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January 20, 2026

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

REQUESTED ACTION

Authorize the Department of the Business and Economic Affairs (BEA), Office of Workforce Opportunity, to enter into a **RETROACTIVE** amendment to an existing contract (contract # 1103776) with Coos County Family Health Services, Inc. (VC# 155327), Berlin, NH to support the Family Medical Residency Program with American Rescue Plan Act (ARPA) State Fiscal Recovery Funds (SFRF) by extending the completion date from December 31, 2025 to June 30, 2026, with no change to the price limitation of \$500,000, effective retroactive to January 1, 2026 upon Governor and Council approval. The original contract was approved by Governor and Council on November 13, 2024, item #71. This is an allowable use of ARPA SFRF under Section 602(c)(1)(A) to respond to the public health emergency or its negative economic impacts. **100% Federal Funds.**

EXPLANATION

This amendment is **retroactive** due to the timing of the extension request and meeting dates along with the time it takes to compile all documentation and process, including the time to negotiate the amendment terms and verify the scope of work moving forward and the ability to expend the remaining funds.

The Coos County Family Health Services has requested a time extension of the contract to complete their setup of the family medicine residency program in New Hampshire's rural North Country. This program has \$182,042.11 remaining on the contract after November 2025.

Approval of this action will support project completion and continuation of the successful program in advance of ARPA-related deadlines. It also preserves flexibility, as GOFERR has confirmed the ability to reallocate funding should the program conclude prior to the requested completion date in this action.

During the proposed no-cost extension period, the program will build on established planning and partnerships to fully implement key components necessary for a successful and sustainable residency program. Planned activities include establishing a Continuity Clinic for resident primary care training at Weeks Medical Center, expanding Community Health rotation opportunities through engagement with additional North Country healthcare organizations, and developing new clinical rotation experiences with Littleton Regional Hospital beyond the existing OB/GYN rotation. The program will strengthen its educational infrastructure through implementation of Residency Curriculum Resources and collaboration with the Maple Mountain Family Medicine Residency Program in Vermont to enhance education outcomes of residents. Faculty development will be further advanced through increased participation in regional and national training opportunities focused on resident education. In addition, the extension period will allow for critical work to secure long-term Graduate Medical Education funding through meetings with Dartmouth Health and other Rural Referral Centers and to implement required ACGME-

100 North Main Street, Suite 100
Concord, New Hampshire 03301

603 271 2341

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AMENDMENT #1 of P-37 Contract Agreement

**NEW HAMPSHIRE DEPARTMENT OF BUSINESS AND ECONOMIC AFFAIRS
OFFICE OF WORKFORCE OPPORTUNITY**

**SUBJECT: FAMILY MEDICAL RESIDENCY PROGRAM
COOS COUNTY FAMILY HEALTH SERVICES**

This first amendment is by and between the New Hampshire Department of Business and Economic Affairs, Office of Workforce Opportunity (hereinafter "OWO") or its successor and the Coos County Family Health Services (hereinafter "Grantee"), whereby the parties do hereby mutually agree to a no-cost amendment to the subaward for the design of the development of the framework for a family medicine residency program in New Hampshire's rural North Country, previously approved by Governor and Council on November 13, 2024, Item #71, by extending the agreement term by six months, from December 31, 2025 to June 30, 2026.

WHEREFORE, the parties hereto agree to amend as follows:

1. Amend Section 1.7 (page 1) of the Grant Agreement by deleting the Completion Date December 31, 2025 and inserting the completion date June 30, 2026.
2. Amend Paragraph 10 of Exhibit A (page 6) by deleting in its entirety and replacing with "Any portion of the award not expended by Grantee for allowable costs by June 30, 2026 shall lapse and shall not be paid."
3. Amend Paragraph 11 of Exhibit A (page 6) by deleting the first sentence in its entirety and replacing with "Closeout shall be completed by October 28, 2026, as directed by the State."

All other provisions of the Grant Agreement shall remain the same.

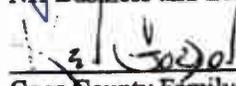
This amendment shall be effective upon the date of Governor and Executive Council approval.

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



NH Business and Economic Affairs – Office of Workforce Opportunity

Date: 1-20-2026



Coos County Family Health Services, Inc. CEO

Date: 1/9/26

Approved: Vasilios Mantos
Department of Justice

Date: 1/22/26

Approved _____
Governor and Executive Council

Date: _____

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 COOS COUNTY FAMILY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 14, 1979. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63204**

Certificate Number: **0007142399**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State



[Back to Home](#)

Business Information

Business Details

Business Name: COOS COUNTY FAMILY HEALTH SERVICES, INC.	Business ID: 63204
Business Type: Domestic Nonprofit Corporation	Business Status: Good Standing
Business Creation Date: 12/14/1979	Name in State of Incorporation: Not Available
Date of Formation in Jurisdiction: 12/14/1979	
Principal Office Address: 54 Willow Street, Berlin, NH, 03570, USA	Mailing Address: Coos County Family Health, 133 Pleasant St., Berlin, NH, 03570, USA
Citizenship / State of Incorporation: Domestic/New Hampshire	
	Last Nonprofit Report Year: 2025
	Next Report Year: 2030
Duration: Perpetual	
Business Email: kgordon@ccfhs.org	Phone #: NONE
Notification Email: kgordon@ccfhs.org	Fiscal Year End Date: NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
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No records to view.



CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of Coos County Family Health Services, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 19th, 20_25, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Ken Gordon, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Coos County Family Health Services, Inc. to enter into contracts or agreements
(Name of Corporation/ LLC)

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

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

Dated: 01/16/2026



Signature of Elected Officer

Name: Kassie Eafрати

Title: Chairperson CCFHS Board of Directors

ADDITIONAL COVERAGES

Ref #	Description Premium Adjustments	Coverage Code 1_412	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

NONPROFIT COVER SHEET

A. Entity Name: Coos County Family Health Services, Inc.

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

Phil Kneer, CFO – pkneer@ccfhs.org / 603-752-2040

Ken Gordon, CEO – kgordon@ccfhs.org / 603-915-6871

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u>	<u>Affiliations</u>
E.g., John Doe (President)	
Kassie Eafrazi, Board Chair	Northern Human Services
Pauline Tibbetts, Vice-Chair	Retired
Cynthia Desmond, Secretary	Retired
Dawn Cross, Treasurer	Bank of New Hampshire
Annette Cole	White Mtn. Community College
Ben Mayerson	Retired
David Morin	Retired
Fernando Lopez Nayra	Bank of New Hampshire
H. Guy Stever, Jr.	Retired
Heidi Barker	UNH Extension Service
Patti Stolte	Retired
Peter Rowan	Retired

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

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Phil Kneer	CFO	\$120,000	\$ 0
Ken Gordon	CEO	\$200,000	\$ 0
William Gessner, MD	Program Director	\$50,000 (p/t)	\$ 40,000
Sergio Zulich, RPh	Program Coordinator	\$50,000 (p/t)	\$ 50,000
Tanya Tupick, DO	Faculty	\$40,000 (p/t)	\$ 40,000

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

E. Check one of the following:

- The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

Malpractice claims made over the years against the organization by patients defended by the US Attorney's Office through coverage afforded to community health centers through the Federal Tort Claims Act (FTCA).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

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

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

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

FINANCIAL DISCLOSURES

G. Check one the following:

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

1. INCOME STATEMENT

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

2. BALANCE SHEET

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



FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING
STANDARDS* AND THE UNIFORM GUIDANCE

June 30, 2025 and 2024

With Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

Board of Directors
Coos County Family Health Services, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheet as of June 30, 2025, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the 2025 financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2025, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Organization as of and for the year ended June 30, 2024 were audited by Berry, Dunn, McNeil & Parker, LLC, whose report, dated October 10, 2024, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS and *Government 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 financial statements.

