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

Lori A. Weaver
Commissioner

Katja S. Fox
Director

October 14, 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 **Sole Source** amendment to an existing contract with Mental Health Center for Southern New Hampshire DBA Center for Life Management (VC#174116) Derry, NH, to add funding provided by the US Department of Housing and Urban Development (HUD) to support Continuum of Care housing services and address cost of living adjustments, by increasing the price limitation by $330,964 from $7,663,003 to $7,993,967 with no change to the contract completion date of June 30, 2029, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on June 28, 2023, item #38, and amended on September 25, 2024, item #23, and January 28, 2026, item #117.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Years 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.**

## EXPLANATION

The purpose of this request is to add funding awarded by HUD for the Permanent Supportive Housing and Coordinated Entry projects to support the Contractor's continued delivery of Continuum of Care housing services and cost of living adjustments. The additional funding is the result of the Full-Year Continuing Appropriations and Extensions Act, 2025, which authorizes HUD to make reasonable cost of living adjustments and fair market rent increases to help afford increased costs of operations due to inflation. This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. Federal regulations require all procurement efforts for these services to be directed by the U.S. Department of Housing and Urban Development (HUD) through an annual Continuum of Care competitive application process. The Department must contract with the vendor selected as a result of this HUD process.

Approximately 65 households will be served at any given time annually through the Permanent Housing project. A range of 100-500 will continue to be served through the Coordinated Entry project.

The Contractor delivers Permanent Supportive Housing services that offer long-term rental assistance for participants with a disability, as defined by HUD. Additionally, the Contractor provides participants with quick access to the most appropriate services and housing resources available through Coordinated Entry and provides targeted housing services, supportive services and case management. Overall, the Contractor works to maximize each participant's ability to live more independently by providing connections to community and mainstream services.

The Department monitors services through review and assessment of annual reports required of the Contractor and conducting annual reviews related to compliance with administrative rules and contractual requirements.

Should the Governor and Council not authorize this request, the Contractor will not receive the additional funding awarded by HUD to support cost of living adjustments, which may result in fewer permanent housing options and supportive services, placing vulnerable individuals and families experiencing homelessness in unsafe situations without needed support. Additionally, the Department will be out of compliance with federal regulations, which could result in a loss of federal funding for these and other types of permanent housing and supportive service programs.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 14.267, FAINs NH0003L1T002518, NH0014L1T002518, and NH0096L1T002510.

Respectfully submitted,



*for:*

Lori A. Weaver
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**FISCAL DETAILS SHEET**

**05-95-42-423010-79270000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: HUMAN SERVICES, HOMELESS & HOUSING, HOUSING – SHELTER PROGRAM**

**100% Federal Funds**

Center for Life Management — Vendor #174116

NH0003 100% FF

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount |
|---|---|---|---|---|---|---|
| 2024 | 074-500589 | Grants for Pub Asst and Relief | TBD | $299,319 | $0 | $299,319 |
| 2025 | 074-500589 | Grants for Pub Asst and Relief | 42307050 | $329,235 | $0 | $329,235 |
| | | Sub Total | | $628,554 | $0 | $628,554 |

NH0014 100% FF

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount |
|---|---|---|---|---|---|---|
| 2024 | 074-500589 | Grants for Pub Asst and Relief | TBD | $734,022 | $0 | $734,022 |
| 2025 | 074-500589 | Grants for Pub Asst and Relief | 42307050 | $887,926 | $0 | $887,926 |
| | | Sub Total | | $1,621,948 | $0 | $1,621,948 |

NH0096 100% FF

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount |
|---|---|---|---|---|---|---|
| 2024 | 074-500589 | Grants for Pub Asst and Relief | TBD | $0 | $0 | $0 |
| 2025 | 074-500589 | Grants for Pub Asst and Relief | 42307050 | $76,577 | $0 | $76,577 |
| | | Sub Total | | $76,577 | $0 | $76,577 |

| | | | **Subtotal 7927** | **$2,327,079** | **$0** | **$2,327,079** |
|---|---|---|---|---|---|---|

**05-95-92-921510-31700000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV; HOMELESS & HOUSING, HOUSING - SHELTER PROGRAM**

**100% Federal Funds**

NH0003 100% FF July - June

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount | |
|---|---|---|---|---|---|---|---|
| 2026 | 072-509073 | Grants Federal | 92157050 | $373,435 | $0 | $373,435 | |
| 2027 | 072-509073 | Grants Federal | 92157050 | $329,235 | $93,559 | $422,794 | GYR25 |
| 2028 | 072-509073 | Grants Federal | 92157050 | $329,235 | $0 | $329,235 | GYR26 |
| 2029 | 072-509073 | Grants Federal | 92157050 | $329,235 | $0 | $329,235 | GYR27 |
| | | Sub Total | | $1,361,140 | $93,559 | $1,454,699 | |

NH0014 100% FF August - July

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount | |
|---|---|---|---|---|---|---|---|
| 2026 | 072-509073 | Grants Federal | 92157050 | $969,958 | $0 | $969,958 | |
| 2027 | 072-509073 | Grants Federal | 92157050 | $81,391 | $0 | $81,391 | GYR24 |
| 2027 | 072-509073 | Grants Federal | 92157050 | $821,197 | $208,087 | $1,029,284 | GYR25 |
| 2028 | 072-509073 | Grants Federal | 92157050 | $74,654 | $18,917 | $93,571 | GYR25 |
| 2028 | 072-509073 | Grants Federal | 92157050 | $821,197 | | $821,197 | GYR26 |
| 2029 | 072-509073 | Grants Federal | 92157050 | $74,654 | | $74,654 | GYR26 |
| 2029 | 072-509073 | Grants Federal | 92157050 | $821,197 | $0 | $821,197 | GYR27 |
| | | Sub Total | | $3,664,248 | $227,004 | $3,891,252 | |

NH0096 100% FF July - June

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount | |
|---|---|---|---|---|---|---|---|
| 2026 | 072-509073 | Grants Federal | 92157058 | $80,805 | $0 | $80,805 | |
| 2027 | 072-509073 | Grants Federal | 92157058 | $76,577 | $10,401 | $86,978 | GYR25 |
| 2028 | 072-509073 | Grants Federal | 92157058 | $76,577 | $0 | $76,577 | GYR26 |
| 2029 | 072-509073 | Grants Federal | 92157058 | $76,577 | $0 | $76,577 | GYR27 |
| | | Sub Total | | $310,536 | $10,401 | $320,937 | |

| | | | **Subtotal 3170** | **$5,335,924** | **$330,964** | **$5,666,888** | |
|---|---|---|---|---|---|---|---|

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**FISCAL DETAILS SHEET**

| | | | |
|---|---|---|---|
| **Overall Total** | **$7,663,003** | **$330,964** | **$7,993,967** |

| | |
|---|---|
| NH0003 | $2,083,253 |
| NH0014 | $5,513,200 |
| NH0096 | $397,514 |
| | $7,993,967 |

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

This Amendment to the Continuum of Care CLM contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Mental Health Center for Southern New Hampshire DBA Center for Life Management ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 28, 2023 (Item #38), as amended on September 25, 2024 (Item #23), and as amended on January 28, 2026 (Item #117), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37, General Provisions, Block 1.3., Contractor Name, to read:

   Mental Health Center for Southern New Hampshire DBA Center for Life Management

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $7,993,967

3. Modify Exhibit C, Payment Terms; Section 1.1, to read:

   1.1. 100% Federal funds, Title XIV Housing Programs under the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Subtitle A-Housing Assistance (Public Law 102-550), by the US Dept of Housing and Urban Development, Continuum of Care Program, Assistance Listing # 14.267, as awarded on:

   1.1.1. March 28, 2023, FAINs NH0003L1T002215, and NH0014L1T002215;

   1.1.2. June 11, 2024, FAINs NH0003L1T002316, and NH0014L1T002316;

   1.1.3. September 25, 2024, FAIN NH0096L1T002308;

   1.1.4. May 27, 2025, FAINs NH0003L1T002417, NH0014L1T002417, and NH0096L1T002409;

   1.1.5. June 26, 2026, FAIN NH0003L1T002518;

   1.1.6. June 28, 2026, FAIN NH0096L1T002510; and

   1.1.7. July 31, 2026, FAINs NH0014L1T002518.

4. Modify Exhibit C-8, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-8, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.

5. Modify Exhibit C-9, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-9, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.

6. Modify Exhibit C-10, Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-10, Budget Sheet – Amendment #3, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

10/14/2026
Date

DocuSigned by:
Katja S. Fox
ED9D05B04C63442...
Name: Katja S. Fox
Title: Director

Mental Health Center for Southern New Hampshire DBA Center for Life Management

10/14/2026
Date

DocuSigned by:
Vic Topo
D4AA755C36AC46A...
Name: Vic Topo
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/15/2026
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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**CLM - FH I**

**CoC Funds - NH0003L1T002518**

| | SFY2027 - 7/1/26-6/30/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Rental Assistance | $ 348,432 | $ - | $ - | $ - | $ - | $ - | $ 348,432 | $ - | $ - |
| Supportive Services | $ 68,075 | $ - | $ - | $ - | $ - | $ - | $ 68,075 | $ - | $ - |
| Administration | $ 6,287 | $ - | $ - | $ - | $ - | $ - | $ 6,287 | $ - | $ - |
| 25% Required Match | $ 105,699 | $ - | $ - | $ 83,880 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 528,493** | **$ -** | $ - | **$ 83,880** | $ - | $ - | $ 422,794 | $ - | $ - |

| | TOTAL - 7/1/26-6/30/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Rental Assistance | $ 348,432 | $ - | $ - | $ - | $ - | $ - | $ 348,432 | $ - | $ - |
| Supportive Services | $ 68,075 | $ - | $ - | $ - | $ - | $ - | $ 68,075 | $ - | $ - |
| Administration | $ 6,287 | $ - | $ - | $ - | $ - | $ - | $ 6,287 | $ - | $ - |
| 25% Required Match | $ 105,699 | $ - | $ - | $ 83,880 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 528,493** | **$ -** | $ - | **$ 83,880** | $ - | $ - | $ 422,794 | $ - | $ - |

**Total W/O Match** **$ 422,794**

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**CLM - SH I**
**CoC Funds - NH0014L1T002518**

| | SFY2027 - 8/1/26-6/30/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Rental Assistance | $ 960,597 | $ - | $ - | $ - | $ - | $ - | $ 960,597.0 | $ - | $ - |
| Supportive Services | $ 47,223 | $ - | $ - | $ - | $ - | $ - | $ 47,223 | $ - | $ - |
| Administration | $ 21,464 | $ - | $ - | $ - | $ - | $ - | $ 21,464 | $ - | $ - |
| 25% Required Match | $ 257,321 | $ - | $ - | $ 206,820 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 1,286,605** | **$ -** | $ - | **$ 206,820** | $ - | $ - | $ 1,029,284 | $ - | $ - |

| | SFY2028 - 7/1/27-7/31/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Rental Assistance | $ 87,327 | $ - | $ - | $ - | $ - | $ - | $ 87,327.0 | $ - | $ - |
| Supportive Services | $ 4,293 | $ - | $ - | $ - | $ - | $ - | $ 4,293 | $ - | $ - |
| Administration | $ 1,951 | $ - | $ - | $ - | $ - | $ - | $ 1,951 | $ - | $ - |
| 25% Required Match | $ 23,393 | $ - | $ - | $ 18,802 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 116,964** | **$ -** | $ - | **$ 18,802** | $ - | $ - | $ 93,571 | $ - | $ - |

| | TOTAL - 8/1/26-7/31/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Rental Assistance | $ 1,047,924 | $ - | $ - | $ - | $ - | $ - | $ 1,047,924.0 | $ - | $ - |
| Supportive Services | $ 51,516 | $ - | $ - | $ - | $ - | $ - | $ 51,516 | $ - | $ - |
| Administration | $ 23,415 | $ - | $ - | $ - | $ - | $ - | $ 23,415 | $ - | $ - |
| 25% Required Match | $ 280,714 | $ - | $ - | $ 225,622 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 1,403,569** | **$ -** | $ - | **$ 225,622** | $ - | $ - | $ 1,122,855 | $ - | $ - |

