utilize a learning management system (LMS) to monitor and manage the training program. The Contractor must ensure the LMS is in alignment with the completed Appendix H— IT Workbook and includes, but is not limited to:
  - 1.15.1. An Administrative Dashboard with the ability to, at a minimum:



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- 1.15.1.1. Receive and track information including, but not limited to:
  - 1.15.1.1.1. Registration and payment for trainings.
  - 1.15.1.1.2. A calendar that provides the date and title for each training session.
  - 1.15.1.1.3. Number of registrations, attendees and individuals on waitlists for individual trainings.
  - 1.15.1.1.4. Information for each participant, including:
    - 1.15.1.1.4.1. Name of participant;
    - 1.15.1.1.4.2. Job title;
    - 1.15.1.1.4.3. Name of participant's agency or organization;
    - 1.15.1.1.4.4. Mailing address;
    - 1.15.1.1.4.5. Email address;
    - 1.15.1.1.4.6. Fees paid by participant and/or agency;
    - 1.15.1.1.4.7. The ability to send and receive training evaluations to and from participants; and
    - 1.15.1.1.4.8. Personal profiles that allow participants to access training summaries and continuing education certificates based on attendance.
- 1.16. The Contractor must work closely with the Department to support current and emerging initiatives, such as co-occurring mental health conditions, the opioid crisis, and trauma-informed care, that affect the Workforce for improving the State's system of care including, but not limited to:
  - 1.16.1. Developing training materials on particular topics for target populations, as needs arise, at the request of the Department.
  - 1.16.2. Adjusting activities and staffing to meet Department and Workforce training needs.
  - 1.16.3. Updating training topics and classes as scientific evidence evolves.
- 1.17. The Contractor must provide training access to employees within the Division for Behavioral Health at no additional cost when space is available for any scheduled training session.
- 1.18. The Contractor must identify the needs of the Workforce, and ensure trainings

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- are not duplicative of existing trainings offered through other venues by:
- 1.18.1. Meeting regularly with the Department to seek input on Workforce training needs;
  - 1.18.2. Collecting and analyzing participant evaluation feedback for individual trainings and program wide on a bi-annual basis;
  - 1.18.3. Soliciting feedback from participants, professionals and key stakeholders regarding the training needs of the Workforce;
  - 1.18.4. Participating in Workforce development education and training committees to learn what other agencies plan to offer and to inform the agencies of the Contractor's training plans;
  - 1.18.5. Monitor licensing and certification board meetings to identify provider needs; and
  - 1.18.6. Actively engaging in the planning of any potential collaborative conferences.
- 1.19. The Contractor must administer a process to award scholarships in an amount not less than \$5,000 per state fiscal year to NH AOD CoC service providers to attend training events, as approved by the Department, which may include, but are not limited to events sponsored by:
- 1.19.1. ADEPT Educational Institute of New England;
  - 1.19.2. New England Addiction Technology Transfer Center; and
  - 1.19.3. Prevention Technology Transfer Center Network.
- 1.20. The Contractor may collect registration fees from training participants for training expenses that exceed the amount funded by the Department, except for participants attending the in-person trainings referenced in Section 1.10. Prior to implementation, the Contractor shall submit the proposed registration fee schedule to the Department for review and written approval prior to implementation.
- 1.21. The Contractor must expand the training program and work towards its long-term sustainability by including:
- 1.21.1. Train-the-Trainer components;
  - 1.21.2. Leveraging resources to increase the number of training opportunities offered;
  - 1.21.3. Recruitment of experienced trainers to increase program capacity;
  - 1.21.4. An emphasis on low-cost access for participants; and
  - 1.21.5. Appropriate investment in infrastructure that supports long-term workforce development.

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1.22. The Contractor must conduct a project kick-off meeting with the Department and identified project staff within 20 business days of the contract effective date to review:

1.22.1. Contract requirements;

1.22.2. Initial work plan criteria; and

1.22.3. Initial timelines.

1.23. The Contractor must follow the Workplan and Timeline below in Section 1.23.3, Table, that defines the goals, objectives, activities, deliverables, and due dates to the Department for approval, ensuring:

1.23.1. The final work plan and timeline are provided to the Department within 10 business days of the project kick-off meeting; and

1.23.2. Changes to work plans or timelines are approved by the Department prior to implementation.

1.23.3. Table

| <b>Deliverables</b>                                                                                                                                                                                                                                                                    | <b>Timeline of Occurrence</b>                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Develop training plan. Provide all licensure and re-licensure course requirements for LADCs, MLADCs, CRSWs, and CPSs. Offer courses over a evenly spaced schedule throughout the calendar year and ensure enough offerings are provided to meet the need of all training participants. | Finalize training plan and begin scheduling of trainings for remaining quarters by end of Q2. |
| Follow existing policies to ensure trainers are knowledgeable, evidence-based, and appropriate for the topics they present on. Ensure that all noted topics are covered within training plan and implementation.                                                                       | Ongoing throughout Contract duration.                                                         |
| Administer, disseminate, and aggregate responses of annual training survey. Survey was administered in Q1 previously in 2026.                                                                                                                                                          | Ongoing throughout Contract duration.                                                         |

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| All training events to be posted on NHADACA/NHTIAD website in both list and calendar formats for ease of access.                                                                                                                                                                                                                                                    | Offer approximately 15 trainings, and approximately one (1) training in the Northern Region of New Hampshire each quarter. Trainings may be of any mix of in-person or virtual at discretion of Department. |
| Utilize existing Learning Management System to ensure training participants have access to training materials needed before and after the course, webinar library which is currently inclusive of 60 webinars, and ability to access training certificates to be used for CE hours in licensure and re-licensure applications.                                      | Ongoing throughout duration of Contract.                                                                                                                                                                    |
| Utilize data from 2026 Workforce Needs Survey to identify training needs while planning trainings for FY 2026-2027. Ensure trainers are qualified to present on the topics they are presenting on and use a variety of teaching styles to meet the needs of various learners. Ensure that all trainings are pre-approved by the Department prior to posting online. | Ongoing throughout duration of Contract.                                                                                                                                                                    |
| Upon notification of assigned trainer from the Department, these trainings will be scheduled to be held quarterly. All materials and certificates will be available to attendees utilizing our existing Learning Management System.                                                                                                                                 | Host one (1) set of BDAS trainings per quarter.                                                                                                                                                             |
| Email lists are maintained and will continue to be maintained through Constant Contact. Newsletters are distributed quarterly by Development                                                                                                                                                                                                                        | Ongoing throughout duration of Contract.                                                                                                                                                                    |

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| Director as well as occasional additional notifications of upcoming trainings calendar is maintained on NHADACA website of all upcoming events in both list and calendar format                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      |
| Evaluations are collected from attendees of each training, with at least 85% completion rate. Evaluation results are sent to each presenter upon completion for review and discussion with Training Director as needed. Evaluation results aggregated every 6-months into a report submitted to the Department inclusive of evaluation completion rates, satisfaction rates, areas of improvement, and requested training topics. Evaluation results will meet or exceed 85% satisfaction rating. | First report due in January 2027 for period of Contract Start through December 2026.<br>Second report due in July 2027 for period of January 2027 through June 2027. |
| Identify the needs of the Workforce via completed using workforce needs survey, attendance at planning meetings for other events, attendance and support at outside conferences (including but not limited to the NH Behavioral Health Summit, ADEPT Summer School, ADEPT School of Best Practices, etc.) Additionally, Staff to attend meetings with Department to discuss workforce needs, meetings with licensing and certification boards.                                                    | Ongoing throughout duration of Contract.                                                                                                                             |
| Quarterly reports to be submitted to the Department within 15 days of reporting period ending, inclusive of all listed requirements. Annual report to                                                                                                                                                                                                                                                                                                                                             | Quarterly Report due in October 2026 to cover the period of Contract Start through September 2026. Quarterly Report due in January 2027 to                           |

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| be submitted at same time as last quarterly report upon end of contract (or end of contract year 1). | cover the period of October 2026 through December 2026. Quarterly Report due in April 2027 to cover the period of January 2027 through March 2027. Quarterly Report due in July 2027 to cover the period of April 2027 through June 2027. Annual Report due in July 2027 to cover Contract Start through June 2027. |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 1.24. The Contractor must provide an evaluation plan to the Department for approval within 10 business days following the kick-off meeting that specifies how trainings will be evaluated.
- 1.25. The Contractor must actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 1.26. The Contractor must collect and share data with the Department in accordance with the terms of this Agreement and additionally as requested by the Department in a format specified by the Department.
- 1.27. The Contractor must participate collaboratively in Information Sharing Meetings with the Department on a quarterly basis, or as otherwise requested by the Department. These meetings may involve other attendees as determined by the Department in its sole discretion.
- 1.28. The Contractor must participate in status meetings with the Department on a quarterly basis, or as otherwise requested by the Department. The Contractor must ensure its Training Director participates in these meetings on a schedule determined by the Department to ensure compliance with this Agreement.
- 1.29. Reporting
  - 1.29.1. The Contractor must submit quarterly reports to ensure progress towards contract deliverables which include, but are not limited to:
    - 1.29.1.1. A summary of the work performed during the previous period.
    - 1.29.1.2. A description of key issues encountered and anticipated, along with proposed mitigation strategies for each.
    - 1.29.1.3. A list and brief description of trainings scheduled for the subsequent quarter.