In performing an audit in accordance with U.S. GAAS and *Government Auditing Standards*, we:

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

Board of Directors
Coos County Family Health Services, Inc.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards (SEFA), as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and related notes to the SEFA, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. In our opinion, the SEFA is fairly stated, in all material respects, in relation to the 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 22, 2025 on our consideration of the Organization'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 effectiveness of the Organization'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 Organization's internal control over financial reporting and compliance.

BSP Assurance, LLP

Manchester, New Hampshire
December 22, 2025

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2025 and 2024

ASSETS

	<u>2025</u>	<u>2024</u>
Current assets		
Cash and cash equivalents	\$ 5,481,520	\$ 5,101,125
Patient accounts receivable	2,063,568	1,471,895
Grants receivable	758,079	298,997
Due from third-party payers	100,000	248,708
Other current assets	308,125	343,544
Total current assets	<u>8,711,292</u>	<u>7,464,269</u>
Investments	1,143,911	1,081,963
Beneficial interest in funds held by others	35,289	32,991
Operating lease right-of-use assets	1,050,682	1,194,258
Property and equipment, net	6,798,717	5,138,079
Total assets	<u>\$ 17,739,891</u>	<u>\$ 14,911,560</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 672,012	\$ 219,030
Accrued payroll and related expenses	1,342,740	1,197,130
Current portion of operating lease liabilities	149,076	143,605
Total current liabilities	<u>2,163,828</u>	<u>1,559,765</u>
Operating lease liabilities, less current portion	898,436	1,047,513
Total liabilities	<u>3,062,264</u>	<u>2,607,278</u>
Net assets		
Without donor restrictions	13,324,260	12,238,989
With donor restrictions	1,353,367	65,293
Total net assets	<u>14,677,627</u>	<u>12,304,282</u>
Total liabilities and net assets	<u>\$ 17,739,891</u>	<u>\$ 14,911,560</u>

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations and Changes in Net Assets

For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Operating revenue		
Net patient service revenue	\$ 16,934,209	\$ 13,786,642
Grants and contributions	5,948,187	6,367,692
Mitigating Funds for Community Health Centers	918,804	-
Other operating revenue	186,306	180,405
Net assets released from restriction for operations	-	10,171
	<u>23,987,506</u>	<u>20,344,910</u>
 Operating expenses		
Salaries and wages	11,983,309	11,347,175
Employee benefits	3,416,613	3,225,452
Contract services	1,210,077	1,131,554
Program supplies	951,334	1,018,076
340B Program Expenses	2,390,901	2,272,882
Occupancy	781,762	685,920
Other operating expenses	1,887,235	1,505,055
Depreciation	402,445	382,991
	<u>23,023,676</u>	<u>21,569,105</u>
 Operating income (loss)	<u>963,830</u>	<u>(1,224,195)</u>
 Other revenue and gains		
Investment income	97,980	91,524
Change in fair value of investments	23,461	23,396
	<u>121,441</u>	<u>114,920</u>
 Excess (deficiency) of revenue over expenses	1,085,271	(1,109,275)
 Grants for capital acquisition, purchased - in service	<u>-</u>	<u>65,447</u>
 Increase (decrease) in net assets without donor restrictions	<u>1,085,271</u>	<u>(1,043,828)</u>

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations and Changes in Net Assets (Concluded)

For the Years Ended June 30, 2025 and 2024

	2025	2024
Net assets with donor restrictions		
Grants and contributions	-	280
Grants and contributions for capital acquisition, purchased - not in service	1,285,776	-
Appropriation of endowment assets for expenditure	(1,179)	(1,158)
Net assets released from restriction for operations	-	(10,171)
Change in fair value of beneficial interest in funds held by others	3,477	2,966
Increase (decrease) in net assets with donor restrictions	1,288,074	(8,083)
Change in net assets	2,373,345	(1,051,911)
Net assets, beginning of year	12,304,282	13,356,193
Net assets, end of year	\$ 14,677,627	\$ 12,304,282

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Functional Expenses

For the Years Ended June 30, 2025 and 2024

	2025		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	\$ 10,549,140	\$ 1,434,169	\$ 11,983,309
Employee benefits	3,007,710	408,903	3,416,613
Contract services	937,752	272,325	1,210,077
Program supplies	951,334	-	951,334
340B program expenses	2,390,901	-	2,390,901
Occupancy	688,200	93,562	781,762
Other operating expenses	1,661,370	225,865	1,887,235
Depreciation	354,280	48,165	402,445
Total operating expenses	\$ 20,540,687	\$ 2,482,989	\$ 23,023,676
	2024		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	\$ 9,737,463	\$ 1,609,712	\$ 11,347,175
Employee benefits	2,767,889	457,563	3,225,452
Contract services	856,812	274,742	1,131,554
Program supplies	1,018,076	-	1,018,076
340B program expenses	2,272,882	-	2,272,882
Occupancy	588,615	97,305	685,920
Other operating expenses	1,291,548	213,507	1,505,055
Depreciation	328,660	54,331	382,991
Total operating expenses	\$ 18,861,945	\$ 2,707,160	\$ 21,569,105

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows

For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Cash flows from operating activities		
Change in net assets	\$ 2,373,345	\$ (1,051,911)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	402,445	382,991
Amortization of operating lease right-of-use assets	143,576	158,779
Change in fair value of investments	(23,461)	(23,396)
Grants and contributions for long-term purposes	(1,285,776)	(65,727)
Change in fair value of beneficial interest in funds held by others	(3,477)	(2,966)
(Increase) decrease in the following assets		
Patient accounts receivable	(591,673)	209,111
Grants receivable	(314,268)	75,306
Due from third-party payers	148,708	(27,571)
Other current assets	35,419	(189,166)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	230,191	(15,272)
Accrued payroll and related expenses	145,610	(93,146)
Deferred revenue	-	(475,000)
Operating lease liabilities	(143,606)	(160,854)
Net cash provided (used) by operating activities	<u>1,117,033</u>	<u>(1,278,822)</u>
Cash flows from investing activities		
Proceeds from the sale of investments	500,000	100,000
Purchases of investments	(538,487)	(128,347)
Capital acquisitions	(1,840,292)	(1,021,455)
Appropriation of endowment assets for expenditure	1,179	1,158
Net cash used by investing activities	<u>(1,877,600)</u>	<u>(1,048,644)</u>
Cash flows from financing activities		
Grants and contributions received for long-term purposes	1,140,962	65,727
Net cash provided by financing activities	<u>1,140,962</u>	<u>65,727</u>
Net increase (decrease) in cash and cash equivalents	380,395	(2,261,739)
Cash and cash equivalents, beginning of year	<u>5,101,125</u>	<u>7,362,864</u>
Cash and cash equivalents, end of year	<u>\$ 5,481,520</u>	<u>\$ 5,101,125</u>

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows (Concluded)

For the Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Supplemental disclosures of cash flow information:		
Capital acquisitions included in accounts payable and accrued expenses	<u>\$ 222,791</u>	<u>\$ -</u>
Grants and contributions for long-term purposes included in grants receivable	<u>\$ 144,814</u>	<u>\$ -</u>
Operating right-of-use asset obtained in exchange for new operating lease liability	<u>\$ -</u>	<u>\$ 1,012,993</u>
Operating right-of-use asset obtained as a result of an operating lease liability term modification	<u>\$ -</u>	<u>\$ 31,368</u>

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Organization

Coos County Family Health Services, Inc. (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care, dental, and disease prevention services to residents of Coos County, New Hampshire, through direct services, referral, and advocacy.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements 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.