**Total W/O Match** **$** **1,122,855**

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**CLM - NH Coordinated Entry Expansion**
**CoC Funds - NH0096L1T002510**

| | SFY2027 - 7/1/26-6/30/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Supportive Services | $ 83,331 | $ - | $ - | $ - | $ - | $ - | $ 83,331 | $ - | $ - |
| Administration | $ 3,647 | $ - | $ - | $ - | $ - | $ - | $ 3,647 | $ - | $ - |
| 25% Required Match | $ 21,745 | $ - | $ - | $ 21,745 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 108,723** | **$ -** | $ - | **$ 21,745** | $ - | $ - | $ 86,978 | $ - | $ - |

| | TOTAL - 7/1/26-6/30/27 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | TOTAL PROGRAM COST | | | CONTRACTOR SHARE | | | BHS SHARE | | |
| **Activity Name** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** | **BUDGET** | **YTD** | **MONTHLY** |
| Supportive Services | $ 83,331 | $ - | $ - | $ - | $ - | $ - | $ 83,331 | $ - | $ - |
| Administration | $ 3,647 | $ - | $ - | $ - | $ - | $ - | $ 3,647 | $ - | $ - |
| 25% Required Match | $ 21,745 | $ - | $ - | $ 21,745 | | $ - | $ - | $ - | $ - |
| **TOTAL HUD FUNDS/BALANCE** | **$ 108,723** | **$ -** | $ - | **$ 21,745** | $ - | $ - | $ 86,978 | $ - | $ - |

**Total W/O Match** **$** **86,978**

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# 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 MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE INC is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 17, 1967. 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: **61791**
Certificate Number: **0007914520**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of April A.D. 2026.

David M. Scanlan
Secretary of State

Docusign Envelope ID: 7FD41119-CD2D-84BE-82C3-814EE2AEC525

# 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 CENTER FOR LIFE MANAGEMENT is a New Hampshire Trade Name registered to transact business in New Hampshire on January 30, 2020. 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: **835849**

Certificate Number: **0007355467**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of January A.D. 2026.

David M. Scanlan
Secretary of State

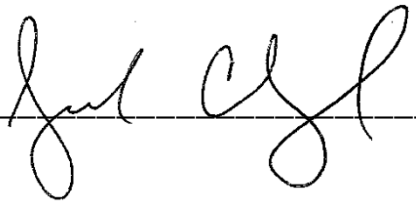
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# Nonprofit Organization Certificate of Authority

I hereby certify that:

1. I am a duly elected clerk, secretary, or other officer ("Elected Officer") of **Mental Health Center for Southern New Hampshire DBA Center for Life Management** ("Organization").
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on January 2, 2026 at which a quorum of the Directors were present and voting.

   **Voted:** That **Vic Topo** is duly authorized on behalf of the Organization to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.
3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. **This authority was valid thirty (30) days prior to and remains valid for thirty (30) days from the date of this Certificate of Authority**. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupies the position(s) indicated and that they have full authority to bind the Organization. To the extent that there are any limits on the authority of any listed individual to bind the Organization in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Signature of Elected Officer: 

Name: ____Joseph K. Crawford_____

Title: _____Board Chair_____

Date: _____October 12, 2026_____

Client#: 1483393 MENTAHEA29

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/30/2026

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 any rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
USI Insurance Services LLC
3 Executive Park Drive, Suite 300
Bedford, NH 03110
855 874-0123

**CONTACT NAME:** Nicki Renaud
**PHONE (A/C, No, Ext):** 855 874-0123 **FAX (A/C, No):**
**E-MAIL ADDRESS:** nicki.renaud@usi.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Philadelphia Indemnity Insurance Co. | 18058 |
| INSURER B : Granite State Healthcare & Human Svc WC | NONAIC |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Mental Health Center for Southern
NH DBA Center for Life Management
10 Tsienneto Rd
Derry, NH 03038

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | PHPK2608103009 | 10/01/2026 | 10/01/2027 | EACH OCCURRENCE | $1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $1,000,000 |
| | | | | | | | MED EXP (Any one person) | $20,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $3,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $3,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | PHPK26028100009 | 10/01/2026 | 10/01/2027 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | UMBRELLA LIAB OCCUR | | | PHUB883473014 | 10/01/2026 | 10/01/2027 | EACH OCCURRENCE | $5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $5,000,000 |
| | DED X RETENTION $10000 | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | N / A | | P01936HCHS2026 | 01/01/2026 | 01/01/2027 | X PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N | | | | | | E.L. EACH ACCIDENT | $1,000,000 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $1,000,000 |
| A | Professional Liab | | | PHPK2608103009 | 10/01/2026 | 10/01/2027 | $1,000,000/$3,000,000 | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Waiver of subrogation applies to the certificate holder where permitted by law.

**CERTIFICATE HOLDER**
NH DHHS
129 Pleasant St.
Concord, NH 03301

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

**AUTHORIZED REPRESENTATIVE**

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# NONPROFIT COVER SHEET

**A. Entity Name: Mental Health Center for Southern New Hampshire DBA Center for Life Management**

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

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

Name / Phone / Email: Lynda Silegy / (603) 490-2309 / lsilegy@clmnh.org

**Person responsible for Accuracy and Completeness of information provided:**
Name: Diana Lachapelle Title: CFO
Signature: Diana Lachapelle

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

| Name (Identify any additional role(s) in Parentheses) | Affiliations |
|---|---|
| Joseph Crawford (Chairperson) | Derry Cooperative School District |
| Rebecca Sanborn (Vice Chair) | Sanborn Diversity Solutions |
| Vern Thomas (Secretary) | Derry Police Department |
| Michael Delahanty (Treasurer) | Retired |
| Vic Topo (President & CEO) | The Mental Health Center for Southern New Hampshire DBA Center for Life Management |
| Maria Gudinas | AgeSpan |
| David Hebert | Retired |
| Susan Davis | Retired |
| Adam Burch | DHHS |
| Ron Lague | Korbey/Lague CPA |
| Stephanie Savard | Amoskeag Health |
| Maria Bertolone | Primary Bank |
| Jared Whalen | Salem Fire Department |

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

| Name | Role | Annual Salary | Amount Paid From This Contract |
|---|---|---|---|
| **Vic Topo** | CEO | $225,334 | $0 |
| **Steve Arnault** | COO | $187,000 | $0 |
| **Diana Lachapelle** | CFO | $189,388 | $0 |
| | | | |
| | | | |
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## DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

**E. Check one of the following:**

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

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

## CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

**F. Check one of the following:**

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

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

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

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

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1432 | Mental Health Center for Southern NH d/b/a Center for Life Management | 10 Tsienneto Road | Derry | NH | 03038 | G | 11/15/2026 |

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## FINANCIAL DISCLOSURES

**G. Check one the following:**

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

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

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

### 1. INCOME STATEMENT

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

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## 2. BALANCE SHEET

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

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CLM Center for Life Management™

## MISSION STATEMENT

**To promote the health and well-being of individuals, families and organizations. We accomplish this through professional, caring and comprehensive behavioral health care services and by partnering with other organizations that share our philosophy.**

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# THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
Years ended June 30, 2025 and 2024

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Years ended June 30, 2025 and 2024

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Wisehart, Wimette & Associates PLC
Certified Public Accountants

159 River Road
Essex Jct., VT 05452
T 802.879.1055
F 802.876.5020
wwa-cpa.com

# Independent Auditor's Report

To the Board of Directors of
The Mental Health Center for Southern New Hampshire
d/b/a CLM Center for Life Management and Affiliate

## Opinion

We have audited the accompanying consolidated financial statements of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate (a nonprofit organization), which comprise the consolidated statements of financial position as of June 30, 2025 and 2024, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate as of June 30, 2025 and 2024, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated financial statements section of our report. We are required to be independent of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Responsibilities of Management for the Consolidated financial statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

## Auditor's Responsibilities for the Audit of the Consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance

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and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's ability to continue as a going concern for a reasonable period of time.

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

***Supplementary Information***

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information on pages 22-28 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 23, 2025, on our consideration of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the

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effectiveness of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliate's internal control over financial reporting and compliance.

Wiscart, Wimette & Associates, PLC

Essex Junction, Vermont
Registration number VT092.0000684
December 23, 2025

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidated Statements of Financial Position
June 30, 2025 and 2024

ASSETS

| | 2025 | 2024 |
|---|---|---|
| Current assets: | | |
| Cash and cash equivalents | $ 9,815,282 | $ 5,743,025 |
| Restricted cash | 819,349 | 472,961 |
| Cash and cash equivalents and restricted cash | 10,634,631 | 6,215,986 |
| Accounts receivable, net | 1,241,699 | 956,942 |
| Other receivables | 1,260,653 | 1,709,790 |
| Prepaid expenses | 305,173 | 229,176 |
| Security deposit | 19,787 | 18,687 |
| Current portion of operating lease right of use asset | 27,373 | 27,373 |
| Total current assets | 13,489,316 | 9,157,954 |
| Property and equipment, net | 3,149,837 | 3,276,152 |
| Other assets | | |
| Marketable securities | 3,161,357 | 2,851,046 |
| Operating lease right of use asset, less current portion | 4,562 | 31,936 |
| Interest rate swap agreement | 4,609 | 42,322 |
| Total assets | $ 19,809,681 | $ 15,359,410 |

LIABILITIES AND NET ASSETS

| | | |
|---|---|---|
| Current liabilities: | | |
| Current portion of long term debt | $ 175,548 | $ 118,570 |
| Current portion of operating lease payable | 22,082 | 20,339 |
| Accounts payable | 532,917 | 114,623 |
| Accrued payroll and payroll liabilities | 505,492 | 408,130 |
| Accrued vacation | 672,841 | 614,829 |
| Accrued expenses | 170,631 | 69,254 |
| Deferred revenue | 370,410 | 199,502 |
| Total current liabilities | 2,449,921 | 1,545,247 |
| Long term liabilities | | |
| Operating lease payable, less current portion | 3,860 | 25,943 |
| Long term debt, less current portion | 1,718,772 | 1,872,329 |
| Total long term liabilities | 1,722,632 | 1,898,272 |
| Total liabilities | 4,172,553 | 3,443,519 |
| Net assets | | |
| Without donor restrictions | 14,887,779 | 11,442,930 |
| With donor restrictions | 749,349 | 472,961 |
| Total net assets | 15,637,128 | 11,915,891 |
| Total liabilities and net assets | $ 19,809,681 | $ 15,359,410 |