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- 1.29.1.4. A summary of evaluation results from trainings conducted during the reporting period.
- 1.29.1.5. Updates to the approved work plan, if applicable, including explanation for any deviations.
- 1.29.2. The Contractor must submit an annual report no later than 60 days after the end of each state fiscal year that includes, but is not limited to:
  - 1.29.2.1. A complete program overview.
  - 1.29.2.2. Accomplishments towards program goals and performance measures.
  - 1.29.2.3. End of year financial report.
- 1.29.3. The Contractor must provide key data in a format and at a frequency specified by the Department for the following performance measures:
  - 1.29.3.1. No less than 85% of training participant evaluation sheets are collected; and
  - 1.29.3.2. At least 85% of training participants report satisfactory results.
- 1.29.4. The Contractor may be required to provide other key data and metrics to the Department in a format specified by the Department.
- 1.30. Background Checks
  - 1.30.1. Prior to permitting any individual to provide services to training participants under this Agreement, the Contractor must ensure that said individual has undergone:
    - 1.30.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement; and
    - 1.30.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.
- 1.31. Confidential Data
  - 1.31.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.
  - 1.31.2. The Contractor must ensure any individuals involved in delivering



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services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

**1.32. Privacy Impact Assessment**

1.32.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

- 1.32.1.1. How PII is gathered and stored;
- 1.32.1.2. Who will have access to PII;
- 1.32.1.3. How PII will be used in the system;
- 1.32.1.4. How individual consent will be achieved and revoked; and
- 1.32.1.5. Privacy practices.

1.32.2. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

**1.33. Website and Social Media**

1.33.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.

1.33.2. The Contractor agrees Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PII or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit and all applicable state and federal law, rules, and

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agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

1.33.3. State of New Hampshire's Website Copyright

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

1.34. Contract End-of-Life Transition Services

1.34.1. General Requirements

1.34.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

1.34.1.2. The Contractor must assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

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- 1.34.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.
- 1.34.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 1.34.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- 1.34.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.
- 1.34.2. Completion of Transition Services
  - 1.34.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
  - 1.34.2.2. Once all parties agree the data has been migrated the Contractor will have thirty (30) days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.
- 1.34.3. Disagreement over Transition Services Results
  - 1.34.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the

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Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

**2. Exhibits Incorporated**

- 2.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.
- 2.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.

**3. Additional Terms**

**3.1. Impacts Resulting from Court Orders or Legislative Changes**

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

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

- 3.2.1. The Contractor must submit:
  - 3.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.
  - 3.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website

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(<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

- 3.2.1.3. The Department's Federal Civil Rights Compliance Checklist within ten (10) days of the Effective Date of the Agreement. The Federal Civil Rights Compliance Checklist must have been completed within the last twelve (12) months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

### 3.3. Credits and Copyright Ownership

- 3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 3.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department must retain all intellectual property rights, including but not limited to copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.
- 3.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

### 4. Records

- 4.1. The Contractor must keep records that include, but are not limited to:
  - 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers,

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requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

- 4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.
- 4.3. If, upon further review, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 21.74% Federal funds, Substance Use Prevention, Treatment, and Recovery Services Block Grant, as awarded on February 24, 2025, by the US Department of Health and Human Services, HHS, ALN 93.959, FAIN B08TI088120.
  - 1.2. 78.26% General funds.
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Contractor, based on criteria specified in 2 CFR §200.331.
  - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
  - 2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred net registration fees collected in fulfillment under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget.
4. The Contractor shall submit an invoice to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a format as provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment in accordance with Section 3 above.
  - 4.4. Includes supporting documentation of allocable costs, labeled by budgeted line item with each invoice, including, but not limited to, proof of expenditures, receipts for purchases, time sheets, and payroll records, as applicable.
  - 4.5. Includes reporting of registration fee revenue for the previous month.
  - 4.6. Is completed, dated and returned to the Department to initiate payment.
  - 4.7. Is assigned an electronic signature and is emailed to [invoicesforcontracts@dhhs.nh.gov](mailto:invoicesforcontracts@dhhs.nh.gov) or mailed to:

Financial Manager  
Department of Health and Human Services  
129 Pleasant Street

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Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) calendar days of receipt of each invoice and any required supporting documentation, subsequent to approval of the submitted invoice.
6. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. If applicable, the Contractor must notify the Department of any revisions, updates, or extensions to the Contractor's federal negotiated indirect cost rate agreement (NICRA) by submitting a copy of the revised NICRA to the Department within five (5) business days of the Contractor's receipt of the NICRA from the cognizant federal agency.
9. Audits
  - 9.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 9.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
    - 9.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
    - 9.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 9.2. If Condition A exists, the Contractor must submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
    - 9.2.1. The Contractor must submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor

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**New Hampshire Department of Health and Human Services  
Training for Alcohol and Other Drug (AOD) Workforce  
EXHIBIT C**

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must submit quarterly progress reports on the status of implementation of the corrective action plan.

- 9.3. If Condition B or Condition C exists, the Contractor must submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 9.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial audits performed by an independent CPA upon request by the Department.
- 9.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and must return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception, within sixty (60) days.
10. If applicable, the Contractor must request disposition instructions from the Department for any equipment, based on 2 CFR 200.313, purchased using funds provided under this Agreement.

Exhibit C-1 Budget

| New Hampshire Department of Health and Human Services                                                                |                               |                                        |  |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|--|
| Contractor Name: New Hampshire Alcohol and Drug Abuse Counselors Association                                         |                               |                                        |  |
| Budget Request for: RFP-2027-DBH-14-TRAIN-01                                                                         |                               |                                        |  |
| Budget Period: Upon Governor Council Approval - June 30, 2027                                                        |                               |                                        |  |
| Indirect Cost Rate (if applicable) 15%                                                                               |                               |                                        |  |
| Line Item                                                                                                            | Program Cost - Funded by DHHS | Program Cost - Contractor Share/ Match |  |
| 1. Salary & Wages                                                                                                    | \$215,950                     | \$57,700                               |  |
| 2. Fringe Benefits                                                                                                   | \$53,988                      | \$14,425                               |  |
| 3. Consultants                                                                                                       | \$71,000                      | \$3,000                                |  |
| 4. Equipment - Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | \$0                           | \$0                                    |  |
| 5.(a) Supplies - Educational                                                                                         | \$2,100                       | \$800                                  |  |
| 5.(b) Supplies - Lab                                                                                                 | \$0                           | \$0                                    |  |
| 5.(c) Supplies - Pharmacy                                                                                            | \$0                           | \$0                                    |  |
| 5.(d) Supplies - Medical                                                                                             | \$0                           | \$0                                    |  |
| 5.(e) Supplies Office                                                                                                | \$2,125                       | \$400                                  |  |
| 6. Travel                                                                                                            | \$2,810                       | \$820                                  |  |
| 7. Software                                                                                                          | \$100                         | \$50                                   |  |
| 8. (a) Other - Marketing/ Communications                                                                             | \$3,800                       | \$2,500                                |  |
| 8. (b) Other - Education and Training                                                                                | \$2,400                       | \$250                                  |  |
| 8. (c) Other - Other (specify below)                                                                                 | \$0                           | \$0                                    |  |
| Other (Subscriptions/Memberships)                                                                                    | \$3,505                       | \$300                                  |  |
| Other (Audit/Legal)                                                                                                  | \$2,400                       | \$600                                  |  |
| Other (CE Applications)                                                                                              | \$300                         | \$180                                  |  |
| Other (Food/Room Rental)                                                                                             | \$0                           | \$2,712                                |  |
| Other (Learning Management System)                                                                                   | \$15,200                      | \$2,000                                |  |
| Other (Scholarships)                                                                                                 | \$5,016                       | \$0                                    |  |
| Other (Managed IT and Data Security)                                                                                 | \$14,960                      | \$350                                  |  |
| Other (BDAS Targeted Costs)                                                                                          | \$5,000                       | \$0                                    |  |
| 9. Subrecipient Contracts                                                                                            | \$0                           | \$0                                    |  |
| Total Direct Costs                                                                                                   | \$400,654                     | \$86,087                               |  |
| Total Indirect Costs                                                                                                 | \$59,346                      | \$12,913                               |  |
| <b>TOTAL</b>                                                                                                         | <b>\$460,000</b>              | <b>\$99,000</b>                        |  |

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Contractor Initials:

# New Hampshire Department of Health and Human Services

## Exhibit D – Federal Requirements

### SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

#### ALTERNATIVE I - FOR CONTRACTORS OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS  
 US DEPARTMENT OF EDUCATION - CONTRACTORS  
 US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by contractors (and by inference, sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each Agreement during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner  
 NH Department of Health and Human Services  
 129 Pleasant Street  
 Concord, NH 03301-6505

1. The Contractor certifies that it will or will continue to provide a drug-free workplace by:
  - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
    - 1.2.1. The dangers of drug abuse in the workplace;
    - 1.2.2. The Contractor's policy of maintaining a drug-free workplace;
    - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 1.3. Making it a requirement that each employee to be engaged in the performance of the Agreement be given a copy of the statement required by paragraph (a);
  - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the Agreement, the employee will
    - 1.4.1. Abide by the terms of the statement; and
    - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

## New Hampshire Department of Health and Human Services

### Exhibit D – Federal Requirements

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- 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;
  - 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
    - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
  - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
- 
2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

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## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

### SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and Byrd Anti-Lobbying Amendment (31 U.S.C. 1352), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS  
US DEPARTMENT OF EDUCATION - CONTRACTORS  
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- \*Temporary Assistance to Needy Families under Title IV-A
- \*Child Support Enforcement Program under Title IV-D
- \*Social Services Block Grant Program under Title XX
- \*Medicaid Program under Title XIX
- \*Community Services Block Grant under Title VI
- \*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, loan, or cooperative agreement (and by specific mention sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see <https://omb.report/icr/201009-0348-022/doc/20388401>
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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# New Hampshire Department of Health and Human Services

## Exhibit D – Federal Requirements

### SECTION C: CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 12689 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

#### INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this Agreement, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this Agreement is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See <https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context>.
6. The prospective primary participant agrees by submitting this Agreement that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties) <https://www.ecfr.gov/current/title-22/chapter-V/part-513>.