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, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

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

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

The Organization maintains cash and cash equivalents accounts at several financial institutions. The balances at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations for medical, behavioral health, dental, podiatry and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered part of the performance obligation and are not deemed to be separate performance obligations.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health, podiatry, and ancillary services provided to Medicare beneficiaries based on the lesser of actual charges or prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Certain vaccines are reimbursed under a cost reimbursement methodology through submission of an annual cost report. Nonmaterial amounts due from Medicare are included in due from third-party payers in the accompanying balance sheets.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health, podiatry and ancillary services provided to Medicaid beneficiaries based on prospectively set rates which essentially provides a fixed payment for each patient visit, regardless of the specific services provided during that visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. Dental and certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Commercial Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately \$295,761 and \$385,798 for the years ended June 30, 2025 and 2024, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Contract 340B Pharmacy Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and are not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Regulatory Uncertainties

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Organization's business could be impacted by federal and state legislation in the area of healthcare reform. Changes in these areas could adversely impact the Organization's operations in the future.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and are reduced by explicit and implicit price concessions. Management estimates implicit price concessions based on its historical collection experience with patients. No additional valuation allowance is necessary for possible credit losses based on historical experience, current conditions, and reasonable and supportable forecasts.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2025 and 2024, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 81% and 78%, respectively, of grants and contributions.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants of \$1,618,708 that are available for use through May 31, 2026.

Investments

The Organization reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets on the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments.

Investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation (the Foundation). Pursuant to the terms of the resolution establishing the fund, property contributed to the Foundation is held as a separate fund designated for the benefit of the Organization. In accordance with its spending policy, the Foundation makes distributions from the fund to the Organization. The distributions are approximately 4% of the market value of the fund per year. The Organization's interest in the fund is recognized as a component of net assets with donor restrictions.

Right-of-Use Assets and Lease Liabilities

U.S. GAAP requires lessees to recognize a lease liability and a right-of-use asset for all leases with terms greater than 12 months on the balance sheets. Whether an arrangement contains a lease is evaluated at the inception of the arrangement. The Organization estimates its lease liability at the present value of future rent payments required under a lease using the imputed rate when identifiable or a risk-free rate for a term approximating the lease term, including options to extend or terminate the lease that the Organization is reasonably certain to exercise. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate.

The Organization's right-of-use asset initially is equal to its lease liability, adjusted for any lease incentives received or lease payments made. Lease expense for operating leases is recorded on a straight-line basis over the term of a lease. Leases of 12 months or less at inception are not included in the Organization's right-of-use assets and lease liabilities.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives, which range from 3 to 40 years, of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than \$5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Goods and Services (Unaudited)

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended June 30, 2025 and 2024 was \$2,646,947 and \$2,812,601, respectively.

Various programs' help and support for the daily operations of the Organization's Response Program were provided by the general public of the surrounding communities. The donated services have not been reflected in the accompanying financial statements because they do not meet the criteria for recognition (specialized skills that would be purchased if not donated). Management estimates the fair value of donated services received but not recognized as revenue or expense was \$129,168 and \$121,831 for the years ended June 30, 2025 and 2024, respectively. The Response Program also receives donations of supplies (clothing, food, household items, personal care items, toys, etc.) that are provided to clients in the program. The fair value of supplies recognized as revenue and expense was \$2,585 and \$3,500 for the years ended June 30, 2025 and 2024, respectively.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Excess (Deficiency) of Revenue over Expenses

The statements of operations and changes in net assets reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using grants which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

In July 2025, the Organization identified unauthorized access to certain information systems that may have resulted in the disclosure of personal information and protected health information. The Organization notified affected individuals and regulators and is cooperating with federal and state authorities, including the HHS Office for Civil Rights ("OCR"). A putative class-action lawsuit related to this incident was filed in August 2025, and a proposed settlement is subject to regulatory and judicial review. No determination or approval of the proposed settlement had been made as of December 22, 2025. The Organization may also be subject to civil monetary penalties arising from OCR's ongoing investigation, the outcome of which cannot be reasonably estimated at this time. Due to significant uncertainties regarding the ultimate resolution, management is unable to reasonably estimate the amount or range of any potential loss related to this matter. The Organization maintains cyber-liability insurance with coverage limits of \$1.0 million; however, the amount and timing of any potential recoveries remain uncertain.

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 22, 2025, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a \$500,000 line of credit (Note 6).

Financial assets available for general expenditure within one year were as follows at June 30:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 5,481,520	\$ 5,101,125
Patient accounts receivable	2,063,568	1,471,895
Grants receivable	758,079	298,997
Due from third-party payers	100,000	248,708
Investments	<u>1,143,911</u>	<u>1,081,963</u>
Financial assets available	9,547,078	8,202,688
Less net assets with donor restrictions	<u>32,302</u>	<u>32,302</u>
Financial assets available for current use	<u>\$ 9,514,776</u>	<u>\$ 8,170,386</u>

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient accounts receivable and amounts due from third-party payers are stated at the amount management expects to collect from outstanding balances and consisted of the following at June 30:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Medical and dental	\$ 1,764,478	\$ 1,230,060	\$ 1,360,050
Contract 340B pharmacy program	<u>299,090</u>	<u>241,835</u>	<u>320,956</u>
Total patient accounts receivable	<u>\$ 2,063,568</u>	<u>\$ 1,471,895</u>	<u>\$ 1,681,006</u>
Due from third-party payers	<u>\$ 100,000</u>	<u>\$ 248,708</u>	<u>\$ 221,137</u>

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The composition of accounts receivable from patients and third-party payers, net of allowances, were as follows at June 30:

	<u>2025</u>	<u>2024</u>
Governmental plans:		
Medicare	36%	29%
Medicaid	19%	24%
Commercial payers:		
Anthem	13%	13%
All other	12%	16%
Patient	<u>20%</u>	<u>18%</u>
Total	<u>100%</u>	<u>100%</u>

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Net patient service revenue by payer was as follows for the years ended June 30:

	<u>2025</u>	<u>2024</u>
Governmental plans:		
Medicare	\$ 3,818,592	\$ 2,883,178
Medicaid	3,546,272	3,008,235
Commercial payers:		
Anthem	1,384,016	1,135,867
All other	2,164,732	1,810,129
Patient	<u>599,215</u>	<u>438,252</u>
Total direct patient service revenue	11,512,827	9,275,661
Other patient revenue	401,459	496,109
Contract 340B pharmacy revenue	<u>5,019,923</u>	<u>4,014,872</u>
Net patient service revenue	<u>\$ 16,934,209</u>	<u>\$ 13,786,642</u>

4. **Investments**

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

The fair market value of the Organization's investments are measured on a recurring basis. The following table sets forth the Organization's assets by level within the fair value hierarchy at June 30:

	<u>2025</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 100,868	\$ -	\$ -	\$ 100,868
Corporate bonds	-	858,770	-	858,770
Government agency obligations	-	184,273	-	184,273
Total investments	100,868	1,043,043	-	1,143,911
Beneficial interest in perpetual trusts held by others	-	-	35,289	35,289
Total	<u>\$ 100,868</u>	<u>\$ 1,043,043</u>	<u>\$ 35,289</u>	<u>\$ 1,179,200</u>
	<u>2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 40,509	\$ -	\$ -	\$ 40,509
Corporate bonds	-	796,261	-	796,261
Government securities	-	245,193	-	245,193
Total investments	40,509	1,041,454	-	1,081,963
Beneficial interest in perpetual trusts held by others	-	-	32,991	32,991
Total	<u>\$ 40,509</u>	<u>\$ 1,041,454</u>	<u>\$ 32,991</u>	<u>\$ 1,114,954</u>

Corporate bonds and government agency obligations are valued based on quoted market prices of similar assets.

The fair value of the beneficial interest in funds held by others is measured on a non-recurring basis using Level 3 inputs. The fair value is determined annually based on the fair value of the assets in the trust using the market approach, as represented by the Foundation's management. The Organization's management determines the reasonableness of the methodology by evaluating market developments.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

5. Property and Equipment

Property and equipment consisted of the following at June 30:

	<u>2025</u>	<u>2024</u>
Land and improvements	\$ 153,257	\$ 153,257
Building and improvements	6,590,530	6,438,110
Furniture, fixtures, and equipment	<u>3,316,823</u>	<u>3,267,084</u>
Total cost	10,060,610	9,858,451
Less accumulated depreciation	<u>5,122,817</u>	<u>4,720,372</u>
	4,937,793	5,138,079
Construction in progress	<u>1,860,924</u>	<u>-</u>
Property and equipment, net	<u>\$ 6,798,717</u>	<u>\$ 5,138,079</u>

Projects in process relate to an elevator project that was placed in service in August 2025.

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

6. Line of Credit

The Organization has a \$500,000 line of credit with a local bank through November 2025. The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 0.5% (8.00% at June 30, 2024). There was no outstanding balance at June 30, 2025 and 2024.

7. Leases

Lease Arrangements

The Organization has entered into the following lease arrangements:

Operating Leases

The Organization has operating leases for clinic facilities and parking under non-cancelable leases with maturities ranging from December 2027 through December 2033. These non-cancelable leases have no remaining renewal options and contain no escalation clauses. Early termination of the leases are generally prohibited unless there is a violation under the lease agreement.

Short-Term Leases

The Organization has certain leases that are for a period of 12 months or less or contain renewals for periods of 12 months or less.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Lease Cost

Lease cost, which approximates lease payments, was as follows for the years ended June 30:

	<u>2025</u>	<u>2024</u>
Operating leases	\$ 185,936	\$ 185,900
Short-term leases	<u>200,586</u>	<u>118,211</u>
Total	<u>\$ 386,522</u>	<u>\$ 304,111</u>

Other Information

The weighted-average remaining lease term and discount rate for operating leases as of June 30, 2025 and 2024, were 7.55 years and 3.83% and 8.39 years and 3.82%, respectively.

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under lease agreements were as follows for the years ending June 30:

2026		\$ 185,966
2027		185,966
2028		173,697
2029		120,000
2030		120,000
Thereafter		<u>420,000</u>
Total future undiscounted lease payments		1,205,629
Less present value discount		<u>158,117</u>
Total lease liabilities		1,047,512
Current portion of lease liabilities		<u>149,076</u>
Lease liabilities, less current portion		<u>\$ 898,436</u>

8. Net Assets

Net assets were as follows at June 30:

	<u>2025</u>	<u>2024</u>
Net assets without donor restrictions		
Undesignated	\$ 13,072,104	\$ 11,986,833
Designated for working capital	<u>252,156</u>	<u>252,156</u>
Total	<u>\$ 13,324,260</u>	<u>\$ 12,238,989</u>

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Program services	\$ 41,228	\$ 38,930
Grants for capital acquisition, purchased – not in service	1,285,776	-
Permanent in nature		
Endowment	<u>26,363</u>	<u>26,363</u>
Total	<u>\$ 1,353,367</u>	<u>\$ 65,293</u>

9. Mitigating Funds for Community Health Centers

In September 2024, the Organization received \$918,804 from the State of New Hampshire, Department of Health and Human Services under the Mitigating Funds for Community Health Centers program, financed through the American Rescue Plan Act (ARPA). The purpose of the payment was to assist community health centers in mitigating operating losses and increased uncompensated care resulting from the expiration of continuous Medicaid coverage following the COVID-19 Public Health Emergency, thereby supporting continued access to care for affected individuals.

In accordance with 2 CFR 200.331, the State of New Hampshire identified the Organization as a beneficiary, not a subrecipient. Consequently, the payment represents a beneficiary or relief payment rather than a federal or state grant or contract. The payment is therefore not subject to a federal compliance audit in accordance with the Uniform Guidance and is excluded from the schedule of expenditures of federal awards (SEFA).

10. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2025, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. The Organization contributed \$400,220 and \$381,142 for the years ended June 30, 2025 and 2024, respectively.

The Organization provides health insurance to its employees through a self-insurance plan with a re-insurance arrangement to limit exposure. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid.

SUPPLEMENTARY INFORMATION

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2025

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
<u>U.S. Department of Health and Human Services:</u>			
<i>Direct:</i>			
Health Center Program Cluster			
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		\$ 3,979,740
Grants for New and Expanded Services Under the Health Center Program	93.527		36,251
COVID-19 Grants for New and Expanded Services Under the Health Center Program	93.527		120,907
Total AL 93.527			157,158
Total Health Center Program Cluster			4,136,898
Congressional Directives	93.493		1,182,130
<i>Passthrough:</i>			
<u>New Hampshire Coalition Against Domestic and Sexual Violence</u>			
Injury Prevention and Control Research and State and Community Based Programs	93.136	n/a	13,677
Family Violence Prevention and Services/ Domestic Violence Shelter and Supportive Services	93.671	n/a	279,713
<u>State of New Hampshire Department of Health and Human Services</u>			
Family Planning Services	93.217	102-500734/ 90080203	43,079
477 Cluster			
Temporary Assistance for Needy Families	93.558	502-500891/ 45130203	5,454
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/ 90080000	38,435

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards (Concluded)