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidated Statements of Activities
Year ended June 30, 2025

| | Without Donor Restrictions | With Donor Restrictions | Total |
|---|---|---|---|
| Public support and revenues: | | | |
| Public support: | | | |
| Federal | $ 1,460,071 | $ - | $ 1,460,071 |
| State of New Hampshire - BBH | 4,194,364 | - | 4,194,364 |
| State and local funding | 5,400 | - | 5,400 |
| Other public support | 127,570 | 347,312 | 474,882 |
| Total public support | 5,787,405 | 347,312 | 6,134,717 |
| Revenues: | | | |
| Program service fees, net | 28,054,408 | - | 28,054,408 |
| Other service income | 294,630 | - | 294,630 |
| Rental income | 8,595 | - | 8,595 |
| Other | 11,240 | - | 11,240 |
| Total revenues | 28,368,873 | - | 28,368,873 |
| Total public support and revenues | 34,156,278 | 347,312 | 34,503,590 |
| Net assets released from restrictions: | | | |
| Satisfaction of program restrictions | 70,924 | (70,924) | - |
| Total | 34,227,202 | 276,388 | 34,503,590 |
| Operating expenses: | | | |
| BBH funded programs: | | | |
| Children | 7,623,881 | - | 7,623,881 |
| Collaborative Care | 2,239,520 | - | 2,239,520 |
| Elders | 1,176,837 | - | 1,176,837 |
| Supportive Employment | 399,241 | - | 399,241 |
| Adults Multi Service | 9,069,961 | - | 9,069,961 |
| Housing / Independent Living | 3,814,755 | - | 3,814,755 |
| Assertive Community Treatment | 1,000,337 | - | 1,000,337 |
| Acute Care | 3,425,451 | - | 3,425,451 |
| Non-BBH funded program services | 754,155 | - | 754,155 |
| Total program expenses | 29,504,138 | - | 29,504,138 |
| Administrative expenses | 2,163,937 | - | 2,163,937 |
| Total expenses | 31,668,075 | - | 31,668,075 |
| Change in net assets from operations | 2,559,127 | 276,388 | 2,835,515 |
| Non-operating revenue and expenses: | | | |
| Realized on sale of investments | 362,085 | - | 362,085 |
| Interest income | 251,041 | - | 251,041 |
| Investment income / (loss) | 310,310 | - | 310,310 |
| Fair value gain on interest rate swap | (37,714) | - | (37,714) |
| Fraud loss | - | - | - |
| Change in net assets | 3,444,849 | 276,388 | 3,721,237 |
| Net assets, beginning of year | 11,442,930 | 472,961 | 11,915,891 |
| Net assets, end of year | $ 14,887,779 | $ 749,349 | $ 15,637,128 |

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidated Statements of Activities
Year ended June 30, 2024

| | Without Donor Restrictions | With Donor Restrictions | Total |
|---|---|---|---|
| Public support and revenues: | | | |
| Public support: | | | |
| Federal | $ 1,351,630 | $ - | $ 1,351,630 |
| State of New Hampshire - BBH | 3,117,129 | - | 3,117,129 |
| State and local funding | 28,400 | - | 28,400 |
| Other public support | - | 194,017 | 194,017 |
| Total public support | 4,497,159 | 194,017 | 4,691,176 |
| Revenues: | | | |
| Program service fees, net | 23,616,999 | - | 23,616,999 |
| Other service income | 517,678 | - | 517,678 |
| Rental income | 6,510 | - | 6,510 |
| Other | 50,281 | - | 50,281 |
| Total revenues | 24,191,468 | - | 24,191,468 |
| Total public support and revenues | 28,688,627 | 194,017 | 28,882,644 |
| Net assets released from restrictions: | | | |
| Satisfaction of program restrictions | 111,594 | (111,594) | - |
| Total | 28,800,221 | 82,423 | 28,882,644 |
| Operating expenses: | | | |
| BBH funded programs: | | | |
| Children | 6,998,091 | - | 6,998,091 |
| Collaborative Care | 1,590,386 | - | 1,590,386 |
| Elders | 1,211,258 | - | 1,211,258 |
| Vocational | 511,810 | - | 511,810 |
| Multi-Service | 7,792,148 | - | 7,792,148 |
| Acute Care | 3,591,130 | - | 3,591,130 |
| Independent Living | 895,172 | - | 895,172 |
| Assertive Community Treatment | 3,043,269 | - | 3,043,269 |
| Non-BBH funded program services | 698,869 | - | 698,869 |
| Total program expenses | 26,332,133 | - | 26,332,133 |
| Administrative expenses | 1,890,611 | - | 1,890,611 |
| Total expenses | 28,222,744 | - | 28,222,744 |
| Change in net assets from operations | 577,477 | 82,423 | 659,900 |
| Non-operating expenses: | | | |
| Interest income | 136,707 | - | 136,707 |
| Investment income / (loss) | 139,208 | - | 139,208 |
| Fair value gain (loss) on interest rate swap | (30,828) | - | (30,828) |
| Fraud loss | (43,101) | - | (43,101) |
| Change in net assets | 779,463 | 82,423 | 861,886 |
| Net assets, beginning of year | 10,841,440 | 390,538 | 11,231,978 |
| Prior period adjustment | (177,973) | - | (177,973) |
| Net assets, beginning of year - restated | 10,663,467 | 390,538 | 11,054,005 |
| Net assets, end of year | $ 11,442,930 | $ 472,961 | $ 11,915,891 |

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidated Statements of Functional Expenses
Years ended June 30, 2025 and 2024

| | 2025 | | | 2024 | | |
|---|---|---|---|---|---|---|
| | Program Services | Administrative | Total | Program Services | Administrative | Total |
| Personnel costs: | | | | | | |
| Salaries and wages | $ 19,552,902 | $ 1,249,495 | $ 20,802,397 | $ 17,695,245 | $ 1,085,211 | $ 18,780,456 |
| Employee benefits | 3,452,238 | 251,291 | 3,703,529 | 2,873,247 | 215,074 | 3,088,321 |
| Payroll taxes | 1,429,041 | 86,575 | 1,515,616 | 1,298,200 | 76,079 | 1,374,279 |
| Accounting/audit fees | - | 56,059 | 56,059 | - | 44,086 | 44,086 |
| Advertising | 79,537 | 37,481 | 117,018 | 99,292 | 17,886 | 117,178 |
| Conferences, conventions and meetings | 39,080 | 3,202 | 42,282 | 135,386 | 3,949 | 139,335 |
| Depreciation | 356,864 | 146 | 357,010 | 360,009 | 23,923 | 383,932 |
| Equipment rental | 34,722 | 466 | 35,188 | 41,045 | - | 41,045 |
| Insurance | 4,535 | 119,567 | 124,102 | 4,981 | 131,164 | 136,145 |
| Interest expense | 124,789 | 21,221 | 146,010 | 132,695 | 21,989 | 154,684 |
| Legal fees | 17,216 | 75,906 | 93,122 | 33,786 | 18,470 | 52,256 |
| Membership dues | 16,624 | 51,262 | 67,886 | 4,431 | 38,756 | 43,187 |
| Occupancy expenses | 2,234,997 | 294 | 2,235,291 | 1,934,311 | 1,350 | 1,935,661 |
| Office expenses | 377,917 | 64,263 | 442,180 | 393,591 | 60,330 | 453,921 |
| Other expenses | 82,788 | 914 | 83,702 | 122,144 | 3,008 | 125,152 |
| Other professional fees | 930,046 | 129,620 | 1,059,666 | 519,465 | 125,910 | 645,375 |
| Program supplies | 399,779 | 13,618 | 413,397 | 329,398 | 20,657 | 350,055 |
| Travel | 371,063 | 2,557 | 373,620 | 354,907 | 2,769 | 357,676 |
| Total expenses | $ 29,504,138 | $ 2,163,937 | $ 31,668,075 | $ 26,332,133 | $ 1,890,611 | $ 28,222,744 |

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidated Statements of Cash Flows
Years ended June 30, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| Cash flows from operating activities: | | |
| Increase (decrease) in net assets | $ 3,721,237 | $ 861,886 |
| Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities: | | |
| Depreciation | 357,010 | 383,932 |
| Amortization of loan origination fees included in interest expense | 40,921 | 40,919 |
| Investment (income) loss | (310,310) | (139,208) |
| Fair value (gain) loss on interest rate swap | 37,714 | 30,828 |
| Amortization of right of use asset in lease expense | 27,373 | 27,323 |
| (Increase) decrease in: | | |
| Accounts receivable, net | (284,757) | 41,185 |
| Other receivables | 449,137 | (458,354) |
| Prepaid expenses | (75,997) | (37,333) |
| Security deposits | (1,100) | 12,262 |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | 675,045 | 44,032 |
| Deferred revenue | 170,908 | (168,638) |
| Net cash provided by operating activities | 4,807,181 | 638,834 |
| Cash flows from investing activities: | | |
| Transfers to investments | - | (1,500,000) |
| Purchases of property and equipment | (230,696) | (173,238) |
| Net cash used by investing activities | (230,696) | (1,673,238) |
| Cash flows from financing activities: | | |
| Principal payments on lease liability | (20,340) | (18,734) |
| Net principal payments on long term debt | (137,500) | (132,500) |
| Net cash used in financing activities | (157,840) | (151,234) |
| Net increase (decrease) in cash and cash equivalents | 4,418,645 | (1,185,638) |
| Cash and cash equivalents and restricted cash, beginning of year | 6,215,986 | 7,401,624 |
| Cash and cash equivalents and restricted cash, end of year | $ 10,634,631 | $ 6,215,986 |
| Supplemental cash flow disclosures: | | |
| Cash paid during the year for interest | $ 146,010 | $ 154,684 |

See notes to financial statements

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Note 1. Nature of organization

The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management (the "Organization") is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health and related non-mental health programs.

During 2006, the Center for Life Management Foundation (the "Foundation") was established to act for the benefit of, to carry out the functions of, and to assist the Organization. It is affiliated with The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management through common board members and management. In addition, the Organization is the sole member.

The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and the Center for Life Management Foundation are collectively referred to the "Organization".

Basis of consolidation
The consolidated financial statements include the accounts of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and the Center for Life Management Foundation. All intercompany transactions have been eliminated in consolidation.

Note 2. Basis of accounting and summary of significant accounting policies

General
The significant accounting policies of the Organization are presented to assist in understanding the Organization's consolidated financial statements. The consolidated financial statements and the notes are representations of the Organization's management. The Organization is responsible for the integrity and objectivity of the consolidated financial statements.

Basis of accounting
The consolidated financial statements are prepared on the accrual basis of accounting. Under this basis, revenues, other than contributions, and expenses are reported when incurred, without regard to date of receipt or payment of cash. Contributions are reported in accordance with FASB Accounting Standards Codification ("ASC") *Accounting for Contributions Received and Contributions Made.*

Basis of presentation
The Organization's consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles ("US GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

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

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

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

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

At June 30, 2025 and 2024, the Organization had net assets without donor restrictions of $14,887,779 and $11,442,930, respectively and had net assets with donor restrictions of $749,349 and $472,961, respectively. See Note 8 for discussion regarding net assets with donor restrictions.

Use of estimates
Management uses estimates and assumptions in preparing these consolidated financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from the estimates that were used.

Cash and cash equivalents
The Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash and cash equivalents.

Accounts receivable
Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management writes off accounts when they are deemed uncollectible and establishes an allowance for doubtful accounts for estimated uncollectible amounts. The Organization had an allowance for doubtful accounts of $538,892 and $302,947 as of June 30, 2025 and 2024, respectively. Refer to Note 3 for additional discussion of accounts receivable.

Property
Property is recorded at cost, except for donated assets which are recorded at estimated fair value at the date of donation. Depreciation is computed on the straight line basis over the estimated useful lives of the related assets as follows:

| | |
|---|---|
| Buildings and improvements | 15 – 40 years |
| Automobiles | 3 – 15 years |
| Equipment | 5 – 7 years |

All equipment valued at $5,000 or more is capitalized. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation, and any gain or loss is recognized. Depreciation expense was $357,010 and $383,932 for the years ended June 30, 2025 and 2024, respectively.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

Investments
The Organization follows the Not-For-Profit Entities subtopic of the FASB Accounting Standards Codification with respect to investments. Under this subtopic, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets.