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# New Hampshire Department of Health and Human Services

## Exhibit D – Federal Requirements

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

### PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. Have not within a three-year period preceding this proposal (Agreement) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 11.3. Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
  - 11.4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

### LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (Agreement), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
  - 13.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - 13.2. Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (Agreement).
14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

# New Hampshire Department of Health and Human Services

## Exhibit D – Federal Requirements

### SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. The Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
3. The Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
4. The Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
5. The Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
6. The Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
7. The Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
8. The Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
9. 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
10. 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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## New Hampshire Department of Health and Human Services

### Exhibit D – Federal Requirements

12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor’s representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to comply with the provisions indicated above.

## New Hampshire Department of Health and Human Services

### Exhibit D – Federal Requirements

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#### SECTION E: CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

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# New Hampshire Department of Health and Human Services

## Exhibit D – Federal Requirements

### SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$30,000 or more. If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC. Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

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# New Hampshire Department of Health and Human Services

## Exhibit E

### DHHS Information Security Requirements

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#### A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss

Contractor Initials

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

#### I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

##### A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

## II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.

Contractor Initials Initial  
CM

## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

### III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

#### A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

Contractor Initials

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## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

#### B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

#### IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
  1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
  2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

Contractor Initials Initial  
CM

## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

Contractor Initials Initial  
CM

## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
  - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
  - b. safeguard this information at all times.
  - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

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## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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- d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

#### V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;

Contractor Initials

Initial  




## New Hampshire Department of Health and Human Services

### Exhibit E

#### DHHS Information Security Requirements

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4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

#### VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Contractor Initials 

Date 7/17/2026

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE ALCOHOL AND DRUG ABUSE COUNSELORS ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 26, 1985. 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: **89242**

Certificate Number: **0007958395**



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 June A.D. 2026.

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

David M. Scanlan  
Secretary of State

## CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of New Hampshire Alcohol and Drug Abuse Counselors Association.  
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 22, 2026, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

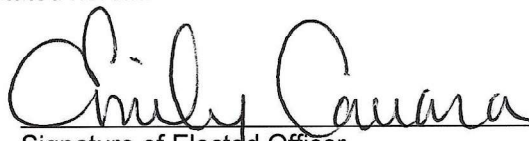
**VOTED:** That Carol Furlong, President Elect; or Christine McKenna, President; or Diane Fontneau, Immediate Past President (may list more than one person) (Name and Title of Contract Signatory)

is duly authorized on behalf of New Hampshire Alcohol and Drug Abuse Counselors Association to enter into  
(Name of Corporation/ LLC)

contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 7-17-26

  
Signature of Elected Officer  
Name: Emily Carrara  
Title: Secretary

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2026

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).

|                                                                                                                                               |  |                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Byse Insurance - Laconia<br>67 Water Street Unit 201<br><br>Laconia NH 03246                                               |  | <b>CONTACT NAME:</b> Jennifer Sheldon<br><b>PHONE (A/C, No, Ext):</b> (603) 673-1201<br><b>FAX (A/C, No):</b> (603) 524-0748<br><b>E-MAIL ADDRESS:</b> jennifer@hpminsurance.com                                                                                          |  |
|                                                                                                                                               |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Continental Casualty Company<br><b>INSURER B:</b> Travelers Property Casualty Co of America (A/R)<br><b>INSURER C:</b> Hanover Insurance Company<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                                                               |  | <b>NAIC #</b><br>20443<br>22292                                                                                                                                                                                                                                           |  |
| <b>INSURED</b><br>NH ALCOHOL & DRUG ABUSE COUNSELERS (SEE ENDT)<br>130 PEMBROKE RD STE 150<br>130 Pembroke Road, Ste. 150<br>CONCORD NH 03301 |  |                                                                                                                                                                                                                                                                           |  |

## COVERAGES

CERTIFICATE NUMBER: CL25121243226

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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

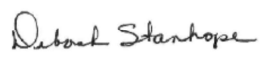
| INSR LTR | TYPE OF INSURANCE                                                                              | ADDL INSD                                     | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                        |
|----------|------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|-------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                        |                                               |          | 6025655757        | 06/30/2026              | 06/30/2027              | EACH OCCURRENCE \$ 2,000,000                                                                                  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |                                               |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000                                                        |
|          |                                                                                                |                                               |          |                   |                         |                         | MED EXP (Any one person) \$ 10,000                                                                            |
|          |                                                                                                |                                               |          |                   |                         |                         | PERSONAL & ADV INJURY \$ 2,000,000                                                                            |
|          |                                                                                                |                                               |          |                   |                         |                         | GENERAL AGGREGATE \$ 4,000,000                                                                                |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                               |          |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                                                                           |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                               |          |                   |                         |                         | Employment Practices Liability Insu \$ 10,000                                                                 |
|          | OTHER:                                                                                         |                                               |          |                   |                         |                         |                                                                                                               |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                               |          |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                                                        |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                               |          |                   |                         |                         | BODILY INJURY (Per person) \$                                                                                 |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                      | <input type="checkbox"/> SCHEDULED AUTOS      |          |                   |                         |                         | BODILY INJURY (Per accident) \$                                                                               |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                      | <input type="checkbox"/> NON-OWNED AUTOS ONLY |          |                   |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                                             |
|          | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                      |          |                   |                         |                         | \$                                                                                                            |
|          | <b>UMBRELLA LIAB</b>                                                                           |                                               |          |                   |                         |                         | EACH OCCURRENCE \$                                                                                            |
|          | <b>EXCESS LIAB</b>                                                                             | <input type="checkbox"/> OCCUR                |          |                   |                         |                         | AGGREGATE \$                                                                                                  |
|          | <input type="checkbox"/> CLAIMS-MADE                                                           |                                               | \$       |                   |                         |                         |                                                                                                               |
|          | DED <input type="checkbox"/> RETENTION \$                                                      |                                               |          |                   |                         |                         |                                                                                                               |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                               |          | 6JUB-0413N90-8-26 | 05/03/2026              | 05/03/2027              | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>                                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y / N <input type="checkbox"/>                | N / A    |                   |                         |                         | 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        | Professional Liability                                                                         |                                               |          | LHVH29508305      | 06/30/2026              | 06/30/2027              | General Aggregate \$3,000,000<br>Professional Liability \$1,000,000<br>Privacy & Security Liabili \$1,000,000 |

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

Work performed during the policy period. Certificate Holder is included as additional insured as per written contract or agreement

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                         |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State of New Hampshire Department of Health & Human Services<br>129 Pleasant St<br><br>Concord NH 03301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                                         | AUTHORIZED REPRESENTATIVE<br>                                             |

# NONPROFIT COVER SHEET

**A. Entity Name:** New Hampshire Alcohol and Drug Abuse Counselors Association

**B. Entity's Contact Information:**

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

Name / Phone / Email: Dianne Castrucci, 603-225-7060, dianne@nhadaca.org

**Person responsible for Accuracy and Completeness of information provided:**

Name: Dianne Castrucci

Title: Executive Director/CEO

Signature: Dianne Castrucci

**C. List Board of Directors and Affiliations**

| <u>Name (Identify any additional role(s) in Parentheses)</u> | <u>Affiliations</u>                |
|--------------------------------------------------------------|------------------------------------|
| E.g., John Doe (President)                                   |                                    |
| <b>Diane Fontneau (Immediate Past President)</b>             | Hope on Haven Hill                 |
| <b>Christine McKenna (President)</b>                         | GNCA/Keystone Hall                 |
| <b>Carol Furlong (President Elect)</b>                       | Retired                            |
| <b>Kim Haney (Treasurer)</b>                                 | Canterbury Behavioral Health       |
| <b>Emily Carrara (Secretary)</b>                             | Amoskeag Health                    |
| <b>Jim Michaels (North Country Rep)</b>                      | Seacoast Mental Health             |
| <b>Sara Dupont (Lakes Region Rep)</b>                        | Plymouth State University          |
| <b>Ward Clem (Central Rep)</b>                               | Choices and Recovery               |
| <b>Cheryle Pacapelli (Southern Rep)</b>                      | Retired                            |
| <b>Lisa Spurrell (Seacoast Rep)</b>                          | Families in Transition             |
| <b>Elena VanZandt (CT Valley Rep)</b>                        | HALO Educational Systems           |
| <b>Phoebe Axtman (At-Large Rep)</b>                          | Be One Counseling                  |
| <b>Bobby Ringuette (At-Large Rep)</b>                        | Greater Nashua Mental Health       |
| <b>IvySue Hranac (At-Large Rep)</b>                          | A Meaningful Journey, PLLC         |
| <b>Robert Mensha (Student Rep)</b>                           | The Doorways of Greater Manchester |

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

| <u>Name</u>               | <u>Role</u> | <u>Annual Salary</u> | <u>Amount Paid From This Contract</u> |
|---------------------------|-------------|----------------------|---------------------------------------|
| <b>Dianne Castrucci</b>   | CEO         | \$115,000            | \$14,950                              |
| <b>Allison Cunningham</b> | COO         | \$110,000            | \$11,000                              |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |
|                           |             |                      |                                       |

**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).

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**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>

|       |                                                |                              |         |    |       |   |           |
|-------|------------------------------------------------|------------------------------|---------|----|-------|---|-----------|
| 17440 | NH Alcohol & Drug Abuse Counselors Association | 130 Pembroke Road, Suite 100 | Concord | NH | 03301 | G | 5/15/2027 |
|-------|------------------------------------------------|------------------------------|---------|----|-------|---|-----------|



**FINANCIAL DISCLOSURES****G. Check one the following:**

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

**1. INCOME STATEMENT**

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



**2. BALANCE SHEET**

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

Mission: NHADACA's mission is to provide quality education, workforce development, advocacy, ethical standards and leadership for addiction professionals. We empower efforts in prevention, treatment and recovery.