For the Year Ended June 30, 2025

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
<u>U.S. Department of Health and Human Services:</u>			
<i>Passthrough:</i>			
<u>Bi-State Primary Care Association, Inc.</u>			
Training in General, Pediatric, and Public Health Dentistry	93.059	n/a	<u>9,466</u>
COVID-19 Immunization Cooperative Agreements	93.268	n/a	<u>91,077</u>
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	<u>62,699</u>
Total U.S. Department of Health and Human Services			<u>5,862,628</u>
<u>U.S. Department of Justice:</u>			
<i>Passthrough:</i>			
<u>New Hampshire Coalition Against Domestic and Sexual Violence</u>			
Sexual Assault Services Formula Program	16.017	n/a	67,872
Crime Victim Assistance	16.575	n/a	<u>323,251</u>
Total U.S. Department of Justice			<u>391,123</u>
<u>Northern Border Regional Commission</u>			
<i>Direct:</i>			
Northern Border Regional Development	90.601		<u>34,610</u>
Total Expenditures of Federal Awards, All Programs			<u>\$ 6,288,361</u>

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2025

1. Summary of Significant Accounting Policies

Expenditures reported in the schedule of expenditures of federal awards (Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Coos County Family Health Services, Inc. (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

Board of Directors
Coos County Family Health Services, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheet as of June 30, 2025, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 22, 2025.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BSP Assurance, LLP

Manchester, New Hampshire
December 22, 2025

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE
FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Coos County Family Health Services, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget's *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, 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 Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2025-001. Our opinion on each major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the noncompliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2025-001, to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the internal control over compliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

BSP Assurance, LLP

Manchester, New Hampshire
December 22, 2025

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs

Year Ended June 30, 2025

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified? Yes No

Significant deficiency(ies) identified that are not considered to be material weakness(es)? Yes None reported

Noncompliance material to financial statements noted? Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified? Yes No

Significant deficiency(ies) identified that are not considered to be material weakness(es)? Yes None reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? Yes No

Identification of major programs:

<u>Assistance Listing Number</u>	<u>Name of Federal Program or Cluster</u>
93.493	Health Center Program Cluster Congressional Directives

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee? Yes No

Section 2. Financial Statement Findings

None noted

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs (Continued)

Year Ended June 30, 2025

Section 3. Federal Award Findings and Questioned Costs

Finding Number: 2025-001

Finding Type: Immaterial noncompliance and significant deficiency in internal controls over compliance related to allowable costs

Information on the Federal Program: Program Name: Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) (ALN 93.224)
Federal Awards Project Title: Health Center Program
Award Period: June 1, 2024 – May 31, 2025
Award Number: H80CS00508
Agency: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)

Criteria: Under 2 CFR §200.430(c)(2), compensation charged to federal awards must comply with the Executive Level II salary limitation established by the Office of Personnel Management (OPM). Salary costs allocated to the Health Center Program may not exceed this cap, and only the allowable portion up to the Executive Level II rate may be charged to the federal award.

Condition: During testing of payroll charges, 3 of the 25 employees tested had salary charges which exceeded the Executive Level II cap. Upon further review of the full population, a total of 4 employees were identified whose salary charges to the grant exceeded the cap. Although the Organization calculated the capped allowable salaries for each employee, the allocations entered into the payroll system reflected full gross wages rather than the capped amounts, resulting in the excess salaries.

Cause: The Organization did not have a system of internal controls that included verification of accurate entry of salary allocations into the payroll system.

Effect: Unallowable salary amounts were initially charged to the grant. However, the Organization was able to identify other allowable expenditures sufficient to support the total amount of grant funds drawn.

Questioned Costs: None

Repeat Finding: No

COOS COUNTY FAMILY HEALTH SERVICES, INC.
Schedule of Findings and Questioned Costs (Concluded)
Year Ended June 30, 2025

Section 3. Federal Award Findings and Questioned Costs (Concluded)

Finding Number: 2025-001 (Concluded)

Recommendation: We recommend the Organization update its policies and procedures to include an independent review of payroll allocations entered into the payroll system to ensure they agree to the calculated capped amounts. Additionally, periodic reconciliation of salary charges to the Executive Level II limitation should be performed to prevent similar errors in the future.

Views of a Responsible
Official and Corrective
Action Plan:

Management agrees with the finding and will update payroll policies and procedures to include verification of salary allocations charged to federal awards. An independent review process and periodic reconciliations to the Executive Level II limitation will be implemented to prevent recurrence.

Kenneth E. Gordon

E-mail: kgordon@ccfhs.org

WORK EXPERIENCE

CHIEF EXECUTIVE OFFICER: Coos County Family Health Services, Berlin, New Hampshire (2/15 – present)

- Provided administrative and strategic leadership to a Federally Qualified Health Center serving approximately 12,000 patients.
- Work closely with the organization's Board of Directors to establish policy and to monitor performance in the realms of finance, clinical quality, consumer and staff satisfaction.

ADMINISTRATOR: North Country Health Consortium, Littleton, New Hampshire (8/13 – 2/15)

- Provide administrative leadership of the North Country Accountable Care Organization, a newly formed non-profit entity comprised of four community health centers working in collaboration to improve the health and well-being of North Country residents.

EXECUTIVE DIRECTOR: Area Agency on Aging for Northeastern Vermont, St. Johnsbury, Vermont (9/02 – 7/13)

- Provided administrative leadership to a private, non-profit human service agency serving older adults and family caregivers.
- Financial management of the organization's budget.
- Supervision of clinical and administrative staff.

SOCIAL SERVICES COORDINATOR: Caledonia Home Health Care and Hospice, St Johnsbury, Vermont (8/97 - 8/02)

- Provided medical social work to individuals and families receiving home care and hospice services.
- Supervised and coordinated the work of four master's level staff members.
- Provided consultation to medical staff regarding psycho-social issues.
- Participated in discharge planning with other social service and health agencies.

CHILD PROTECTIVE SERVICE WORKER: Vermont Department of Social & Rehabilitation Services, St. Johnsbury, Vermont (5/96 - 8/97)

- Coordinated multidisciplinary treatment teams providing services to families.

Kenneth E. Gordon
Resume/Pg. 2

- Psychosocial assessment & case planning.
- Care Management (Medicaid reimbursable).
- Individual and family counseling.
- Placement and supervision of children in foster care.
- Preparation of court reports.

ADOPTION SOCIAL WORKER: Vermont Department of Social & Rehabilitation Services,
St. Johnsbury & Newport, Vermont (4/90 -9/94)

- Recruitment, training and assessment of adoptive applicants.
- Placement and supervision of abused and neglected children with adoptive families.
- Counseling with birth parents considering the voluntary relinquishment of a child.
- Consultation with casework staff regarding adoption issues.
- Preparation of adoption homes studies and probate court reports.

FOSTER CARE COORDINATOR: Vermont Department of Social & Rehabilitation Services,
St. Johnsbury, Vermont (12/86 - 4/90)

- Managed a foster care program serving approximately fifty children.
- Fiscal administration, program planning and evaluation.
- Curriculum development and in-service training.

ASSISTANT DIRECTOR: Upward Bound Project, Lyndon State College (9/85 - 12/86)

- Co-directed a college preparatory program for disadvantaged youth.
- Formulated program goals and evaluated outcomes.
- Co-authored a successful federal grant proposal totaling more than \$400.00.
- Training, supervision and evaluation of staff.
- Academic and career counseling.