Finance costs
Financing costs are recorded on the statement of position net of accumulated amortization. In accordance with generally accepted accounting principles, the unamortized financing costs are reported as a reduction in long term debt - see Note 8. The costs are amortized over the term of the respective financing arrangement.

Vacation pay and fringe benefits
Vacation pay is accrued and charged to programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on programs.

Deferred revenue
Amounts included in deferred revenue represent funds received in advance of expenditures incurred under the respective arrangement. The advances are recognized as revenue in the period the expenditure is incurred.

Fair value measurements and financial instruments
The Organization adopted FASB ASC 820, Fair Value Measurements and Disclosures, for assets and liabilities measured at fair value on a recurring basis. The codification established a common definition for fair value to be applied to existing generally accepted accounting principles that requires the use of fair value measurements, establishes a framework for measuring fair value, and expands disclosure about such fair value measurements.

FASB ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Additionally, FASB ASC 820 requires the use of valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. These inputs are prioritized as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The Organization’s financial instruments consist primarily of cash, accounts receivables, accounts payable and accrued expenses. The carrying amount of the Organization's financial instruments approximates their fair value due to the short-term nature of such instruments. The carrying value of long-term debt approximates fair value due to their bearing interest at rates that approximate current market rates for notes with similar maturities and credit quality.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

The Organization's interest rate swap agreements are classified as level 2 in the hierarchy, as all significant inputs to the fair value measurement are directly observable, such as the underlying interest rate assumptions.

Third-party contractual arrangements
A significant portion of revenue is derived from services to patients insured by third-party payers. Reimbursements from Medicare, Medicaid, and other commercial payers are at defined service rates for services rendered to patients covered by these programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as an allowance when received. A provision for estimated contractual allowances is provided on outstanding patient receivables at the statement of financial position date.

Advertising expenses
The Organization expenses advertising costs as they are incurred.

Expense allocation
The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

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

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Interest rate swap
The Organization uses an interest rate swap to effectively convert the variable rate on its State Authority Bond to a fixed rate, as described in Note 9. The change in the fair value of the swap agreement and the payments to or receipts from the counterparty to the swap are netted with the interest expense on the bonds. Cash flows from interest rate swap contracts are classified as a financing activity on the statement of cash flows.

Income taxes
The Organization is a non-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of 509(a) and qualifies for deductible contributions.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

The Foundation is a non-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. It is an organization that is organized and operated exclusively for the benefit of the Organization.

These consolidated financial statements follow FASB ASC, *Accounting for Uncertain Income Taxes*, which clarifies the accounting for uncertainty in income taxes and prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return.

*Accounting for Uncertain Income Taxes* did not have a material impact on these consolidated financial statements as the Organization believes it has taken no uncertain tax positions that could have an effect on its consolidated financial statements.

Federal Form 990 (Return of an Organization Exempt from Income Tax) for fiscal years 2021 through 2023 are subject to examination by the IRS, generally for three years after filing.

Leases

The Organization determines if an arrangement is or contains a lease at inception. Leases are included in right-of-use (ROU) assets and lease liabilities in the statement of financial position. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term, and ROU assets also include prepaid or accrued rent, if applicable. Operating lease expense is recognized on a straight-line basis over the lease term. The Organization does not report ROU assets and leases liabilities for its short-term leases (leases with a term of 12 months or less). Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease term.

Subsequent events

The Organization has evaluated all subsequent events through December 23, 2025, the date the consolidated financial statements were available to be issued.

Note 3. Accounts receivable, net

Accounts receivable consist of the following at June 30,:

| | 2025 | | | 2024 | | |
|---|---|---|---|---|---|---|
| Accounts receivable | Receivable | Receivable Allowance | Net | Receivable | Receivable Allowance | Net |
| Clients | $ 600,327 | $ (474,402) | $ 125,925 | $ 354,851 | $ (264,694) | $ 90,157 |
| Insurance companies | 340,449 | (14,283) | 326,166 | 378,855 | (19,052) | 359,803 |
| Medicaid | 613,536 | (26,113) | 587,423 | 441,709 | (14,511) | 427,198 |
| Medicare | 226,279 | (24,094) | 202,185 | 84,474 | (4,690) | 79,784 |
| | $1,780,591 | $ (538,892) | $ 1,241,699 | $1,259,889 | $ (302,947) | $ 956,942 |

| | 2025 | 2024 |
|---|---|---|
| Other receivables | | |
| NH Division of Mental Health | $ 1,242,337 | $ 1,404,790 |
| Contractual services / other receivables | 18,316 | 305,000 |
| | $ 1,260,653 | $ 1,709,790 |

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Note 4. Prepaids

Prepaids consists of the following at June 30:

| | 2025 | 2024 |
|---|---|---|
| Prepaid insurance and subscriptions | $ 132,358 | $ 61,121 |
| Prepaid rents | 172,815 | 168,055 |
| | $ 305,173 | $ 229,176 |

Note 5. Concentrations of credit risk

Financial instruments that potentially subject the Organization to concentrations of credit risk consist of the following:

| | 2025 | 2024 |
|---|---|---|
| Receivables primarily for services provided to individuals and entities located in southern New Hampshire | $ 1,241,699 | $ 956,942 |
| Other receivables due from entities located in New Hampshire | $ 1,260,653 | $ 1,709,790 |

Bank balances are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to the prevailing FDIC limit. At June 30, 2025 and 2024, the Organization had approximately $1,959,000 and $5,693,000 in uninsured cash balances.

Note 6. Property and equipment

Property and equipment consists of the following at June 30:

| | 2025 | 2024 |
|---|---|---|
| Land | $ 565,000 | $ 565,000 |
| Buildings and improvements | 4,316,119 | 4,093,344 |
| Automobiles | 45,685 | 45,685 |
| Equipment | 1,998,188 | 2,109,179 |
| | 6,924,992 | 6,813,208 |
| Less: accumulated depreciation | (3,775,155) | (3,537,056) |
| Property and equipment, net | $ 3,149,837 | $ 3,276,152 |

Note 7. Line of credit

As of June 30, 2025 and 2024, the Organization had a demand line of credit with M&T Bank with a borrowing capacity of $1,000,000. Interest accrued on the outstanding principal balance is payable monthly at the Wall Street Journal Prime, for an effective rate of 7.25% and 8.25% at June 30, 2025 and 2024. The outstanding balance on the line at June 30, 2025 and 2024 was $0, respectively. The line of credit is secured by all business assets and real estate.

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Note 8. Long term debt

Long term debt consists of the following as of June 30,:

| | 2025 | 2024 |
|---|---|---|
| Series 2015 New Hampshire Health and Education Facilities Bond - Payable through 2036, original principal of $3,042,730, remarketed and sold to People's United Bank (now M&T) at a variable rate. Secured by land, building, equipment, and certain revenues, revenues. The note was refinanced July 2025 - see Note 20. The Organization has entered into an interest rate swap agreement to effectively fix the interest rate on the note. See Note 9. | $ 1,897,730 | $ 2,035,230 |
| Less: unamortized finance costs | (3,410) | (44,331) |
| Long term debt, less unamortized finance costs | 1,894,320 | 1,990,899 |
| Less: current portion of long term debt | (175,548) | (118,570) |
| Long term debt, less current portion | $ 1,718,772 | $ 1,872,329 |

In 2017, the Organization retroactively adopted the requirements of FASB ASC 835-30 to present debt issuance costs as a reduction of the carrying amount of debt rather than as an asset.

Amortization of $40,921 and $40,919 is reported as interest expense in the consolidated statement of activities for the years ended June 30, 2025 and 2024, respectively.

Future maturities to long term debt are as follows – refer to Note 21 regarding the future maturities schedule presented below:

| Year ending June 30, | Long Term Debt Principal | Unamortized Finance Costs | Net |
|---|---|---|---|
| 2026 | $ 183,437 | $ (7,889) | $ 175,548 |
| 2027 | 209,018 | (8,606) | 200,413 |
| 2028 | 219,165 | (8,606) | 210,559 |
| 2029 | 229,805 | (8,606) | 221,199 |
| 2030 | 240,962 | (8,606) | 232,356 |
| Thereafter | 1,417,613 | (43,748) | 1,373,865 |
| Total | $ 2,500,000 | $ (86,061) | $ 2,413,939 |

Note 9. Interest rate swap

During 2016, the Organization entered into an interest rate swap agreement with M&T Bank that effectively fixes the interest rate on the outstanding principal of the Bank's term note at 3.045%.

Under the arrangement, the notional principal amount is the balance of the note, with the Organization receiving floating payments of one month London InterBank Offered rate ("LIBOR") plus .69% and paying a fixed rate of 3.045%.

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Note 9. Interest rate swap (continued)

The agreement matures August 2025 and has a notional amount of $1,897,730 and $2,035,230 at June 30, 2025 and 2024, respectively.

In accordance with generally accepted accounting principles, the interest rate swap agreement is recorded at its fair value as an asset or liability, with the changes in fair value being reported as a component of the change in net assets without donor restrictions. For the years ended June 30, 2025 and 2024, the Organization reported an interest rate swap asset / (liability) of $4,609 and $42,322 on the statement of financial position and a fair value gain / (loss) on the interest rate swap of ($37,714) and ($30,828) and on the statement of activities, respectively. The fair value gain / (loss) is reported as a non-operating expense of the Organization and is a non-cash transaction. Refer to discussion of note refinancing at Note 20.

Note 10. Net assets with donor restrictions

Net assets with donor restrictions were restricted as to the following areas of support as follows at June 30,:

| | 2025 | 2024 |
|---|---|---|
| Bishop's charitable assistance fund | $ 25,457 | $ 27,759 |
| Aging population funding | 11,032 | 12,156 |
| Homeless outreach | 526,696 | 360,802 |
| Access to care | 33,477 | 33,987 |
| First Steps funds | 4,592 | 4,082 |
| Collaborative fund | 5,729 | 8,595 |
| Youth and Family Fund | 42,683 | 25,480 |
| DCU Kids summer Camp | 10,000 | - |
| Earn While You Learn Fund | 35,000 | - |
| Endowment Health Fund | 50,000 | - |
| Miscellaneous | 4,683 | 100 |
| | $ 749,349 | $ 472,961 |

Note 11. Restricted cash

Restricted cash represents the following at June 30,:

| | 2025 | 2024 |
|---|---|---|
| Restricted net assets – Note 10 | $ 749,349 | $ 472,961 |
| Pass-through grant funds | 70,000 | - |
| | $ 819,349 | $ 472,961 |

Note 12. Employee benefit plan

Discretionary matching contributions to a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code are contingent upon financial condition. This program covers eligible regular full-time and part-time employees who have successfully completed at least one year of employment and work at least 20 hours per week. Eligible employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish. Employer contributions and expenses totaled $273,280 and $238,238 for the years ended June 30, 2025 and 2024 respectively.

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Note 13. Concentrations

For the years ended June 30, 2025 and 2024, the Organization received approximately 75% and 74%, respectively, of its total revenue in the form of Medicaid reimbursements. Being a State of New Hampshire designated Community Mental Health Center affords the Organization Medicaid provider status. Annual contracting with New Hampshire Department of Health and Human Services-Bureau of Behavioral Health provides a base allocation of state general funds and Federal funding, which are drawn as related expenses are incurred.

Note 14. Lease commitments

The Organization evaluated current contracts to determine which met the criteria of a lease. The right-of-use (ROU) assets represent the Organization's right to use underlying assets for the lease term, and the lease liabilities represent the Organization's obligation to make lease payments arising from these leases. The ROU assets and lease liabilities, all of which arise from operating leases, were calculated based on the present value of future lease payments over the lease terms. The Organization has made an accounting policy election to use it's incremental borrowing rate to discount future lease payments, which was 8.25% as of the lease commencement date.