**ROWLEY & ASSOCIATES, P.C.**

**CERTIFIED PUBLIC ACCOUNTANTS**

MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

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

MEMBER OF THE PRIVATE  
COMPANIES PRACTICE SECTION

NH ALCOHOL & DRUG ABUSE COUNSELORS ASSOCIATION  
INSTRUCTIONS FOR FILING FORM 990  
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX – 2025

\*\*\*\*\*

FILED: The return was electronically filed on June 23, 2026

TAX DUE: None.

SPECIAL  
INSTRUCTIONS: None.

June 23, 2026

**CLIENT COPY**



**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
 The Association's mission is to provide quality education, workforce development, advocacy, ethical standards and leadership for addiction professionals. The Association empowers efforts in prevention, treatment and recovery.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,194,789 including grants of \$ 19,223 ) (Revenue \$ 141,924 )  
 Provide educational opportunities and support for substance use counselors and other professionals.

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

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

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

**4e** Total program service expenses 1,194,789

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes          | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .                                                                                                                                                                                                           | <b>2</b> X   |    |
| <b>3</b> 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 . . . . .                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                       | <b>4</b>     | X  |
| <b>5</b> 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 . . . . .                                                                                      | <b>5</b>     | X  |
| <b>6</b> 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 . . . . .                                                    | <b>6</b>     | X  |
| <b>7</b> 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 . . . . .                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> 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 . . . . .            | <b>9</b>     | X  |
| <b>10</b> 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 . . . . .                                                                                                                               | <b>10</b>    | X  |
| <b>11</b> 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.                                                                                                                                                                   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</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 . . . . .                                                                                                    | <b>11b</b>   | X  |
| <b>c</b> 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 . . . . .                                                                                                    | <b>11c</b>   | X  |
| <b>d</b> 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 . . . . .                                                                                                                     | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b> X |    |
| <b>f</b> 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 . . . . .                                                            | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b> X |    |
| <b>b</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 . . . . .                                                                           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>   | X  |
| <b>b</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 . . . . . | <b>14b</b>   | X  |
| <b>15</b> 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 . . . . .                                                                                                           | <b>15</b>    | X  |
| <b>16</b> 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 . . . . .                                                                                                     | <b>16</b>    | X  |
| <b>17</b> 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. . . . .                                                                                              | <b>17</b>    | X  |
| <b>18</b> 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 . . . . .                                                                                                                           | <b>18</b>    | X  |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <b>19</b> X  |    |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>   |    |
| <b>21</b> 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 . . . . .                                                                                            | <b>21</b>    | X  |

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                              | <b>1a</b> 15 |     |    |
| 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>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .                                                                                                                                | <b>1b</b> 15 |     |    |
| <b>2</b> 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? . . . . .                                             | <b>2</b>     |     | X  |
| <b>3</b> 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? . . . . . | <b>3</b>     |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                  | <b>4</b>     |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                        | <b>5</b>     |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                | <b>6</b>     | X   |    |
| <b>7a</b> 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? . . . . .                                                               | <b>7a</b>    | X   |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                         | <b>7b</b>    | X   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                           |              |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                               | <b>8a</b>    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             | <b>8b</b>    | X   |    |
| <b>9</b> 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. . . . .       | <b>9</b>     |     | X  |

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

|                                                                                                                                                                                                                                                                                                                 | Yes        | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> | X  |
| <b>b</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? . . . . .                                                                   | <b>10b</b> |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |            |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .                                                                                                                                                                                                     | <b>12a</b> | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .                                                                                                                                            | <b>12c</b> | X  |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>  | X  |
| <b>15</b> 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?                                                                                  |            |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. . . . .                                                                                                                                                                                                                        | <b>15a</b> | X  |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b> | X  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |            |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | X  |
| <b>b</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? . . . . . | <b>16b</b> |    |

### 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  
 Dianne Castrucci, Executive Director (603) 225-7060  
 130 Pembroke Road, Suite 150, Concord, NH 03301

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

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

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

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

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

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

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

| (A)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) Dianne Castrucci<br>Executive Director     | 40.00<br>0.00                                                                              |                                                                                                              |                       | X       |              |                              |        | 96,996                                                                          |                                                                                      |                                                                                               |
| (2) Diane Fontneau<br>Immediate Past President | 2.50<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (3) Christine McKenna<br>President             | 2.50<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (4) Carol Furlong<br>President Elect           | 1.25<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (5) Emily Carrara<br>Secretary                 | 0.75<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (6) Christopher Foster<br>Treasurer            | 1.25<br>0.00                                                                               | X                                                                                                            |                       | X       |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (7) Jim Michaels<br>Director                   | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (8) Sara Dupont<br>Director                    | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (9) Julia Gamache<br>Director                  | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (10) Cheryle Pacapelli<br>Director             | 1.00<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (11) Maury Elsasser<br>Director                | 0.50<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (12) Elena VanZandt<br>Director                | 1.25<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (13) Phoebe Axtman<br>Director                 | 0.50<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (14) Bobby Ringuette<br>Director               | 0.50<br>0.00                                                                               | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |

Part VII

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                         |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                 |                                                                                      |                                                                                               |
| (15) IvySue Hranac                                      | 0.50                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| Director                                                | 0.00                                                                                       | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (16) Robert Meshna                                      | 0.50                                                                                       |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| Director                                                | 0.00                                                                                       | X                                                                                                            |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (17)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (18)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (19)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (20)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (21)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (22)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (23)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (24)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| (25)                                                    |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                                 |                                                                                      |                                                                                               |
| 1b Subtotal                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 96,996                                                                          | 0                                                                                    | 0                                                                                             |
| c Total from continuation sheets to Part VII, Section A |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0                                                                               | 0                                                                                    | 0                                                                                             |
| d Total (add lines 1b and 1c)                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 96,996                                                                          | 0                                                                                    | 0                                                                                             |

2

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

0

|                                                                                                                                                                                                                                        | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>                                          | 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? <i>If "Yes," complete Schedule J for such individual.</i> | 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? <i>If "Yes," complete Schedule J for such person.</i>                       | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |
|                                  |                                | 0                   |