EDUCATION

MASTERS OF SOCIAL WORK (M.S.W.) May 1996. University of Vermont

- 1st year field internship: Reach Up Program, Vermont Department of Social Welfare
- 2nd year clinical internship: Fletcher Allen Health Care, Inpatient Psychiatric Unit

BACHELOR OF SCIENCE (B.S.) Behavioral Science and Special Education. May, 1984.
Lyndon State College, Lyndonville, Vermont

REFERENCES

Available upon request

Curriculum Vitae
Sergio G. Zullich

Education

Doctor of Pharmacy, State University of New York at Buffalo, May 1990.

Bachelor of Science (Magna Cum Laude), Arnold and Marie Schwartz College of Pharmacy, Long Island University, Brooklyn, New York, May 1979.

State University of New York at Buffalo, Completed pre-pharmacy requirements 1974 – 1976.

Professional Experience

Indian Stream Health Center *Pharmacy Director* (March 2019 to present), *Chief Executive Officer* (February 2021 to present) Colebrook, New Hampshire

- Responsibility for planning, organizing, directing operations of a 340B pharmacy in a Federally Qualified Health Center (FQHC).
- Supervise pharmacy and clinic staff and delegate responsibilities to appropriate personnel.
- Develop, implement and evaluate policies, procedures, and standards of practices affecting pharmacy and clinic operations and patient care consistent with departmental and regulatory objectives.
- Develop strategic plan for expanding clinical pharmacy services including pharmacist led anticoagulation protocol, Medication Therapy Management (MTM) services and opioid stewardship.
- Maintain a positive working environment by providing feedback, coaching, managing performance and recognition of pharmacy staff.
- Participate in various facility committees such as Management, Clinical, and Quality Improvement.
- Oversee health care programs offered by Federally Qualified Health Center (FQHC) for over 2700 patients in northern New Hampshire and Vermont.
- Supervise over 40 FTEs and \$6 million dollar operating budget.
- Work with state and federal agencies to secure funding and requirements.
- Assure organizational adherence to all regulatory and operational requirements.

Guthrie Robert Packer Hospital *Director of Inpatient Pharmacy* (September 2014 to March 2019) Sayre, Pennsylvania

- Supervise pharmacy department of 43 FTEs and \$27 million dollar operating budget.
- Responsible for planning, organizing, directing, and control operation of the pharmacy department effectively and delegate responsibilities to appropriate personnel.
- Participate in the development, implementation, and evaluation of policies, procedures, and standards of practices affecting patient care consistent with departmental and regulatory objectives.

- Development of strategic plan for expanding clinical pharmacy services including unit-based pharmacists, preceptor development, and residency program.
- Create a positive working environment by providing feedback, coaching, managing performance and recognition of pharmacy staff.
- Interact with all levels of hospital organization to promote quality healthcare to all patients.

Portsmouth Regional Hospital *Clinical Pharmacy Manager* (February 2012 to July 2014)

Portsmouth, New Hampshire

- Provides oversight of clinical program to ensure maximization and efficiency of clinical processes.
- Supervises pharmacists in clinical activities and appropriate documentation of clinical activities.
- Oversees and assists with formulary maintenance (new drug monographs, therapeutic interchanges, annual class reviews) and present to Pharmacy and Therapeutics Committee and other groups.
- Develops policies, procedures, and order sets related to clinical services. Implements and assesses programs that promote safe medication therapy.
- Directs, coordinates, and participates in the design, collection, and reporting of drug utilization evaluations to support proper utilization of medications in the clinical setting.
- Participate as lead pharmacist for Antimicrobial Stewardship program.
- Actively participates in competency training and assessment, and performance evaluation of pharmacy staff.
- Represents pharmacy at various hospital and medical staff committees and meetings.
- Provides in-services and other education programs for physicians and other healthcare professionals.
- Assists in quality and performance improvement initiatives.
- Participates in multidisciplinary initiatives to maintain compliance with Joint Commission, CMS, and other accrediting agency standards.
- Serves as a clinical resource for the facility.
- Works as a staff pharmacist when needed.

Dartmouth-Hitchcock Medical Center *Pharmacist – Clinical Specialist, Internal Medicine*

(October 2008 to February 2012) Lebanon, New Hampshire

- Participate in daily rounds with medical staff on internal medicine unit.
- Review patient drug regimen for appropriate utilization, identify potential adverse drug events, and promote cost-effective therapy.
- Initiate targeted drug use evaluations.
- Participate in quality improvement and utilization review programs.
- Develop and present education programs for hospital staff.
- Provide drug information to other pharmacists and health care professionals.
- Preceptor for undergraduate pharmacy students and pharmacy resident program.
- Participate in Patient Safety Orientation and Pharmacy Orientation for newly hired medical, nursing, and hospital staff.
- Coordinate activities of Medication Safety Subcommittee and serve as co-chairman.
- Participate on various committees such as: Pharmacy and Therapeutics, Falls, Residency Steering, and Clinical Services.
- Experience with Microsoft Office, Cerner, Epic, and AcuDose programs.

Robert Packer Hospital *Pharmacist – Clinical Specialist, Critical Care* (May 2003 to October 2008) Sayre, Pennsylvania

- Participate in daily rounds with medical and surgical staff in critical care unit.
- Review drug therapy for appropriate utilization.
- Develop guidelines and protocols for appropriate drug use in critical care setting.
- Initiate targeted drug use evaluations.
- Provide pharmaceutical care to cardiothoracic outpatients including: education, monitoring for adverse events, and physician follow up.
- Participate in quality improvement and utilization review programs.
- Perform review of inpatient chemotherapy regimens.
- Preceptor for undergraduate pharmacy students.
- Develop and present education programs for hospital staff.
- Provide drug information to other pharmacists and health care professionals.
- Participate on various committees such as: Pharmacy and Therapeutics, Critical Care, Cardiothoracic Surgery, Anticoagulation, Falls, Antibiotic Subcommittee, Product Acquisition Management, and Human Services.
- Experience with Microsoft Office, Epic, Cerner and AcuDose programs.

Kinney Drugs *Pharmacist* (April 2007 to October 2008) Trumansburg, New York

- Dispense and verify prescriptions in compliance with professional standards, and state and federal laws.
- Counsel patients on appropriate use of medication and potential side effects.
- Maintain pharmacy records and database.

Wegmans Supermarket *Pharmacist* (May 2004 to April 2007) Ithaca, New York

- Dispense and verify prescriptions in compliance with professional standards, and state and federal laws.
- Counsel patients on appropriate use of medication and potential side effects.
- Maintain pharmacy records and database.

Arnot Ogden Medical Center *Pharmacist – Clinical Specialist* (May 2001 to May 2003) Elmira, New York

- Participate in multidisciplinary patient rounds.
- Provide consultant pharmacist service to long term care unit.
- Collaborate with infectious disease physician to develop antimicrobial management program.
- Participate in quality improvement and utilization review programs.
- Responsible for management of formulary.
- Perform review of inpatient chemotherapy regimens.
- Preceptor for undergraduate pharmacy students.
- Develop pharmacokinetics monitoring procedure.
- Participation on various committees such as: Pharmacy and Therapeutics, Long Term Care, Information Systems, and Infection Control.
- Develop method to document and report pharmaceutical care interventions.
- Experience with Microsoft Office, and Per Se programs.