The following summarizes the Organization's leasing:

- The Organization leases equipment under a leasing arrangement which expires August 2026. The agreement requires an initial $30,000 non-refundable deposit and monthly payments of $1,950 through the term. The lease resulted in a right of use asset and lease liability being recorded in the year of commencement.

The following summarizes amounts in the financial statements associated with the lease during and as of June 30,:

| | 2025 | 2024 |
|---|---|---|
| *Statement of Financial Position:* | | |
| Current portion of operating lease right of use asset | $ 27,373 | $ 27,373 |
| Operating lease right of use asset, less current portion | 4,562 | 31,936 |
| Total operating lease right of use asset | $ 31,935 | $ 59,309 |
| | | |
| Current portion of operating lease payable | $ 22,082 | $ 20,339 |
| Operating lease payable, less current portion | 3,860 | 25,943 |
| Total operating lease payable | $ 25,942 | $ 46,282 |

*Statement of Functional Expenses:*
The components of operating lease expenses that are included in rent costs in the statement of functional expenses were the following for the year ended June 30,:

| | 2025 | 2024 |
|---|---|---|
| Amortization of right to use asset | $ 27,373 | $ 27,373 |
| Interest paid on operating lease payable | 1,318 | 3,061 |
| Total operating lease expense | $ 28,691 | $ 30,434 |

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Note 14. Lease commitments (continued)

The maturities of operating lease liabilities are the following:

| Year ending June 30, | |
|---|---|
| 2026 | $ 23,400 |
| 2027 | 3,900 |
| Total lease payments | 27,300 |
| Less: Present value discount | (1,358) |
| Total | $ 25,942 |

- The Organization leases facilities and equipment under various operating leases which are for periods of twelve months or less. In accordance with lease accounting, short-term leases (leases with a term of 12 months or less) are reported as lease expense on a straight-line basis over the lease term. Rent expense recorded under these arrangements was approximately $315,000 and $280,000 for the years ended June 30, 2025 and 2024, respectively.

Note 15. Investments and fair value measurements

The Organization reports its investments at fair value using Level 1 inputs. The following details the fair value at June 30, 2025:

| | Cost | Unrealized Gain/(Loss) | Market Value | % of Total |
|---|---|---|---|---|
| Cash and equivalents | $ 33,286 | $ - | $ 33,286 | 2.5% |
| Exchange Traded Funds | 2,872,306 | 255,765 | 3,128,071 | 97.5% |
| Total investments | $ 2,905,592 | $ 255,765 | $ 3,161,357 | 100% |

The Organization reports its investments at fair value using Level 1 inputs. The following details the fair value at June 30, 2024:

| | Cost | Unrealized Gain/(Loss) | Market Value | % of Total |
|---|---|---|---|---|
| Cash and equivalents | $ 70,272 | $ - | $ 70,272 | 2.5% |
| Exchange Traded Funds | 2,737,002 | 43,772 | 2,780,774 | 97.5% |
| Total investments | $ 2,807,274 | $ 43,772 | $ 2,851,046 | 100% |

The following schedule summarizes the investment income and its classification in the statement of activities for the years ended June 30,:

| | 2025 | 2024 |
|---|---|---|
| Realized gains/(losses) | $ 24,909 | $ (18,660) |
| Unrealized gains/(losses) | 211,993 | 118,915 |
| Interest and dividends | 88,175 | 45,188 |
| Fees and expenses | (14,767) | (6,235) |
| Investment income/(expense), net | $ 310,310 | $ 139,208 |

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Note 16. Fraud loss

During the year ending June 30, 2024, the Organization discovered that an employee had charged personal expenditures to the Organization. The total amount identified was $362,053 and was for expenditures charged during the following years ending June 30,:

| | |
|---|---|
| Prior Years | $ 178,519 |
| 2023 | 140,433 |
| 2024 | 43,101 |
| Total loss | $ 362,053 |

The Organization filed a claim with its insurance company to recover the lost funds. During November 2024, the Organization was notified that their claim was approved and they would be reimbursed $352,085.

During the year ending June 30, 2025, the Organization received $362,085 in reimbursement for the fraud loss – the $352,085 from insurance proceeds and $10,000 from the individual responsible for the loss.

The fraud loss and reimbursement for the years ending June 30, 2025 and 2024 is presented in the respective years Consolidated Statement of Activities in the section Non-operating revenue and expenses

Note 17. Availability and liquidity

The following represents the Organization's financial assets at June 30,:

| | 2025 | 2024 |
|---|---|---|
| Financial assets at year end: | | |
| Cash and cash equivalents | $10,634,631 | $6,215,986 |
| Accounts receivable | 1,241,699 | 956,942 |
| Other receivable | 1,260,653 | 1,709,790 |
| Security deposit | 19,787 | 18,687 |
| Total financial assets | 13,156770 | 9,682,136 |
| | | |
| Less amounts not available within one year: | | |
| Restricted cash | (819,349) | (472,961) |
| Security deposit | (19,787) | (18,687) |
| | | |
| Financial assets available to meet general Expenditures over the next twelve months | $12,317,634 | $8,409,757 |

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing mission-related activities, as well as the conduct of service undertaken to support those activities, to be general expenditures.

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Note 17. Availability and liquidity (continued)

The Organization's primary source of liquidity is its cash and cash equivalents.

In addition to financial assets available to meet general expenditures within one year, the Organization operates with a budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

Note 18. Deferred revenue

Deferred revenue consists of the following at June 30,:

| | 2025 | 2024 |
|---|---|---|
| MCO close-out funds | $ 300,410 | $ 199,502 |
| Unspent pass-through grant funds received | 70,000 | - |
| | $ 370,410 | $ 199,502 |

Note 19. Reclassifications

Certain prior year items have been reclassified to be consistent with the current year presentation.

Note 20. Subsequent event

During July 2025, the Organization refinanced the debt instrument noted in Note 8 and interest rate swap noted in Note 9.

*Debt instrument:*
The Organization executed a loan and security agreement with M&T Bank to borrow $2,500,000 in proceeds from the New Hampshire Health and Education Facilities Bonds, Series 2025.

The arrangement is payable through its maturity date of August 1, 2035, requires monthly payments ranging from $16,676 up to $25,550 per month, and bears interest at the SOFR Interest Rate until the maturity date or an earlier redemption date. The arrangement is secured by land, building, equipment, and certain revenues, revenues.

*SWAP Agreement:*
As part of the refinancing, the Organization entered into an interest rate swap agreement with M&T Bank with a notional amount of $2,500,000 and which effectively fixes the interest rate on the outstanding principal of the Bank's term note at 4.75%.

Under the arrangement, the notional principal amount is the balance of the note, with the Organization receiving floating payments of one month SOFR Interest Rate.

*Future maturities:*
The future maturities schedule noted in Note 8 reflects the Organization's obligation under the refinancing executed during July 2025.

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Note 21. Prior period adjustment

During the refinancing of the debt noted in Note 20, the Organization noted that the amortization period for the closing costs for the original debt instrument were not correct. Accordingly, the financial statements were restated to reflect the correct amortization that should have been reported as part of interest expense.

The following changes were made as part of the prior period adjustment:

| | As previously Reported | Change | Restated |
|---|---|---|---|
| *Statement of Financial Position:* | | | |
| Long-term debt, less current portion | $ 1,672,367 | $ 199,962 | $ 1,872,329 |
| *Statement of Activities:* | | | |
| Administrative expenses | $ 1,868,622 | $ 21,989 | $ 1,890,611 |
| Change in net assets | $ 883,875 | $ (21,989) | $ 861,886 |
| Net assets, beginning of year | $11,231,978 | $ (177,973) | $11,054,005 |
| Net assets, end of year | $12,115,853 | $ (199,962) | $11,915,891 |
| *Statement of Functional Expenses:* | | | |
| Interest expense | $ 132,695 | $ 21,989 | $ 154,684 |
| *Statement of Cash Flows:* | | | |
| Increase (decrease) in net assets | $ 883,875 | $ (21,989) | $ 861,886 |
| Amortization of loan origination Fees in interest expense | $ 18,930 | $ 21,989 | $ 40,919 |

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SUPPLEMENTARY INFORMATION

Docusign Envelope ID: 7FD41119-CD2D-84BE-82C3-814EE2AEC525

THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidating Statement of Financial Position
June 30, 2025

| | Center for Life Management | CLM Foundation | Total | Eliminations | Consolidated |
|---|---|---|---|---|---|
| ASSETS | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | $ 9,723,174 | $ 92,108 | $ 9,815,282 | $ - | $ 9,815,282 |
| Restricted cash | 70,000 | 749,349 | 819,349 | - | 819,349 |
| Accounts receivable, net | 1,241,699 | - | 1,241,699 | | 1,241,699 |
| Other receivables | 1,260,653 | - | 1,260,653 | - | 1,260,653 |
| Prepaid expenses | 305,173 | - | 305,173 | - | 305,173 |
| Security deposit | 19,787 | - | 19,787 | - | 19,787 |
| Current portion of operating lease right of use asset | 27,373 | - | 27,373 | - | 27,373 |
| Due from affiliate | 5,085 | - | 5,085 | (5,085) | - |
| Total current assets | 12,652,944 | 841,457 | 13,494,401 | (5,085) | 13,489,316 |
| Property and equipment, net | 3,149,837 | - | 3,149,837 | - | 3,149,837 |
| Other assets: | | | | | |
| Marketable securities | 3,161,357 | - | 3,161,357 | - | 3,161,357 |
| Operating lease right of use asset, less current portion | 4,562 | - | 4,562 | - | 4,562 |
| Interest rate swap agreement | 4,609 | - | 4,609 | - | 4,609 |
| Total assets | $ 18,973,309 | $ 841,457 | $ 19,814,766 | $ (5,085) | $ 19,809,681 |
| LIABILITIES AND NET ASSETS | | | | | |
| Current liabilities: | | | | | |
| Current portion of long-term debt | $ 175,548 | $ - | $ 175,548 | $ - | $ 175,548 |
| Current portion of operating lease payable | 22,082 | - | 22,082 | - | 22,082 |
| Accounts payable | 531,601 | 1,316 | 532,917 | - | 532,917 |
| Accrued payroll and payroll liabilities | 505,492 | - | 505,492 | - | 505,492 |
| Accrued vacation | 672,841 | - | 672,841 | - | 672,841 |
| Accrued expenses | 170,631 | - | 170,631 | - | 170,631 |
| Deferred revenue | 370,410 | - | 370,410 | - | 370,410 |
| Due to affiliate | - | 5,085 | 5,085 | (5,085) | - |
| Total current liabilities | 2,448,605 | 6,401 | 2,455,006 | (5,085) | 2,449,921 |
| Long term liabilities: | | | | | |
| Operating lease payable, less current portion | 3,860 | - | 3,860 | - | 3,860 |
| Long-term-debt less current portion | 1,718,772 | - | 1,718,772 | - | 1,718,772 |
| Total long term liabilities | 1,722,632 | - | 1,722,632 | - | 1,722,632 |
| Total liabilities | 4,171,237 | 6,401 | 4,177,638 | (5,085) | 4,172,553 |
| Net assets: | | | | | |
| Without donor restrictions | 14,802,072 | 85,707 | 14,887,779 | - | 14,887,779 |
| With donor restrictions | - | 749,349 | 749,349 | - | 749,349 |
| Total net assets | 14,802,072 | 835,056 | 15,637,128 | - | 15,637,128 |
| Total liabilities and net assets | $ 18,973,309 | $ 841,457 | $ 19,814,766 | $ (5,085) | $ 19,809,681 |