2

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

0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|                                                                   |                                                                        |                                                                                                                                         |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|-------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                                              | Federated campaigns . . . . .                                                                                                           | <b>1a</b>      | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>b</b>                                                               | Membership dues . . . . .                                                                                                               | <b>1b</b>      | 6,627                |                                              |                                      |                                                               |
|                                                                   | <b>c</b>                                                               | Fundraising events . . . . .                                                                                                            | <b>1c</b>      | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                               | Related organizations . . . . .                                                                                                         | <b>1d</b>      | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>e</b>                                                               | Government grants (contributions) . . . . .                                                                                             | <b>1e</b>      | 942,119              |                                              |                                      |                                                               |
|                                                                   | <b>f</b>                                                               | All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .                                             | <b>1f</b>      | 829                  |                                              |                                      |                                                               |
|                                                                   | <b>g</b>                                                               | Noncash contributions included in<br>lines 1a-1f . . . . .                                                                              | <b>1g</b>      | \$ 829               |                                              |                                      |                                                               |
|                                                                   | <b>h</b>                                                               | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                 |                | 949,575              |                                              |                                      |                                                               |
|                                                                   | <b>Program Service<br/>Revenue</b>                                     |                                                                                                                                         |                |                      | Business Code                                |                                      |                                                               |
| <b>2a</b>                                                         |                                                                        | Training fees . . . . .                                                                                                                 | 541990         | 101,734              | 101,734                                      |                                      |                                                               |
| <b>b</b>                                                          |                                                                        | Behavior health summit . . . . .                                                                                                        | 541990         | 40,190               | 40,190                                       |                                      |                                                               |
| <b>c</b>                                                          |                                                                        | . . . . .                                                                                                                               |                | 0                    |                                              |                                      |                                                               |
| <b>d</b>                                                          |                                                                        | . . . . .                                                                                                                               |                | 0                    |                                              |                                      |                                                               |
| <b>e</b>                                                          |                                                                        | . . . . .                                                                                                                               |                | 0                    |                                              |                                      |                                                               |
| <b>f</b>                                                          |                                                                        | All other program service revenue . . . . .                                                                                             |                | 0                    |                                              |                                      |                                                               |
| <b>g</b>                                                          |                                                                        | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                 |                | 141,924              |                                              |                                      |                                                               |
| <b>Other Revenue</b>                                              | <b>3</b>                                                               | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                               |                | 185                  |                                              |                                      | 185                                                           |
|                                                                   | <b>4</b>                                                               | Income from investment of tax-exempt bond proceeds . . . . .                                                                            |                | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>5</b>                                                               | Royalties . . . . .                                                                                                                     |                | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>6a</b>                                                              | Gross rents . . . . .                                                                                                                   | (i) Real       | (ii) Personal        |                                              |                                      |                                                               |
|                                                                   |                                                                        |                                                                                                                                         |                | 175                  |                                              |                                      |                                                               |
|                                                                   |                                                                        |                                                                                                                                         | <b>6b</b>      |                      |                                              |                                      |                                                               |
|                                                                   | <b>c</b>                                                               | Rental income or (loss) . . . . .                                                                                                       | <b>6c</b>      | 175                  | 0                                            |                                      |                                                               |
|                                                                   | <b>d</b>                                                               | Net rental income or (loss) . . . . .                                                                                                   |                | 175                  |                                              |                                      | 175                                                           |
|                                                                   | <b>7a</b>                                                              | Gross amount from<br>sales of assets<br>other than inventory . . . . .                                                                  | (i) Securities | (ii) Other           |                                              |                                      |                                                               |
|                                                                   |                                                                        |                                                                                                                                         |                | 0                    | 0                                            |                                      |                                                               |
|                                                                   |                                                                        |                                                                                                                                         | <b>7b</b>      |                      | 0                                            | 68                                   |                                                               |
|                                                                   |                                                                        |                                                                                                                                         | <b>7c</b>      |                      | 0                                            | -68                                  |                                                               |
|                                                                   | <b>d</b>                                                               | Net gain or (loss) . . . . .                                                                                                            |                | -68                  |                                              |                                      | -68                                                           |
|                                                                   | <b>8a</b>                                                              | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                |                      |                                              |                                      |                                                               |
|                                                                   |                                                                        |                                                                                                                                         | <b>8a</b>      |                      | 0                                            |                                      |                                                               |
|                                                                   | <b>b</b>                                                               | Less: direct expenses . . . . .                                                                                                         | <b>8b</b>      |                      | 0                                            |                                      |                                                               |
|                                                                   | <b>c</b>                                                               | Net income or (loss) from fundraising events . . . . .                                                                                  |                | 0                    |                                              |                                      |                                                               |
| <b>9a</b>                                                         | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . |                                                                                                                                         |                |                      |                                              |                                      |                                                               |
|                                                                   |                                                                        | <b>9a</b>                                                                                                                               |                | 178,127              |                                              |                                      |                                                               |
| <b>b</b>                                                          | Less: direct expenses . . . . .                                        | <b>9b</b>                                                                                                                               |                | 50                   |                                              |                                      |                                                               |
| <b>c</b>                                                          | Net income or (loss) from gaming activities . . . . .                  |                                                                                                                                         | 178,077        |                      |                                              | 178,077                              |                                                               |
| <b>10a</b>                                                        | Gross sales of inventory, less<br>returns and allowances . . . . .     |                                                                                                                                         |                |                      |                                              |                                      |                                                               |
|                                                                   |                                                                        | <b>10a</b>                                                                                                                              |                | 0                    |                                              |                                      |                                                               |
|                                                                   |                                                                        | <b>10b</b>                                                                                                                              |                | 0                    |                                              |                                      |                                                               |
| <b>c</b>                                                          | Net income or (loss) from sales of inventory . . . . .                 |                                                                                                                                         | 0              |                      |                                              |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                  |                                                                        |                                                                                                                                         |                | Business Code        |                                              |                                      |                                                               |
|                                                                   | <b>11a</b>                                                             | Other income . . . . .                                                                                                                  | 900099         | 6,874                | 6,874                                        |                                      |                                                               |
|                                                                   | <b>b</b>                                                               | . . . . .                                                                                                                               |                | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>c</b>                                                               | . . . . .                                                                                                                               |                | 0                    |                                              |                                      |                                                               |
|                                                                   | <b>d</b>                                                               | All other revenue . . . . .                                                                                                             |                | 0                    |                                              |                                      |                                                               |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . .                              |                                                                                                                                         | 6,874          |                      |                                              |                                      |                                                               |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions . . . . .                       |                                                                                                                                         |                | 1,276,742            | 148,798                                      | 0                                    | 178,369                                                       |

**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. ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |                                                                                                                                                                                                                                                         | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b>                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                          | 0                            |                                        |                                               |                                    |
| <b>2</b>                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     | 19,223                       | 19,223                                 |                                               |                                    |
| <b>3</b>                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              | 0                            |                                        |                                               |                                    |
| <b>4</b>                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                                               | 0                            |                                        |                                               |                                    |
| <b>5</b>                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 96,996                       | 91,176                                 | 5,820                                         | 0                                  |
| <b>6</b>                                                                              | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                  | 0                            |                                        |                                               |                                    |
| <b>7</b>                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 560,129                      | 526,522                                | 33,607                                        | 0                                  |
| <b>8</b>                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 0                            |                                        |                                               |                                    |
| <b>9</b>                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                                       | 85,998                       | 80,838                                 | 5,160                                         | 0                                  |
| <b>10</b>                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 50,016                       | 47,015                                 | 3,001                                         | 0                                  |
| <b>11</b>                                                                             | Fees for services (nonemployees):                                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| <b>a</b>                                                                              | Management . . . . .                                                                                                                                                                                                                                    | 0                            |                                        |                                               |                                    |
| <b>b</b>                                                                              | Legal . . . . .                                                                                                                                                                                                                                         | 2,994                        | 2,815                                  | 179                                           | 0                                  |
| <b>c</b>                                                                              | Accounting . . . . .                                                                                                                                                                                                                                    | 10,609                       | 9,972                                  | 637                                           | 0                                  |
| <b>d</b>                                                                              | Lobbying . . . . .                                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>e</b>                                                                              | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       | 0                            |                                        |                                               |                                    |
| <b>f</b>                                                                              | Investment management fees . . . . .                                                                                                                                                                                                                    | 0                            |                                        |                                               |                                    |
| <b>g</b>                                                                              | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                 | 0                            |                                        | 0                                             |                                    |
| <b>12</b>                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 14,351                       | 7,176                                  | 0                                             | 7,175                              |
| <b>13</b>                                                                             | Office expenses . . . . .                                                                                                                                                                                                                               | 16,034                       | 15,072                                 | 962                                           | 0                                  |
| <b>14</b>                                                                             | Information technology . . . . .                                                                                                                                                                                                                        | 25,416                       | 23,891                                 | 1,525                                         | 0                                  |
| <b>15</b>                                                                             | Royalties . . . . .                                                                                                                                                                                                                                     | 0                            |                                        |                                               |                                    |
| <b>16</b>                                                                             | Occupancy . . . . .                                                                                                                                                                                                                                     | 61,912                       | 58,197                                 | 3,715                                         | 0                                  |
| <b>17</b>                                                                             | Travel . . . . .                                                                                                                                                                                                                                        | 19,598                       | 18,422                                 | 1,176                                         | 0                                  |
| <b>18</b>                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                | 0                            |                                        |                                               |                                    |
| <b>19</b>                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 19,910                       | 18,715                                 | 1,195                                         | 0                                  |
| <b>20</b>                                                                             | Interest . . . . .                                                                                                                                                                                                                                      | 0                            |                                        |                                               |                                    |
| <b>21</b>                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                                        | 0                            |                                        |                                               |                                    |
| <b>22</b>                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 8,459                        | 7,951                                  | 508                                           | 0                                  |
| <b>23</b>                                                                             | Insurance . . . . .                                                                                                                                                                                                                                     | 4,709                        | 4,426                                  | 283                                           | 0                                  |
| <b>24</b>                                                                             | 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.)                                                     |                              |                                        |                                               |                                    |
| <b>a</b>                                                                              | Trainer fees . . . . .                                                                                                                                                                                                                                  | 41,070                       | 38,606                                 | 2,464                                         | 0                                  |
| <b>b</b>                                                                              | Board expenses . . . . .                                                                                                                                                                                                                                | 1,253                        | 1,178                                  | 75                                            | 0                                  |
| <b>c</b>                                                                              | Subcontracts & Agreements . . . . .                                                                                                                                                                                                                     | 52,231                       | 49,097                                 | 3,134                                         | 0                                  |
| <b>d</b>                                                                              | Consultants . . . . .                                                                                                                                                                                                                                   | 179,838                      | 169,048                                | 10,790                                        | 0                                  |
| <b>e</b>                                                                              | All other expenses Miscellaneous . . . . .                                                                                                                                                                                                              | 5,797                        | 5,449                                  | 348                                           | 0                                  |
| <b>25</b>                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 1,276,543                    | 1,194,789                              | 74,579                                        | 7,175                              |
| <b>26</b>                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                              |                                        |                                               |                                    |

**Part X Balance Sheet**

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

|                                                                                      |                                                                                                                                                                                                                                    | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                       | 118                      | <b>1</b>   | 8                  |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                          | 348,746                  | <b>2</b>   | 336,557            |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                              | 0                        | <b>3</b>   | 0                  |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                        | 181,152                  | <b>4</b>   | 215,679            |
|                                                                                      | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>5</b>   |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                               | 0                        | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                 | 0                        | <b>7</b>   | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                     | 0                        | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                           | 3,751                    | <b>9</b>   | 3,719              |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                     | <b>10a</b> 117,722       |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                  | <b>10b</b> 90,175        |            |                    |
|                                                                                      |                                                                                                                                                                                                                                    | 27,099                   | <b>10c</b> | 27,547             |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                         | 0                        | <b>11</b>  | 0                  |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                             | 0                        | <b>12</b>  | 0                  |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                              | 0                        | <b>13</b>  | 0                  |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                              | 0                        | <b>14</b>  | 0                  |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                               | 329,158                                                                                                                                                                                                                            | <b>15</b>                | 288,867    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 890,024                                                                                                                                                                                                                            | <b>16</b>                | 872,377    |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                          | 11,978                   | <b>17</b>  | 19,456             |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                 | 0                        | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                               | 8,450                    | <b>19</b>  | 14,255             |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                    | 0                        | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                          | 0                        | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0                        | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                 | 0                        | <b>23</b>  | 0                  |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                   | 0                        | <b>24</b>  | 0                  |
|                                                                                      | <b>25</b> 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 . . . . .                                          | 341,337                  | <b>25</b>  | 309,908            |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                              | 361,765                  | <b>26</b>  | 343,619            |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                               |                          |            |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                          | 479,796                  | <b>27</b>  | 495,195            |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                             | 48,463                   | <b>28</b>  | 33,563             |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                        |                          |            |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                             | 0                        | <b>29</b>  |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                               | 0                        | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                               | 0                        | <b>31</b>  |                    |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                       | 528,259                  | <b>32</b>  | 528,758            |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 890,024                                                                                                                                                                                                                            | <b>33</b>                | 872,377    |                    |