WCA Hospital *Clinical Pharmacist* (November 1996 to May 2001) Jamestown, New York

- Responsible for management of formulary.
- Develop clinical programs to promote appropriate drug use.
- Develop quality improvement and utilization review programs.

- Present educational programs to hospital staff.
- Participation on various committees such as: Therapeutic Drug Monitoring, Pharmacy and Therapeutics, Information Systems and Infection Control.
- Interpret medication orders and monitor appropriate use.
- Prepare all forms of medication as needed including chemotherapy.
- Experience with Microsoft Office, Nova, Mediware and Pyxis programs.

WellPoint Pharmacy Management *Clinical Pharmacy Manager* (October 1999 to August 2000)
Buffalo, New York

- Develop and implement cost containment programs for health maintenance organization.
- Maintenance of formulary management programs.
- Participate in Utilization Management/Quality Management Committee.
- Research and present drug information materials for client.
- Participate in CHF, Hyperlipidemia, Allergic Rhinitis and Asthma Committees for development of outpatient programs.
- Develop Clinical Business Plan for management of pharmacy benefits for client.
- Experience with Microsoft Office, TAO and ReViewPoint drug utilization program.

Pharmacist Consultant Service, P.C. *Consultant Pharmacist* (March 1984 to October 1999)
Buffalo, New York

- Oversight of all administrative and financial operations of consulting service.
- Manage staff of five consultant pharmacists and administrative assistant.
- Develop and implement cost containment programs for long term care facilities.
- Maintenance of formulary management programs.
- Participate on Infection Control, Quality Improvement and Psychotropic Drug Use Committees.
- Provide drug information support for long term care facilities.
- Provide staff education programs for facilities on a variety of topics such as federal guidelines for drug use in the elderly, psychotropic drug use and adverse effects of medication in the elderly.

Erie County Medical Center *Clinical Coordinator, Ambulatory Care and Program Director, Anticoagulation Clinic* (June 1990 to August 1992) Buffalo, New York

- Provide pharmaceutical care for anticoagulation clinic patients on warfarin including: clinic visits, dosing per physician protocol, education, and phone follow-up.
- Participate in outpatient neurology clinic rounds with physician assistant to promote rational drug therapy.
- Present education programs to hospital staff.
- Preceptor for ambulatory care rotation for Pharm.D. program.
- Preceptor for pharmacy resident program.

Sisters of Charity Hospital *Staff Pharmacist* (September 1983 to June 1988) Buffalo, New York

- Interpret physician orders and monitor appropriate use of medication.
- Prepare all forms of medication as needed including parenteral nutrition and chemotherapy.
- Participate in cardiac resuscitation team.

Lafayette General Hospital *Staff Pharmacist* (May 1982 to September 1985) Buffalo, New York

- Interpret physician orders and monitor appropriate use of medication.

- Participate in cardiac resuscitation team.
- Provide drug information to hospital staff.

Veterans Administration Medical Center *Staff Pharmacist* (February 1982 to May 1982) Buffalo, New York

- Interpret medication orders and monitor appropriate use for inpatient and outpatient pharmacy.
- Prepare all forms of medication as needed.

Our Lady of Victory Hospital *Staff Pharmacist* (November 1980 to February 1982) Buffalo, New York

- Interpret medication orders and monitor appropriate use.
- Prepare all forms of medication as needed including intravenous and total parenteral nutrition products.
- Provide drug information to hospital staff.

Columbus Hospital *Staff Pharmacist* (September 1979 to November 1980) Buffalo, New York

- Interpret medication orders and monitor appropriate use.
- Prepare all forms of medication as needed.
- Provide drug information to hospital staff.

Teaching Experience

Franklin Pierce University *Lecturer* (April 2010 to February 2012) Lebanon, New Hampshire

- Lecturer in Pharmacology for Physician Assistant Program

University of Connecticut *Clinical Instructor* (September 2009 to February 2012) Storrs, Connecticut

- Preceptor for Pharm.D. program

Albany College of Pharmacy *Clinical Instructor* (September 2000 to September 2008) Albany, New York

- Preceptor for Pharm.D. program

Nazareth College *Lecturer - Geriatric Nurse Practitioner Program* (September 1996 to September 2006) Rochester, New York

- Lecturer in Geriatric Pharmacology for Nurse Practitioner Program

State University of New York at Buffalo *Clinical Instructor* (1990 to 1998, January 2011 to present) Buffalo, New York

- Preceptor for Pharm.D. program

Licensure

Registered Pharmacist, New York State, September 1979 to present

Registered Pharmacist, Pennsylvania, June 2003 to present
Registered Pharmacist, New Hampshire, August 2008 to present

- APhA Immunization Certification
- Collaborative Practice – Anticoagulation

Maine MPJE – Passed, Application Submitted to Maine Board of Pharmacy

Honors and Awards

1979 Rho Chi Society, A&M Schwartz College of Pharmacy
1990 Rho Chi Society, State University of New York at Buffalo

Certification

2009 American Pharmacists Association (APhA), Immunization Delivery Certification
2019 American Pharmacists Association (APhA), Diabetes Care Certification
2021 Bi-State Primary Care Association (BSPCA), Leadership Development Program

Leadership

1992 to 1993 Associate Member, Education Committee
American Society of Consultant Pharmacists

2016 to 2019 Secretary, Board of Directors
Southern Tier Society of Health System Pharmacists

Research Experience

“Assessment of Venous Thromboprophylaxis in Medically Ill Patients”, *Preceptor for Pharmacy Residency Project* (June 2010) Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire

“Cost-Effectiveness of Coumatrak Use in a Anticoagulation Clinic”, *Preceptor for Pharmacy Residency Project* (January 1992) Erie County Medical Center, Buffalo, New York

“Effect of Pharmacy Intervention in an Anticoagulation Service”, *Preceptor for Pharmacy Residency Project* (January 1992) Erie County Medical Center, Buffalo, New York

“Change in Prescribing Patterns in Long Term Care Facilities and Impact on Incidence of Adverse Events”, *Doctor of Pharmacy Thesis* (January to July 1990) T.H. Grasela, Pharm.D., Preceptor, State University of New York at Buffalo.