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidating Statement of Financial Position
June 30, 2024

| | Center for Life Management | CLM Foundation | Total | Eliminations | Consolidated |
|---|---|---|---|---|---|
| ASSETS | | | | | |
| Current assets: | | | | | |
| Cash and cash equivalents | $ 5,660,669 | $ 82,356 | $ 5,743,025 | $ - | $ 5,743,025 |
| Restricted cash | - | 472,961 | 472,961 | - | 472,961 |
| Accounts receivable, net | 956,942 | - | 956,942 | - | 956,942 |
| Other receivables | 1,709,790 | - | 1,709,790 | - | 1,709,790 |
| Prepaid expenses | 229,176 | - | 229,176 | - | 229,176 |
| Security deposit | 18,687 | - | 18,687 | - | 18,687 |
| Current portion of operating lease right of use asset | 27,373 | | 27,373 | | 27,373 |
| Due from affiliate | 24,508 | - | 24,508 | (24,508) | - |
| Total current assets | 8,627,145 | 555,317 | 9,182,462 | (24,508) | 9,157,954 |
| Property and equipment, net | 3,276,152 | - | 3,276,152 | - | 3,276,152 |
| Other assets | | | | | |
| Marketable securities | 2,851,046 | - | 2,851,046 | - | 2,851,046 |
| Operating lease right of use asset, less current portion | 31,936 | | 31,936 | | 31,936 |
| Interest rate swap agreement | 42,322 | - | 42,322 | - | 42,322 |
| Total assets | $ 14,828,601 | $ 555,317 | $ 15,383,918 | $ (24,508) | $ 15,359,410 |
| LIABILITIES AND NET ASSETS | | | | | |
| Current liabilities: | | | | | |
| Current portion of long-term debt | $ 118,570 | $ - | $ 118,570 | $ - | $ 118,570 |
| Current portion of operating lease payable | 20,339 | - | 20,339 | | 20,339 |
| Accounts payable | 112,261 | 2,362 | 114,623 | - | 114,623 |
| Accrued payroll and payroll liabilities | 408,130 | - | 408,130 | - | 408,130 |
| Accrued vacation | 614,829 | - | 614,829 | - | 614,829 |
| Accrued expenses | 69,254 | - | 69,254 | - | 69,254 |
| Deferred revenue | 199,502 | - | 199,502 | - | 199,502 |
| Due to affiliate | - | 24,508 | 24,508 | (24,508) | - |
| Total current liabilities | 1,542,885 | 26,870 | 1,569,755 | (24,508) | 1,545,247 |
| Long term liabilities | | | | | |
| Operating lease payable, less current portion | 25,943 | | 25,943 | | 25,943 |
| Long-term-debt less current portion | 1,872,329 | - | 1,872,329 | - | 1,872,329 |
| Total long term liabilities | 1,898,272 | - | 1,898,272 | - | 1,898,272 |
| Total liabilities | 3,441,157 | 26,870 | 3,468,027 | (24,508) | 3,443,519 |
| Net assets: | | | | | |
| Without donor restrictions | 11,387,444 | 55,486 | 11,442,930 | - | 11,442,930 |
| With donor restrictions | - | 472,961 | 472,961 | - | 472,961 |
| Total net assets | 11,387,444 | 528,447 | 11,915,891 | - | 11,915,891 |
| Total liabilties and net assets | $ 14,828,601 | $ 555,317 | $ 15,383,918 | $ (24,508) | $ 15,359,410 |

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidating Statement of Activities
For the Year Ended June 30, 2025

| | | CLM Foundation | | | | | |
|---|---|---|---|---|---|---|---|
| | Center for Life Management | Without Donor Restrictions | With Donor Restrictions | Total | Total | Eliminations | Consolidated |
| Public support and revenues: | | | | | | | |
| Public support: | | | | | | | |
| Federal | $ 1,460,071 | $ - | $ - | $ - | $ 1,460,071 | $ - | $ 1,460,071 |
| State of New Hampshire - BBH | 4,194,364 | - | - | - | 4,194,364 | - | 4,194,364 |
| State and local funding | 5,400 | - | - | - | 5,400 | - | 5,400 |
| Other public support | 76,400 | 64,134 | 347,312 | 411,446 | 487,846 | (12,964) | 474,882 |
| Total public support | 5,736,235 | 64,134 | 347,312 | 411,446 | 6,147,681 | (12,964) | 6,134,717 |
| Revenues: | | | | | | | |
| Program service fees, net | 28,054,408 | - | - | - | 28,054,408 | - | 28,054,408 |
| Other service income | 294,630 | - | - | - | 294,630 | - | 294,630 |
| Rental income | 8,595 | - | - | - | 8,595 | - | 8,595 |
| Other | 9,050 | 2,190 | - | 2,190 | 11,240 | - | 11,240 |
| Total revenues | 28,366,683 | 2,190 | - | 2,190 | 28,368,873 | - | 28,368,873 |
| Total public support and revenues | 34,102,918 | 66,324 | 347,312 | 413,636 | 34,516,554 | (12,964) | 34,503,590 |
| Net assets released from restrictions: | | | | | | | |
| Satisfaction of program restrictions | - | 70,924 | (70,924) | - | - | - | - |
| Total | 34,102,918 | 137,248 | 276,388 | 413,636 | 34,516,554 | (12,964) | 34,503,590 |
| Operating expenses: | | | | | | | |
| BBH funded programs: | | | | | | | |
| Children | 7,623,881 | - | - | - | 7,623,881 | - | 7,623,881 |
| Collaborative Care | 2,239,520 | - | - | - | 2,239,520 | - | 2,239,520 |
| Elders | 1,176,837 | - | - | - | 1,176,837 | - | 1,176,837 |
| Supportive Employment | 399,241 | - | - | - | 399,241 | - | 399,241 |
| Adults Multi Service | 9,069,961 | - | - | - | 9,069,961 | - | 9,069,961 |
| Housing / Independent Living | 3,814,755 | - | - | - | 3,814,755 | - | 3,814,755 |
| Assertive Community Treatment | 1,000,337 | - | - | - | 1,000,337 | - | 1,000,337 |
| Acute Care | 3,425,451 | - | - | - | 3,425,451 | - | 3,425,451 |
| Non-BBH funded program services | 652,665 | 101,490 | - | 101,490 | 754,155 | - | 754,155 |
| Contributions | - | 12,964 | - | 12,964 | 12,964 | (12,964) | - |
| Total program expenses | 29,402,648 | 114,454 | - | 114,454 | 29,517,102 | (12,964) | 29,504,138 |
| Administrative expenses | 2,163,937 | - | - | - | 2,163,937 | - | 2,163,937 |
| Total expenses | 31,566,585 | 114,454 | - | 114,454 | 31,681,039 | (12,964) | 31,668,075 |
| Change in net assets from operations | 2,536,333 | 22,794 | 276,388 | 299,182 | 2,835,515 | - | 2,835,515 |
| Non-operating revenue and expenses: | | | | | | | |
| Fraud loss recovery | 362,085 | - | - | - | 362,085 | - | 362,085 |
| Interest income | 243,614 | 7,427 | - | 7,427 | 251,041 | - | 251,041 |
| Investment income / (loss) | 310,310 | - | - | - | 310,310 | - | 310,310 |
| Fair value gain on interest rate swap | (37,714) | - | - | - | (37,714) | - | (37,714) |
| Change in net assets | 3,414,628 | 30,221 | 276,388 | 306,609 | 3,721,237 | - | 3,721,237 |
| Net assets, beginning of year | 11,387,444 | 55,486 | 472,961 | 528,447 | 11,915,891 | - | 11,915,891 |
| Net assets, end of year | $ 14,802,072 | $ 85,707 | $ 749,349 | $ 835,056 | $ 15,637,128 | $ - | $ 15,637,128 |

See Independent Auditor's Report

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Consolidating Statement of Activities
For the Year Ended June 30, 2024

| | | CLM Foundation | | | | | |
|---|---|---|---|---|---|---|---|
| | Center for Life Management | Without Donor Restrictions | With Donor Restrictions | Total | Total | Eliminations | Consolidated |
| Public support and revenues: | | | | | | | |
| Public support: | | | | | | | |
| Federal | $ 1,351,630 | $ - | $ - | $ - | $ 1,351,630 | $ - | $ 1,351,630 |
| State of New Hampshire - BBH | 3,117,129 | - | - | - | 3,117,129 | - | 3,117,129 |
| State and local funding | 28,400 | - | - | - | 28,400 | - | 28,400 |
| Other public support | 12,964 | - | 194,017 | 194,017 | 206,981 | (12,964) | 194,017 |
| Total public support | 4,510,123 | - | 194,017 | 194,017 | 4,704,140 | (12,964) | 4,691,176 |
| Revenues: | | | | | | | |
| Program service fees, net | 23,616,999 | - | - | - | 23,616,999 | - | 23,616,999 |
| Other service income | 517,678 | - | - | - | 517,678 | - | 517,678 |
| Rental income | 6,510 | - | - | - | 6,510 | - | 6,510 |
| Other | 41,335 | 8,946 | - | 8,946 | 50,281 | - | 50,281 |
| Total revenues | 24,182,522 | 8,946 | - | 8,946 | 24,191,468 | - | 24,191,468 |
| Total public support and revenues | 28,692,645 | 8,946 | 194,017 | 202,963 | 28,895,608 | (12,964) | 28,882,644 |
| Net assets released from restrictions: | | | | | | | |
| Satisfaction of program restrictions | - | 111,594 | (111,594) | - | - | - | - |
| Total | 28,692,645 | 120,540 | 82,423 | 202,963 | 28,895,608 | (12,964) | 28,882,644 |
| Operating expenses: | | | | | | | |
| BBH funded programs: | | | | | | | |
| Children | 6,998,091 | - | - | - | 6,998,091 | - | 6,998,091 |
| Collaborative Care | 1,590,386 | - | - | - | 1,590,386 | | 1,590,386 |
| Elders | 1,211,258 | - | - | - | 1,211,258 | - | 1,211,258 |
| Supportive Employment | 511,810 | - | - | - | 511,810 | - | 511,810 |
| Adults Multi Service | 7,792,148 | - | - | - | 7,792,148 | - | 7,792,148 |
| Housing / Independent Living | 3,591,130 | - | - | - | 3,591,130 | - | 3,591,130 |
| Assertive Community Treatment | 895,172 | - | - | - | 895,172 | - | 895,172 |
| Acute Care | 3,043,269 | - | - | - | 3,043,269 | - | 3,043,269 |
| Non-BBH funded program services | 557,297 | 141,572 | - | 141,572 | 698,869 | - | 698,869 |
| Contributions | - | 12,964 | - | 12,964 | 12,964 | (12,964) | - |
| Total program expenses | 26,190,561 | 154,536 | - | 154,536 | 26,345,097 | (12,964) | 26,332,133 |
| Administrative expenses | 1,890,611 | - | - | - | 1,890,611 | - | 1,890,611 |
| Total expenses | 28,081,172 | 154,536 | - | 154,536 | 28,235,708 | (12,964) | 28,222,744 |
| Change in net assets from operations | 611,473 | (33,996) | 82,423 | 48,427 | 659,900 | - | 659,900 |
| Non-operating revenue and expenses: | | | | | | | |
| Interest income | 127,609 | 9,098 | - | 9,098 | 136,707 | - | 136,707 |
| Investment income / (loss) | 139,208 | - | - | - | 139,208 | - | 139,208 |
| Fair value gain on interest rate swap | (30,828) | - | - | - | (30,828) | - | (30,828) |
| Fraud loss | (43,101) | - | - | - | (43,101) | - | (43,101) |
| Change in net assets | 804,361 | (24,898) | 82,423 | 57,525 | 861,886 | - | 861,886 |
| Net assets, beginning of year | 10,761,056 | 80,384 | 390,538 | 470,922 | 11,231,978 | - | 11,231,978 |
| Prior period adjustment | (177,973) | - | - | - | (177,973) | - | (177,973) |
| Net assets, beginning of year - restated | 10,583,083 | 80,384 | 390,538 | 470,922 | 11,054,005 | - | 11,054,005 |
| Net assets, end of year | $ 11,387,444 | $ 55,486 | $ 472,961 | $ 528,447 | $ 11,915,891 | $ - | $ 11,915,891 |