**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                          |           |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | 1,276,742 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | 1,276,543 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 . . . . .                                                             | <b>3</b>  | 199       |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | <b>4</b>  | 528,259   |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  | 300       |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) . . . . .                                           | <b>9</b>  |           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | <b>10</b> | 528,758   |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |   |  |   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|--|---|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                 |           |   |  |   |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> |   |  | X |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>2b</b> | X |  |   |
| <b>c</b>  | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                     | <b>2c</b> | X |  |   |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .                                                                                                                                                                                                                                                           | <b>3a</b> |   |  | X |
| <b>b</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 . . . . .                                                                                                                                                                                                      | <b>3b</b> |   |  |   |

SCHEDULE A  
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|                                                                            |                                              |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>NH Alcohol & Drug Abuse Counselors Association | Employer identification number<br>52-1508299 |
|----------------------------------------------------------------------------|----------------------------------------------|

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 must generally 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 . . . . .

0

g

Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                               |                                                             |    | 0                                                 | 0                                               |

**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) 2021 | (b) 2022 | (c) 2023 | (d) 2024  | (e) 2025 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 604,226  | 823,082  | 955,096  | 1,256,128 | 949,575  | 4,588,107 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |           |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |           |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 604,226  | 823,082  | 955,096  | 1,256,128 | 949,575  | 4,588,107 |
| <b>5</b> 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) . . . . . |          |          |          |           |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                   |          |          |          |           |          | 4,588,107 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024  | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|-----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                                         | 604,226  | 823,082  | 955,096  | 1,256,128 | 949,575  | 4,588,107 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                             |          | 46       | 79       | 104       | 185      | 414       |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                          |          |          |          |           |          | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            | 215      | 2,384    | 1,991    | 2,469     | 6,874    | 13,933    |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                      |          |          |          |           |          | 4,602,454 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                            |          |          |          |           | 12       | 141,924   |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |           |          |           |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                               | <b>14</b> | 99.69% |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                      | <b>15</b> | 99.81% |
| <b>16a 33 1/3% support test—2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>                                                                                                                                                            |           |        |
| <b>b 33 1/3% support test—2024.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                    |           |        |
| <b>17a 10%-facts-and-circumstances test—2025.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                           |           |        |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 |          |          |          |          |          | 0         |
| <b>2</b> 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 . . . . . |          |          |          |          |          | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          | 0         |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          | 0         |
| <b>b</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         |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                           |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                           |          |          |          |          |          | 0         |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |          |          |          |          |          | 0         |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .                                                                                |          |          |          |          |          | 0         |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          | 0         |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                             |           |       |
|-------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 0.00% |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 0.00% |

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

|                                                                                                                  |           |       |
|------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>17</b> Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00% |
| <b>18</b> Investment income percentage from 2024 Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 0.00% |

**19a 33 1/3% support tests—2025.** 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—2024.** 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                      |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in <b>Part VI</b> how you supported a governmental supported organization (see instructions).                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in <b>Part VI</b> 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. |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                             |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |

**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  | 0              | 0                           |
| 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 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8  | 0              | 0                           |
| Section B - Minimum Asset Amount                                                                                                                                                                           |    | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |    |                |                             |
| a Average monthly value of securities                                                                                                                                                                      | 1a |                |                             |
| b Average monthly cash balances                                                                                                                                                                            | 1b |                |                             |
| c Fair market value of other non-exempt-use assets                                                                                                                                                         | 1c |                |                             |
| d <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d | 0              | 0                           |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                                                                                            |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | 2  |                |                             |
| 3 Subtract line 2 from line 1d.                                                                                                                                                                            | 3  | 0              | 0                           |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | 4  | 0              | 0                           |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5  | 0              | 0                           |
| 6 Multiply line 5 by 0.035.                                                                                                                                                                                | 6  | 0              | 0                           |
| 7 Recoveries of prior-year distributions                                                                                                                                                                   | 7  | 0              | 0                           |
| 8 <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8  | 0              | 0                           |
| Section C - Distributable Amount                                                                                                                                                                           |    |                | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | 1  |                | 0                           |
| 2 Enter 0.85 of line 1.                                                                                                                                                                                    | 2  |                | 0                           |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | 3  |                | 0                           |
| 4 Enter greater of line 2 or line 3.                                                                                                                                                                       | 4  |                | 0                           |
| 5 Income tax imposed in prior year                                                                                                                                                                         | 5  |                |                             |
| 6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | 6  |                | 0                           |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |    |                |                             |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions****Current Year**

|          |                                                                                                                                                    |          |       |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
| <b>1</b> | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | <b>1</b> |       |
| <b>2</b> | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b> |       |
| <b>3</b> | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | <b>3</b> |       |
| <b>4</b> | Amounts paid to acquire exempt-use assets                                                                                                          | <b>4</b> |       |
| <b>5</b> | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )                                                       | <b>5</b> |       |
| <b>6</b> | <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                          | <b>6</b> | 0     |
| <b>7</b> | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>7</b> |       |
| <b>8</b> | Distributable amount for 2025 from Section C, line 6                                                                                               | <b>8</b> | 0     |
| <b>9</b> | Line 7 amount divided by line 8 amount                                                                                                             | <b>9</b> | 0.000 |

| <b>Section E - Distribution Allocations</b> (see instructions) |                                                                                                                                                                                 | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2025</b> | <b>(iii)<br/>Distributable<br/>Amount for 2025</b> |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b>                                                       | Distributable amount for 2025 from Section C, line 6                                                                                                                            |                                     |                                                 | 0                                                  |
| <b>2</b>                                                       | Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                                                   |                                     |                                                 |                                                    |
| <b>3</b>                                                       | Excess distributions carryover, if any, to 2025                                                                                                                                 |                                     |                                                 |                                                    |
| <b>a</b>                                                       | From 2020 . . . . .                                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>b</b>                                                       | From 2021 . . . . .                                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>c</b>                                                       | From 2022 . . . . .                                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>d</b>                                                       | From 2023 . . . . .                                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>e</b>                                                       | From 2024 . . . . .                                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>f</b>                                                       | <b>Total</b> of lines 3a through 3e                                                                                                                                             | 0                                   |                                                 |                                                    |
| <b>g</b>                                                       | Applied to underdistributions of prior years                                                                                                                                    |                                     | 0                                               |                                                    |
| <b>h</b>                                                       | Applied to 2025 distributable amount                                                                                                                                            |                                     |                                                 | 0                                                  |
| <b>i</b>                                                       | Carryover from 2020 not applied (see instructions)                                                                                                                              |                                     |                                                 |                                                    |
| <b>j</b>                                                       | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          | 0                                   |                                                 |                                                    |
| <b>4</b>                                                       | Distributions for 2025 from Section D, line 6: \$                                                                                                                               | 0                                   |                                                 |                                                    |
| <b>a</b>                                                       | Applied to underdistributions of prior years                                                                                                                                    |                                     | 0                                               |                                                    |
| <b>b</b>                                                       | Applied to 2025 distributable amount                                                                                                                                            |                                     |                                                 | 0                                                  |
| <b>c</b>                                                       | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                | 0                                   |                                                 |                                                    |
| <b>5</b>                                                       | Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     | 0                                               |                                                    |
| <b>6</b>                                                       | Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |                                                 | 0                                                  |
| <b>7</b>                                                       | <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                             | 0                                   |                                                 |                                                    |
| <b>8</b>                                                       | Breakdown of line 7:                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b>                                                       | Excess from 2021 . . . . .                                                                                                                                                      | 0                                   |                                                 |                                                    |
| <b>b</b>                                                       | Excess from 2022 . . . . .                                                                                                                                                      | 0                                   |                                                 |                                                    |
| <b>c</b>                                                       | Excess from 2023 . . . . .                                                                                                                                                      | 0                                   |                                                 |                                                    |
| <b>d</b>                                                       | Excess from 2024 . . . . .                                                                                                                                                      | 0                                   |                                                 |                                                    |
| <b>e</b>                                                       | Excess from 2025 . . . . .                                                                                                                                                      | 0                                   |                                                 |                                                    |



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II Section B Line 10 Other Income: \$6,874

Electronic Filing Only

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](http://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 |
| NH Alcohol & Drug Abuse Counselors Association | 52-1508299                     |

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

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

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

Part II Conservation Easements

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education)<br><input type="checkbox"/> Protection of natural habitat<br><input type="checkbox"/> Preservation of open space<br><input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Preservation of a certified historic structure |
| 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.                                                                                                                                                                                                                                                                                                     |
| a | Total number of conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                        |
| b | Total acreage restricted by conservation easements . . . . .                                                                                                                                                                                                                                                                                                                                                                                                            |
| c | Number of conservation easements on a certified historic structure included on line 2a . . . . .                                                                                                                                                                                                                                                                                                                                                                        |
| 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 . . . . .                                                                                                                                                                                                                                                                                                            |
| 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                           |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .                                                                                                                                                                                                                                                                                                                     |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . . \$                                                                                                                                                                                                                                                                                                                        |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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.<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>(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.<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . \$<br>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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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 |
|-----------------------------------------|--------|
| <b>1c</b> Beginning balance             | 0      |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                | 0      |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds**