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATE
Analysis of Accounts Receivable
For the Year Ended June 30, 2025

| | Accounts Receivable Beginning of Year | Gross Fees | Contractual Allowances and Other Discounts Given | Cash Receipts | Change in Allowance | Accounts Receivable End of Year |
|---|---|---|---|---|---|---|
| Clients | $ 354,851 | $ 1,934,498 | $ (1,472,374) | $ (216,648) | $ - | $ 600,327 |
| Insurance companies | 378,855 | 4,924,486 | (2,276,631) | (2,686,261) | - | 340,449 |
| Medicaid | 441,709 | 25,713,387 | (1,559,024) | (23,982,536) | - | 613,536 |
| Medicare | 84,474 | 1,254,344 | (464,278) | (648,261) | - | 226,279 |
| Allowance | (302,947) | - | - | - | (235,945) | (538,892) |
| Total | $ 956,942 | $ 33,826,715 | $ (5,772,307) | $ (27,533,706) | $ (235,945) | $ 1,241,699 |

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT
Schedule of Program Revenues and Expenses
For the Year Ended June 30, 2025

| | Children | Collaborative Care | Elders | Supportive Employment | Adults Multi Service | Housing / Independent Living | Assertive Community Treatment | Acute Care | Other Non-BBH | Total Program Services | Admin-istrative | Total Agency |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Public support and revenues: | | | | | | | | | | | | |
| Public support: | | | | | | | | | | | | |
| Federal | $ 95,300 | $ 43,578 | $ - | $ - | $ 38,292 | $ 1,269,005 | $ 6,948 | $ 6,948 | $ - | $ 1,460,071 | $ - | $ 1,460,071 |
| State of New Hampshire - BBH | 130,242 | 35,586 | 885 | 382 | 181,277 | 1,066,175 | 238,236 | 2,541,062 | 519 | 4,194,364 | - | 4,194,364 |
| State and local funding | - | - | - | - | 5,400 | - | - | - | - | 5,400 | - | 5,400 |
| Other public support | 8,000 | - | - | - | 55,000 | - | - | - | - | 63,000 | 13,400 | 76,400 |
| Total public support | 233,542 | 79,164 | 885 | 382 | 279,969 | 2,335,180 | 245,184 | 2,548,010 | 519 | 5,722,835 | 13,400 | 5,736,235 |
| Revenues: | | | | | | | | | | | | |
| Program service fees, net | 11,310,932 | 1,954,266 | 1,317,619 | 268,900 | 9,037,264 | 1,696,896 | 913,595 | 1,034,678 | 520,258 | 28,054,408 | - | 28,054,408 |
| Other service income | 129,308 | 88,582 | 37,943 | - | - | - | - | 4,000 | 34,797 | 294,630 | - | 294,630 |
| Rental income | 2,922 | 1,031 | 344 | - | 1,805 | 344 | 86 | 859 | 258 | 7,649 | 946 | 8,595 |
| Other | 1,296 | 387 | 189 | 97 | 1,631 | 530 | 178 | 588 | 322 | 5,218 | 3,832 | 9,050 |
| Total revenues | 11,444,458 | 2,044,266 | 1,356,095 | 268,997 | 9,040,700 | 1,697,770 | 913,859 | 1,040,125 | 555,635 | 28,361,905 | 4,778 | 28,366,683 |
| Total public support and revenues | 11,678,000 | 2,123,430 | 1,356,980 | 269,379 | 9,320,669 | 4,032,950 | 1,159,043 | 3,588,135 | 556,154 | 34,084,740 | 18,178 | 34,102,918 |
| Total expenses | 7,623,881 | 2,239,520 | 1,176,837 | 399,241 | 9,069,961 | 3,814,755 | 1,000,337 | 3,425,451 | 652,665 | 29,402,648 | 2,163,937 | 31,566,585 |
| Change in net assets from operations | 4,054,119 | (116,090) | 180,143 | (129,862) | 250,708 | 218,195 | 158,706 | 162,684 | $ (96,511) | 4,682,092 | (2,145,759) | 2,536,333 |
| Non-operating revenue and expenses: | | | | | | | | | | | | |
| Fraud loss recovery | - | - | - | - | - | - | - | - | - | - | 362,085 | 362,085 |
| Interest income | - | - | - | - | - | - | - | - | - | - | 243,614 | 243,614 |
| Investment income / (loss) | - | - | - | - | - | - | - | - | - | - | 310,310 | 310,310 |
| Fair value gain on interest rate swap | - | - | - | - | - | - | - | - | - | - | (37,714) | (37,714) |
| Total non-operating | - | - | - | - | - | - | - | - | - | - | 878,295 | 878,295 |
| Change in net assets | $ 4,054,119 | $ (116,090) | $ 180,143 | $ (129,862) | $ 250,708 | $ 218,195 | $ 158,706 | $ 162,684 | $ (96,511) | $ 4,682,092 | $ (1,267,464) | $ 3,414,628 |

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT
Schedule of Program Expenses
For the Year Ended June 30, 2025

| | Children | Collaborative Care | Elders | Supportive Employment | Adults Multi Service | Housing / Independent Living | Assertive Community Treatment | Acute Care | Other Non-BBH | Program Services | Admin-istrative | Total Agency |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Personnel costs: | | | | | | | | | | | | |
| Salaries and wages | $ 5,440,066 | $ 1,597,052 | $ 861,618 | $ 302,599 | $ 6,558,709 | $ 1,320,190 | $ 687,533 | $ 2,445,052 | $ 340,083 | $ 19,552,902 | $ 1,249,495 | $ 20,802,397 |
| Employee benefits | 964,874 | 284,639 | 167,320 | 31,206 | 1,192,121 | 285,458 | 154,993 | 328,528 | 43,099 | 3,452,238 | 251,291 | 3,703,529 |
| Payroll taxes | 392,434 | 115,367 | 59,500 | 27,175 | 466,822 | 98,684 | 49,838 | 195,320 | 23,901 | 1,429,041 | 86,575 | 1,515,616 |
| Accounting/audit fees | - | - | - | - | - | - | - | - | - | - | 56,059 | 56,059 |
| Advertising | 17,919 | 4,460 | 1,399 | 873 | 19,851 | 3,108 | 1,190 | 16,016 | 14,721 | 79,537 | 37,481 | 117,018 |
| Conferences, conventions and meetings | 17,409 | 2,520 | 942 | 407 | 11,880 | 2,340 | 854 | 2,188 | 540 | 39,080 | 3,202 | 42,282 |
| Depreciation | 114,441 | 34,742 | 13,547 | 3,104 | 100,712 | 28,505 | 10,258 | 41,303 | 10,252 | 356,864 | 146 | 357,010 |
| Equipment rental | 9,897 | 2,903 | 1,544 | 578 | 10,638 | 3,187 | 1,145 | 3,914 | 916 | 34,722 | 466 | 35,188 |
| Insurance | 165 | 66 | 66 | - | 297 | - | 205 | 3,703 | 33 | 4,535 | 119,567 | 124,102 |
| Interest expense | 32,081 | 11,323 | 3,774 | - | 30,194 | 3,774 | 944 | 9,435 | 33,264 | 124,789 | 21,221 | 146,010 |
| Legal fees | 3,695 | 1,414 | 399 | 389 | 6,110 | 1,745 | 655 | 2,419 | 390 | 17,216 | 75,906 | 93,122 |
| Membership dues | 2,604 | 237 | 148 | 75 | 10,224 | 755 | 258 | 278 | 2,045 | 16,624 | 51,262 | 67,886 |
| Occupancy expenses | 147,588 | 42,951 | 14,317 | - | 90,167 | 1,879,806 | 3,812 | 45,619 | 10,737 | 2,234,997 | 294 | 2,235,291 |
| Office expenses | 101,015 | 28,895 | 11,939 | 7,350 | 120,465 | 42,321 | 13,228 | 45,425 | 7,279 | 377,917 | 64,263 | 442,180 |
| Other expenses | 908 | 223 | 104 | 33 | 946 | 331 | 61 | 235 | 62 | 2,903 | 914 | 3,817 |
| Other professional fees | 225,730 | 71,648 | 29,587 | 11,827 | 254,707 | 75,909 | 24,079 | 211,066 | 25,493 | 930,046 | 129,620 | 1,059,666 |
| Program supplies | 59,617 | 17,508 | 6,993 | 1,771 | 61,239 | 26,652 | 5,047 | 65,195 | 139,722 | 383,744 | 13,618 | 397,362 |
| Travel | 93,438 | 23,572 | 3,640 | 11,854 | 134,879 | 41,990 | 46,237 | 9,755 | 128 | 365,493 | 2,557 | 368,050 |
| Total expenses | $ 7,623,881 | $ 2,239,520 | $ 1,176,837 | $ 399,241 | $ 9,069,961 | $ 3,814,755 | $ 1,000,337 | $ 3,425,451 | $ 652,665 | $ 29,402,648 | $ 2,163,937 | $ 31,566,585 |

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# VICTOR TOPO

[redacted]

## President/Chief Executive Officer

Successful 32-year career as clinician, manager and CEO in community mental health organizations located in Ohio and New Hampshire. Proven ability to lead board and staff with a persistent focus on mission and achieving results. Talent for exploring new and innovative approaches to delivering traditional and non-traditional behavioral health care. Possess wide range of knowledge and experience with all service populations, especially vulnerable persons at high risk. Strengths include:

- Operations
- Reorganization and reinvention
- Team building and leadership
- Strategic planning
- Collaboration
- Strategic partnerships
- Strong relationship with funders
- Community building
- Innovation

## Professional Experience

**Center for Life Management – Derry, NH** **1999 – Present**
**President/Chief Executive Officer**

Recruited to manage 501(c) 3 comprehensive community mental health center and its title holding 501(c) 2 corporation, entitled West Rock Endowment Association including two residential facilities.

Key results:

- Restructured senior management increasing direct reports from three to six.
- Revenues increased from 6.5 million to 22 million leading to financial sustainability.
- Established closer connection with surrounding community utilizing aggressive public relations strategy while also rebranding CLM in 2004.
- Guided Board of Directors towards more accountability including higher expectation from management and individual board members.
- Initiated and implemented Corporate Compliance Program, including selection of corporate compliance officer
- Increased year after year number of persons served starting with 3,400 to nearly 6,000.
- Created and implemented strategy to integrate behavioral health care with physician healthcare. Integrated behavioral health services into two Primary Care/Pediatric Practices and two Specialty Practices in Southern New Hampshire.
- Consolidated outpatient offices toward design and construction of new state of the art 26,000 square foot facility in 2007. Received national awards for design and use of new facility.
- Provided leadership and vision to oversee the development and implementation of an Electronic Health Record (EHR) called webAISCE. Software now includes e-prescribing and has begun acquiring Meaningful Use dollars with regular upgrades over course of twenty years.
- Adopted Neurostar Transcranial Magnetic Stimulation (TMS) in 2010 as newest neuro tech treatment for treatment resistant Major Depressive Disorder. First free standing community mental health center in the U.S. to offer it.
-

**Pathways, Inc. – Mentor, OH** **1988 - 1999**
**Chief Executive Officer/Executive Director**

Started with managing a small single purpose case management agency with revenues of $486,000 and over 11 years grew revenues to 4 million by expanding services to chronically mentally ill consumers. Created senior management team and strengthened Board of Directors utilizing shared vision approach.

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Key results:

- In collaboration with mental health board designed one of Ohio's first 24 hour 7 days a week in-home crisis stabilization program called C.B.S. (Community Based Stabilization).
- Assumed leadership role in transitioning 32 long-term patients back to our community.
- Positioned organization every year to competitively bid on ever/service provided and be awarded the service contract. Expanded wide range of services that include psychiatry, counseling, emergency services and housing.
- Created county's only Atypical Neuroleptic Medication Program (e.g. Clozaril).
- Pathways' first long range strategic plan in 1992.
- Increased Medicaid revenue from $38,000 in 1989 to $431,210 in 1997.

**Community Counseling Center – Ashtabula, OH** **1983-1988**
**Case Management Supervisor/Case Manager**

Provided direct services and supervision for services to severely mentally disabled persons in the community. Partnered with local private hospital as well as state hospital.

Key results:

- Transitioned consumers back into supervised and independent living.
- Recruited, trained and managed staff of five case managers.
- Designed and implemented agency's first case management program.

## EDUCATION

**Master of Social Work (MSW)**
West Virginia University, Morgantown, WV

**Bachelor of Arts (BA)**
Siena College, Londonville, NY

**Associate of Applied Science (AAS)**
Fulton-Montgomery Community College, Johnstown, NY

## BOARD/LEADERSHIP POSITIONS

**Heritage United Way –** Board of Directors

**Mental Health Commission –** Co-Chair
Consumers and Families Work Group

**Statewide Evidenced Based Practice Committee –** Co-Chair

**Greater Salem Chamber of Commerce –** Board of Directors

**Behavioral Health Network –** Board of Directors

**Greater Derry/Londonderry Chamber of Commerce –** Board of Directors

**Greater Derry/Salem Regional Transportation Council (RTC) -**
Chairman, Board of Directors, Derry, NH

**Greater Salem Leadership Program –** Graduate, Class of 2001

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# Steve Arnault

## Objective

To obtain a position where I can maximize my multilayer of management skills, quality assurance, program development, experience as an educator, customer service, and a successful track record in the health care environment.

## Professional Experience

Lead — **Healthcare Systems Align, LLC**, Nottingham, NH — 1/2010 – Present

Healthcare Systems Align.com

- Provide consultation to agencies, medical practices and practitioners to establish systems of integrated healthcare that includes practice patterns, billing strategies, quality and compliance strategy, policy development, outcome measurement and supervision.

VP of Quality, Compliance — **Center for Life Management**, Derry, NH — 1/2009 - Present

www.centerforlifemanagement.org

- Senior management position in mental health center serving 6000 consumers Responsibilities include development, implementation and monitoring of strategies and systems to continuously improve the quality of services to consumers. Assure compliance to state and federal regulations.
- Develop and maintain systems to assure fidelity to evidence based practices.
- Continuous development of EMR and associated staff training.
- Establish and maintain outcome measures and their incorporation into QI/UR initiatives.
- Develop and implement projects to improve the quality of care.
- Chair of agency Safety Committee.

Director, Behavioral Health Services — **Portsmouth Regional Hospital**, Portsmouth, NH — 1/2006 - 12/2009

- Responsible for clinical, administrative and fiscal management of service line which includes 22 bed inpatient psychiatric unit, Psychiatric Assessment and Referral Service and interdepartmental service. Supervision of an Assistant Director and Coordinator, Responsible for 85 staff. Oversee the integration of behavioral health into primary care. Manage annual budget of 10. 5 million dollars.
- Chair Directors Operations Meeting. Coordinate monthly meeting of hospital departmental directors.
- Co-chair of Patient Flow Committee. Analysis and development of data systems to monitor patient throughput. Develop and implement strategies to improve the efficiency of care.

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# Steve Arnault

Assistant Director of Behavioral Health Services — **Portsmouth Regional Hospital**, Portsmouth, NH — 4/2005 – 1/2006

- Responsible for the clinical and administrative functioning of the Psychiatric assessment and Referral Service (PARS). Manage annual budget of 600K.
- Supervision of 22 clinicians who provide psychiatric crisis assessments, admissions, intake and referral 24 hours a day.
- Supervision, oversight and development of the Interdepartmental Service: 3 clinicians who provide psychiatric assessment, consultation and therapy to patients admitted medically to the hospital.

Director of Adult Services — **Community Partners**; Dover, NH — 11/2001 – 4/2005

- Responsible for the clinical, administrative and financial operations of the Adult Outpatient Therapy, EAP, Admissions, Emergency Services, Geriatric and Acute Service programs (PHP/IOP) serving Strafford County. Supervised 4 mangers responsible for 26 staff. Manage annual budget of 3 million dollars.

Clinical Director of Community Support Prog. — **Riverbend Community Mental Health Ctr**, Concord, NH — 9/2000 – 11/2001

- Responsible for the clinical, administrative and fiscal operations of programs serving 554 consumers with severe and persistent mental illness. Directly supervise 5 managers responsible for 60 staff. Development and oversight of annual budget of 4 million dollars.

Treatment Team Coordinator — **Riverbend Community Mental Health Ctr**, Concord, NH — 8/1996 – 9/2000

- Clinical and administrative supervision of a multidisciplinary team of 12 direct care staff. Serving an average of 100 individuals with severe and persistent mental illness.

Team Leader — **Strafford Guidance Center**; Dover, NH — 1/1993 – 8/1996

- Clinical and administrative supervision of 8 direct care staff. Serving an average of 80 individuals with severe and persistent mental illness.
- Developed the first interagency treatment team to serve individuals with severe and persistent mental illness and developmental disabilities in NH.

Clinical Case Manager — **Strafford Guidance Center**; Dover, NH — 1/1992 – 12/1993

- Provided psychotherapy and case management services to individuals with severe and persistent mental illness and substance abuse issues as part of The Continuous Treatment Team study through Dartmouth College.

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603.965.0678

# Steve Arnault

Assistant Director / Behavioral Specialist — **Residential Resources**; Keene, NH — 1/1989 – 1/1992

- Directed all administrative, fiscal and clinical activities for 5 group homes and 3 supported living arrangements serving people with developmental disabilities. Provide behavioral consultation to individuals with behavioral/functional challenges.

Behavioral Specialist / Clinical Supervisor — **The Center for Humanistic Change** Manchester, NH — 8/1986 – 1/1989

- Provide behavioral consultation to individuals facing behavioral/functional challenges in group homes, day programs, vocational and family settings. Supervised 2 clinicians.

House Manager — **Greater Lawrence Psychological Center** Lawrence, MA — 6/1984 – 8/1986

- Administrative, clinical and financial management of a group home serving 4 men with severe and persistent mental illness.

## Teaching & Educational Experience

Adjunct Faculty — **New England College**; Henniker, NH www.nec.edu — 9/1994 - Present

- Teach graduate and undergraduate courses in psychology, counseling., program development and evaluation

Director of Masters Degree Program in Mental Health Counseling — **New England College**; Henniker, NH — 1/1998 – 3/2002

- Developed and implemented curriculum for degree program.
- Oversight of curriculum to insure quality, academic standards and student retention.
- Development and execution of marketing plan.
- Provided academic advising and mentoring to students.
- Faculty recruitment, supervision and monitoring of academic quality

Curriculum Consultant — **New England College**; Henniker, NH — Fall 2012 - Present

- Developed curricula for a certificate and C.A.G.S. in the integration of behavioral health into primary medicine.

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# DIANA LACHAPELLE, CPA

Strategically focused leader with extensive operations, accounting and financial management experience. Possesses keen business acumen and decision making skill. Proven track record of working collaboratively and driving change to optimize profitability.

## Core Qualifications

- Strategic Planning
- Revenue Cycle Management
- Financial Reporting & Analysis
- SOX Compliance
- Budgeting & Forecasting
- Contract Negotiations
- Internal Controls
- Audit
- Labor Management

## PROFESSIONAL EXPERIENCE

### VICE PRESIDENT – CHIEF FINANCIAL OFFICER

**The Mental Health Center for Southern New Hampshire d.b.a. Center for Life Management, Derry, NH** March 2020 to present

Provide leadership and direction in the areas of finance, revenue cycle and cash management. Develop, implement and evaluate strategic plans to improve operating performance.

### CHIEF EXECUTIVE OFFICER

**Encompass Health Rehabilitation Hospital (formerly HealthSouth), Concord, NH** February 2018 to February 2020

Leader of this for profit, 50-bed, acute care rehabilitation hospital and outpatient treatment center reporting directly to the Regional President. Hospital is part of a publicly traded healthcare system comprised of 133 inpatient rehabilitation hospitals, 245 home health agencies and 82 hospice locations.

Key contributions and results:

- Strategic leadership to achieve discharge growth of 15% year over year for two consecutive years in an industry where 3% growth is the norm.
- Financial leadership to realize EBITDA growth year over year of 24% and 19% for 2018 and 2019, respectively.
- Organizational and change management to improve employee engagement results by 16 basis points.
- Process improvement leadership to improve patient outcomes and satisfaction.

### CONTROLLER/CHIEF FINANCIAL OFFICER

**Encompass Health Rehabilitation Hospital (formerly HealthSouth), Concord, NH** January 2012 to January 2018

Responsible for all financial aspects of the hospital including the development of the annual operating plan, monthly analysis of results and execution of corrective actions as needed to ensure achievement of planned results. Chief liaison between corporate finance and the hospital.

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Key contributions and results:

- Implemented cost reduction initiatives to improve profitability by 7%.
- Restructured outpatient operation to create a viable business unit, improving net income by 34%.
- Developed and executed a labor management plan to improve operational efficiency and reduce full time equivalents by 7%.
- Preceptor for newly hired Controllers.

**CPA SERVICES**
**Diana C. Lachapelle, CPA, Bedford, NH** 2003-2011
Provided accounting leadership and business solutions to clients including cash management, forecasting, budgeting, financial statement preparation, tax preparation, and development of internal controls.

**DIRECTOR OF WORLDWIDE FOOTWEAR COST & FINANCIAL PLANNING**
**Timberland Corporation, Stratham, NH** 1996-1999

- Responsible for all financial aspects of this $550 million manufacturing and sourcing operation including accounting, forecasting, budgeting, reporting, product costing and audit.
- Partnered with the VP of Operations to achieve key cost reductions, as well as, improved reliability and quality resulting in actual performance exceeding budget by $6.9 million.

**FINANCIAL MANAGER, CONSUMER PRODUCTS GROUP**
**Nashua Corporation, Nashua, NH** 1993-1996

**AUDITOR**
**Ernst & Young, Manchester, NH** 1989-1992

## EDUCATION & CERTIFICATION

Bachelor of Science in Business Administration, University of New Hampshire, Durham
Certified Public Accountant, State of New Hampshire
Member of the American College of Healthcare Executives and Healthcare Financial Management Association

## SYSTEM EXPERIENCE

Oracle Enterprise Performance Management System, Oracle PeopleSoft, Hyperion, Cerner EMR and reporting, E-Time, Attendance Enterprise, Microsoft Office Suite, Ariba Contract Management, Maven, Beacon, Tableau