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

|                                                         | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 0                | 0              | 0                  | 0                    | 0                   |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 0                | 0              | 0                  | 0                    | 0                   |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  | 0                                    | 0                               |                              | 0              |
| <b>b</b> Buildings              | 0                                    | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment              | 0                                    | 117,722                         | 90,175                       | 27,547         |
| <b>e</b> Other                  | 0                                    | 0                               | 0                            | 0              |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 27,547

**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<br>(including name of security)    | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                        | 0              |                                                              |
| (2) Closely held equity interests . . . . .                                | 0              |                                                              |
| (3) Other . . . . .                                                        |                |                                                              |
| (A) . . . . .                                                              |                |                                                              |
| (B) . . . . .                                                              |                |                                                              |
| (C) . . . . .                                                              |                |                                                              |
| (D) . . . . .                                                              |                |                                                              |
| (E) . . . . .                                                              |                |                                                              |
| (F) . . . . .                                                              |                |                                                              |
| (G) . . . . .                                                              |                |                                                              |
| (H) . . . . .                                                              |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)). | 0              |                                                              |

**Part VIII Investments—Program Related**

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

| (a) Description of investment                                              | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                        |                |                                                              |
| (2)                                                                        |                |                                                              |
| (3)                                                                        |                |                                                              |
| (4)                                                                        |                |                                                              |
| (5)                                                                        |                |                                                              |
| (6)                                                                        |                |                                                              |
| (7)                                                                        |                |                                                              |
| (8)                                                                        |                |                                                              |
| (9)                                                                        |                |                                                              |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)). | 0              |                                                              |

**Part IX Other Assets**

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

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) Security Deposit                                                       | 2,800          |
| (2) Right of use asset - Operating lease                                   | 286,067        |
| (3)                                                                        |                |
| (4)                                                                        |                |
| (5)                                                                        |                |
| (6)                                                                        |                |
| (7)                                                                        |                |
| (8)                                                                        |                |
| (9)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). | 288,867        |

**Part X Other Liabilities**

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

| 1. (a) Description of liability                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                   | 0              |
| (2) Lease liability - Operating lease                                      | 309,908        |
| (3)                                                                        |                |
| (4)                                                                        |                |
| (5)                                                                        |                |
| (6)                                                                        |                |
| (7)                                                                        |                |
| (8)                                                                        |                |
| (9)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). | 309,908        |

**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.

|          |                                                                                           |           |           |
|----------|-------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .        | <b>1</b>  | 1,277,042 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                    | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities . . . . .                                          | <b>2b</b> | 300       |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                 | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                  | <b>2d</b> |           |
| <b>e</b> | Add lines 2a through 2d . . . . .                                                         | <b>2e</b> | 300       |
| <b>3</b> | Subtract line 2e from line 1 . . . . .                                                    | <b>3</b>  | 1,276,742 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                  | <b>4b</b> |           |
| <b>c</b> | Add lines 4a and 4b . . . . .                                                             | <b>4c</b> | 0         |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 1,276,742 |

**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.

|          |                                                                                            |           |           |
|----------|--------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                       | <b>1</b>  | 1,276,543 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .                                           | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .                                                           | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .                                                                     | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                   | <b>2d</b> |           |
| <b>e</b> | Add lines 2a through 2d . . . . .                                                          | <b>2e</b> | 0         |
| <b>3</b> | Subtract line 2e from line 1 . . . . .                                                     | <b>3</b>  | 1,276,543 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                         |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                   | <b>4b</b> |           |
| <b>c</b> | Add lines 4a and 4b . . . . .                                                              | <b>4c</b> | 0         |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 1,276,543 |

**Part XIII Supplemental Information**

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

Part X Line 2 The Organization has been notified by the Internal Revenue Service that it is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows the guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition and recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

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

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

|                 |                                                                                  | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|----------------------------------------------------------------------------------|--------------|--------------|------------------|---------------------------------|
|                 |                                                                                  | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                |              |              | 0                | 0                               |
|                 | <b>2</b> Less: Contributions . . . . .                                           |              |              | 0                | 0                               |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            |              |              | 0                | 0                               |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                   |              |              | 0                | 0                               |
|                 | <b>5</b> Noncash prizes . . . . .                                                |              |              | 0                | 0                               |
|                 | <b>6</b> Rent/facility costs . . . . .                                           |              |              | 0                | 0                               |
|                 | <b>7</b> Food and beverages . . . . .                                            |              |              | 0                | 0                               |
|                 | <b>8</b> Entertainment . . . . .                                                 |              |              | 0                | 0                               |
|                 | <b>9</b> Other direct expenses . . . . .                                         |              |              | 0                | 0                               |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |              |              |                  | ( 0 )                           |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |              |              |                  | 0                               |

**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         | <b>1</b> Gross revenue . . . . .                                                      |                                                                                |                                                                     | 178,127                                                                        | 178,127                                          |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                        |                                                                                |                                                                     |                                                                                | 0                                                |
|                 | <b>3</b> Noncash prizes . . . . .                                                     |                                                                                |                                                                     |                                                                                | 0                                                |
|                 | <b>4</b> Rent/facility costs . . . . .                                                |                                                                                |                                                                     |                                                                                | 0                                                |
|                 | <b>5</b> Other direct expenses . . . . .                                              |                                                                                |                                                                     | 50                                                                             | 50                                               |
|                 | <b>6</b> Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |                                                  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                                |                                                                     |                                                                                | ( 50 )                                           |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                                |                                                                     |                                                                                | 178,077                                          |

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



- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |         |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | %       |
| b An outside facility         | 13b | 100.00% |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name The Nash Casino

Address 310 Daniel Webster Highway Nashua, NH 03060

- 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 \$ 0 and the amount of gaming revenue retained by the third party \$ 0
- c If "Yes," enter the name and address of the third party:

Name The Nash Casino

Address 310 Daniel Webster Highway Nashua, NH 03060

16 Gaming manager information:

Name

Gaming manager compensation \$ 0

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 \$ 0

**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 I  
(Form 990)

Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

NH Alcohol & Drug Abuse Counselors Association

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number

52-1508299

Part I General Information on Grants and Assistance

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

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

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

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



**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](http://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 |
| NH Alcohol & Drug Abuse Counselors Association | 52-1508299                     |

Form 990, Part VI, Section B, Line 11b: The Executive Committee of the Board reviews the 990 before filing.

Form 990, Part VI, Section B, Line 12c: Annually at the January board meeting, the conflict of interest policy is discussed and members are required to disclose any conflicts at that time. Also, as part of an external audit, board members are required to complete a conflict of interest questionnaire

Form 990, Part VI, Section B, Line 15b: The Executive Committe of the board reviews staff salaries and compares them to salaries of similar positions in the surrounding areas. A proposal is then presented to the board for approval.

Form 990, Part VI, Section C, Line 19: Governing documents, policies and financial statements are available upon request.

Electronic Filing Only

## DIANNE P. CASTRUCCI

**LICENSURE** Master Licensed Alcohol and Drug Counselor

**EDUCATION** Master of Education Degree, May 1993  
Concentration: Counselor Education: Human Services  
Bachelor of Science Degree, May 1989  
Major: Elementary Education Minors: Psychology and Human Services  
Plymouth State College, Plymouth, N.H.

**EXPERIENCE** CEO/Executive Director, NH Alcohol & Drug Abuse Counselors Association, Concord, N.H. — June 2012 – Present  
Promoted to Executive Director in June 2012, the Chief Executive Officer of NHADACA reports to the Board of Directors, provides leadership and direction in the development and delivery of all activities and is responsible for the organization's consistent achievement of its mission and financial objectives.

- ensures the organizational operations and activities are provided in the highest quality manner within the fiscal and human resource limitations of the organization.
- administers and manages all grants, contracts, and agreements and informs the Board of Directors of these and other commitments that involve the utilization of agency operational and financial resources and/or staff and volunteer time.
- ensures the fiscal integrity and stability of the organization.
- staff the day-to-day operations of the organization providing leadership to staff and volunteers to effectively carry out their assigned responsibilities.
- serves as a spokesperson for the organization in public settings, consistent with the mission, policies, and activities of the organization.

Training Institute Director, NH Alcohol & Drug Abuse Counselors Association/ NH Training Institute on Addictive Disorders, Gilford, N.H. — Feb. 2004 – June 2012  
Coordinates logistics of workforce development opportunities for substance abuse prevention, intervention and treatment professionals throughout New Hampshire.

- consults with treatment and prevention professionals to identify specific training topic needs and local or regional trainers with expertise on that topic.
- collaborates with co-sponsors for various events.
- contacts trainers, contracts their services and coordinates travel arrangements
- markets and advertises events by creating electronic/email flyers and printed brochures and submits events for inclusion in training publications.
- maintains participant database including attendance, tuition and CE information.
- coordinates functions associated with presenting major conference and training workshops of various sizes, and at various locations, statewide.

Board Administrator, NH Board of Licensing for Alcohol & Other Drug Use Professionals, Concord, N.H. — September 2011 – March 2012  
Write Board correspondence, create agenda for and keep minutes at Board meetings, organize professional packets for review, maintain databases, arrange and order testing, database auditing, other administrative functions as assigned by the chairperson of the board.

Dianne Castrucci

page 2

Master Licensed Substance Use Outpatient Counselor, Horizons Counseling Center, Gilford, N.H. — January 2006 – May 2013

Provide substance abuse services related to evaluation and group treatment to individuals in an outpatient setting and facilitate various psycho-educational groups including Project ADAPT to be held at, and in coordination, with the Belknap County Department of Corrections.

Exit Counselor, Community Alcohol Information Program, Inc., Boscawen, Nashua and Laconia, N.H. — July 2003 – November 2005

Conduct exit interviews for clients at the completion of the CAIP, Impaired Driver Intervention Program for DWI first offenders. Attended PRI training October 2003.

- diagnosed, and referred as appropriate, DWI first offenders for alcohol dependence and/or alcohol abuse upon file review and structured exit interview.

Licensed Substance Use Outpatient Counselor, James Foster & Associates, Manchester, N.H. — October 2003 – July 2004

Provide substance abuse services related to evaluation and brief treatment of individuals in an outpatient setting.

Corrections Counselor/Case Manager, NH Department of Corrections, Lakes Region Facility, Laconia, N.H. — December 1998 – February 2004

Providing clinical services of inmates participating in a modified therapeutic community treatment program (Summit House/Level 3 Substance Abuse Services).

- chaired and participated on, professional development committees to determine staff training needs and involvement, VOITIS grant fund use, as well as planning and coordination of multiple substance abuse training events for DOC staff.
- supervised inmates in lectures, clinical groups, community meetings, clinical staffing, individual counseling sessions and other clinical group activities.
- prepared/maintained clinical charts including evaluations, discharge summaries, treatment transfer information for parole and aftercare recommendations.
- impacted the direction/implementation and planning of treatment services available to inmates incarcerated at the Lakes Region Facility.

Antioch New England Adjunct Faculty, Summit House Program, Lakes Region Facility, Laconia, N.H. — May 2000 – May 2002

Field supervise and train graduate interns from the Antioch Graduate School of New England in methods and practice of substance abuse counseling.

- interview, accept or deny, teach/train and supervise master's level interns.
- communicate with professional seminar leaders.

Substance Use Counselor, N.H. Bureau of Substance Abuse Services, Multiple Offender Program, Laconia, N.H. — December 1993 – December 1998  
Working as a clinical team member providing assessment, education and intervention services to individuals convicted of multiple DWIs.

- conducted intake/orientation, education, individual and group counseling, evaluation and assessment services relevant to client's substance use, medical, psychological, legal and social history.
- represented the program at official hearings of the Dept. of Motor Vehicles.

Dianne Castrucci

page 3

Independent Contractor/Counselor, NH Department of Corrections, First Step Program, Lakes Region Facility, Laconia, N.H. — July 1997 - September 1997  
Facilitated the substance abuse/psycho-educational group component to NH State Prison inmates participating in the First Step Program. The course involved providing 25-28 male inmates intervention services, 3 hours per week for 8 weeks.

- created curriculum including lesson outlines and client handouts.
- facilitated psycho-educational course on substance abuse related issues with difficult offender population.

Shelter Manager, Task Force Against Domestic and Sexual Violence, Plymouth, N.H. — February 1992 - December 1993  
Completed 40-hour crisis training for Task Force volunteer crisis-line and was hired as the Shelter Manager four months later.

- communicated with DCYS/DCYF on crisis-related issues.
- supported women in crisis at Plymouth Area Court sessions.
- coordinated/managed building functions, including monitoring clients, intakes, general maintenance, food pantry and emergency supplies.
- presented training workshops on shelter regulations and procedures.

Editorial Assistant, Office of News Services, Plymouth State College, Plymouth, N.H. — August 1989 - November 1993  
Associated with this office for four years starting as Administrative Secretary then promoted to Editorial Assistant.

- produced internal and external desktop publications.
- created weekly and monthly events calendars to market college events.
- wrote and distributed news releases concerning student success.
- hired and supervised student office assistants.
- created purchasing documents for supplies and services.
- utilized and maintained extensive computer databases.
- submitted listings of college events to newspapers for publication.

## **OTHER ACTIVITIES**

Legislative Commission on Primary Care Workforce Issues 2018-Present  
NH Governor's Commission Treatment Task Force 2018-2020  
NH LADC Board Peer Review Committee April 2013- March 2019  
Associate Member of the Elearning Guild October 2012-2014  
Member of National Association of Forensics Counselors 2002-2012



# Allison Cunningham

Strategic, entrepreneurial, organized professional focused on nonprofit management. Successful team leader with expertise in financial and grant management, organizational strategy, and administrative operations. Demonstrated ability to translate strategic direction into actionable plans and effectively collaborate with diverse audiences.

## EMPLOYMENT

2020 - present

### ORGANIZATION FOR REFUGEE AND IMMIGRANT SUCCESS

*Ethnic community-based organization helping new Americans achieve self-sufficiency as they resettle in New Hampshire and Massachusetts.*

#### Associate Executive Director

- + Oversee organization's administrative functions, including budget development, financial management, Board of Directors activity, human resources, and data management.
- + Manage the organization's talent, including overseeing staff training, evaluation and advancement; stewarding organizational cultural and values through employee policies and benefits.
- + Oversee long-term organizational and strategic planning to ensure financial security and programmatic relevance.
- + Administer federal, state, and private grants across programs related to resettling newly arrived refugees, farming and local food economies, culturally-specific case management, and youth empowerment.
- + Lead fundraising initiatives to raise organization budget, increasing from \$0.8 million in 2020 to \$4.5 million in 2025.

#### Accomplishments

- o Developed and implemented a fund accounting system for ORIS to better manage activities for improved decision-making
- o Brought financial management in-house from a contractor by implementing Quickbooks Online and training staff in new procedures
- o Established financial systems to manage new, highly complex refugee resettlement program, including individual budgets for each client served and administrative costs for the program
- o In collaboration with Program Director, developed and implemented a bottom-up budgeting approach focused on goal setting and organizational strategy.
- o With Program Director, set organizational goals and cultural focus on community outreach, cross-team collaboration, client empowerment, and life-long learning.
- o Successfully oversaw the implementation, management, and financial reporting of 15+ federal grants and contracts and another 30+ that passed from federal grantors through state and private entities requiring equal management
- o Implemented operations, policies, and risk mitigation procedures to prepare for and then lead the organization through its first federal single audit.



2013 - 2020

## **FACING HISTORY AND OURSELVES**

*Educational nonprofit empowering students to understand bigotry and prejudice in order to build a more empathetic and equitable society.*

### **Associate Director, Board & Leadership Relations**

- + Led the team charged with engaging 360+ board members (volunteers and donors) to advance mission, set strategic direction, and ensure fiscal health; collaborated with executives, board leadership, development directors to ensure efficiency and maximize impact of activities.
- + Spearheaded annual budget development and action plans for governing and advisory boards and committees; leveraged diverse range of staff to accomplish plans on time, on budget and within scope
- + Executed strategy to diversify Board membership and implement trainings and practices centering diversity, equity, and inclusion.
- + Managed written communication plans and messaging to Board members as a donor constituency; ensured consistent presentation of organization's goals and achievements.
- + Coordinated teams of consultants, board, and staff during strategic planning engagement, and two governance reform projects.
- + Increased board fundraising from \$5.8 M to \$9.3 M during tenure in collaboration with development team's fundraising strategies, including full participation in the strategic plan campaigns.
- + Conducted research and served as point person for organizational knowledge around best practices and trends in governance and board stewardship in the nonprofit sector.
- + Oversaw database management for Board-related activity, including data integrity, collection, and reporting.

### **Manager, Office of the Chief Development Officer**

- + Initiated systems to coordinate and standardize activity of 30+ development staff across 10 offices in three countries, utilizing new technologies and processes, and training staff utilization of each.
- + Supported the Chief Development Officer with all administrative functions, including budget management, calendaring, travel arrangements, and staff communication.

2010 - 2013

## **SMALL SCALE SUSTAINABLE INFRASTRUCTURE DEVELOPMENT FUND**

*Innovative nonprofit providing capital and tactical support to low-income individuals building sustainable energy startups in south Asia.*

### **Office Manager**

- + Prepared USAID, World Bank, and other proposals and reports for contracts and grants in alignment with guidelines and requirements of funders.
- + Researched small-scale infrastructure innovations and applicability in south Asia locales
- + Standardized and administered human resource, finance, development functions
- + Coordinated activities with partners in India, Sri Lanka, Nepal, and Cambodia

2008 - 2010

## **NATIONAL INITIATIVE FOR CHILDREN'S HEALTHCARE QUALITY**

*Healthcare nonprofit implementing quality improvement projects to enhance healthcare outcomes for children.*

### **Project Coordinator**

- + Managed organization's continuing education accreditation process for healthcare professionals participating in programs

- + Coordinated three quality improvement projects, ensuring projects met deadlines and goals established in federal government contracts
- + Prepared program and contact data for CRM migration

EDUCATION

NORTHEASTERN UNIVERSITY

2012 MS, Nonprofit Management, Project Management specialty  
2009 BA, History and International Affairs, minor in Political Science

VOLUNTEER &  
OTHER

2025 - present  
2020 - present  
  
2018 - 2020  
2015 - 2016  
2011 - 2013

**BOARD MEMBER** | Merrimack Valley Curling Club; Nashua, NH  
**VOLUNTEER CONSULTANT** | Empower Success Corps; remote, New England

- Strategic planning projects
- Led training on building consensus

**FUNDRAISING COMMITTEE** | Farrington Nature Linc; Lincoln, MA  
**CORE CERTIFICATE** | Institute for Nonprofit Practice, Tufts University  
**BOARD MEMBER** | Jamaica Plain Music Festival; Boston, MA