Presentations

“Polypharmacy and the Older Adult”, Presented at National Association for Mental Health – New Hampshire Conference Concord, New Hampshire. March 2011

“Polypharmacy and the Older Adult”, Presented at Geriatric Update 2010, Woodstock, Vermont. April 2010

“Antibiotic Therapy in ICU for RNs” Presented to Critical Care Nursing Staff, Robert Packer Hospital, Sayre, Pennsylvania. August 2008

“Critical Care IV Drugs for RNs” Presented to Critical Care Nursing Staff, Robert Packer Hospital, Sayre, Pennsylvania. August 2008

“Triple Drug Therapy” Presented to Pharmacy Staff, Dartmouth Hitchcock Medical Center, Lebanon, New Hampshire. May 2008

“Drug Dosing and Renal Function” Presented to Internal Medicine/Family Practice Residents Noon Conference, Robert Packer Hospital, Sayre, Pennsylvania. April 2008

“Clinical Pharmacokinetics” Presented to Internal Medicine/Family Practice Residents Noon Conference, Robert Packer Hospital, Sayre, Pennsylvania. March 2008

“Clostridium Difficile” Presented to Internal Medicine/Family Practice Residents Noon Conference, Robert Packer Hospital, Sayre, Pennsylvania. September 2007

“Antimicrobial Use in the ICU” Presented to Critical Care Nursing Staff, Robert Packer Hospital, Sayre, Pennsylvania. September 2007

“Commonly Used IV Drugs in the ICU” Presented to Critical Care Nursing Staff, Robert Packer Hospital, Sayre, Pennsylvania. September 2007

“Dosing Medication in the Morbidly Obese Patient” Presented to Internal Medicine/Family Practice Residents Noon Conference, Robert Packer Hospital, Sayre, Pennsylvania. June 2007

“Sedative Use in Critical Care” Presented to Internal Medicine/Family Practice Residents Noon Conference, Robert Packer Hospital, Sayre, Pennsylvania. March 2007

Complete list of presentations available upon request.

Publications

Zulich SG, Grasela TH, Fiedler-Kelly JB, Gengo FM. **Changes in Prescribing Patterns in Long-Term Care Facilities and Impact on Incidence of Adverse Events.** NIDA Res Monograph 1993;131:294-308.

Zulich SG, Grasela TH, Gengo FM, Fiedler-Kelly JB. **Effect of Triplicate Prescription Legislation on Psychotropic Drug Use** *Annals of Pharmacotherapy* 1992; 20:536-42.

Goss TF, Birmingham M, Zulich SG. **Use of Third Generation Cephalosporins in Long Term Care Facilities** *Consultant Pharmacist* 1992; 7:1201-10.

Tanya A. Tupick D.O.

PROFESSIONAL WORK EXPERIENCE

Urgent Care Physician

May 2016 to Present. (Full time 5/2016 to 5/2022 and per diem 5/2022 to present)

Catholic Medical Center Urgent Care in Bedford, NH

Emergency Room Physician

September 1, 2013 to April 2016

Androscoggin Valley Hospital located in Berlin, NH

Family Practice Physician

August 2010 to July 31, 2013

Derry Medical Center/Londonderry Family Practice located in Derry/Londonderry, NH

General Staff: Parkland Medical Center

November 15, 2010 to September 2013

Address: 1 Parkland Drive; Derry, NH 03038 Phone Number: (603) 432-1500

Family Practice Residency/Internship

July 2007 to June 30, 2010

St. Joseph's Medical Center, Reading PA

EDUCATION

Family Practice Residency/Internship

July 2007 to June 30, 2010

St. Joseph's Medical Center, Reading PA

Doctor of Osteopathy

August 2003 to May 2007

University of New England College of Osteopathic Medicine (UNECOM), Biddeford ME

Bachelor of Science, Biology with a minor in English—*Magna Cum Laude*

September 1997 to May 2001

University of New Hampshire (UNH), Durham NH

BOARD CERTIFICATION

American Osteopathic Board of Family Physicians

September 13th 2010

Certified in Family Practice and Osteopathic Manipulative Treatment

LICENSES

- New Hampshire State Medical License – June 2, 2010 – Present
- Pennsylvania Osteopathic Physician & Surgeon – *Unrestricted License* 12/10/09 – 10/31/2010
- Pennsylvania Osteopathic Training License July 1, 2007 – June 30, 2010

VOLUNTEER WORK

Manchester NH Health Board → October 2016 to July 2022

Volunteer member appointed by the mayor and aldermen of Manchester NH to serve on the Manchester Health Board. **Chair of the Board 2018 to 2022**

Migrant Farm Workers → 2005-2010

Migrant Farm Workers Health Care Volunteer for the State of PA 2005 to 2010

Biddeford Maine Soup Kitchen → 2003-2005

Volunteer at the Biddeford Maine Soup Kitchen

TEACHING EXPERIENCE

Fall 2016 to 2020

Precepting Nurse Practitioner Students for Rivier University and for UNH Durham.

- Assistant Affiliate Faculty for UNH Department of Nursing since Fall of 2017-2020

August 2004 – June 2005 University of New England Biddeford, ME

OMT Teaching Assistant

- Helped teach first year medical students OMT in the practical laboratory setting.

August 2001 – June 2002 Conway School District SAU #9 Conway, NH

High School Physical Science Teacher

- Taught fulltime Honors and College Technical Preparatory Physical Science classes, which were laboratory intensive courses.

RESEARCH EXPERIENCE

Spring 1999 – May 2001 Dept. of Animal and Nutritional Sciences UNH, Durham

Lab Assistant and Researcher: Under Dr. Robert L. Taylor Jr.

- Studying the dose effects of the major histocompatibility complex on Rous sarcoma tumor progression and regression.
- Assisting with DNA extractions, chromosome dose analysis, tumor measurement, statistical analysis, and research presentation.

JOURNAL PUBLICATIONS

T.A. Tupick, S.E. Bloom and R.L. Taylor, Jr. Major Histocompatibility (*B*) Complex Gene Dose Effects on Rous Sarcoma Virus Tumor Growth; *International Journal of Poultry Science* 4 (5): 286-291, 2005

Taylor, R. L., Jr. and **T. A. Tupick**, 2002. Combinations of Tumor Regressor and Progressor Major Histocompatibility (*B*) Complex Haplotypes Exhibit Gene Dose Effects on Rous Sarcomas. *Poultry Sci.* 81(Suppl. 1):6

CONFERENCE PRESENTATIONS

- January 2023: **Urgent Care Procedures** at the New Hampshire Osteopathic Winter Symposium in Bartlett, NH.
- August 2020: **Summer Potpourri of Urgent Care** at the Virtual Pennsylvanian Osteopathic Family Practice Summer Symposium.
- August 2020: **Summer Potpourri of Urgent Care** at the New Hampshire Osteopathic Summer Symposium in Portsmouth, NH.
- August 2018: **Urgent Care in the Family Practice Office** in Hershey Pennsylvania at the Pennsylvanian Osteopathic Family Practice Symposium.
- August 2017: **OMT Table Trainer at the ACOFP Board Review** in Chicago
- October 2009: **Northeast Society of Family Medicine Teachers Regional Conference:** Presenting “Osteopathy for Dummies” and “Ministry in Medicine.”
- October 2008: **Northeast Society of Family Medicine Teachers Regional Conference:** Presenting “Effects of Osteopathic Manipulative Treatments on Post-Operative Patients.”
- May 2001: **COLSA Research Conference (UNH):** Presentation of “The Dose Effects of the Major Histocompatibility Complex on Rous Sarcoma Tumor Growth.”

- December 2000: **Genetics Graduate Seminar (UNH):** Presentation of “The Dose Effects of the Major Histocompatibility Complex on Rous Sarcoma Tumor Growth.”

MINISTERIAL LICENSE

- ICFG Ordination – November 12th 2017 – Present
- ICFG U.S. License – September 10th 2015 – November 12th 2017
- ICFG International Ministerial License – December 17th 2009 – March 22nd 2012
- ICFG District Ministerial License – November 3rd 2007 – December 17th 2009
- ICFG Church Staff Ministerial License – April 15th 2003 – November 3rd 2007

MINISTERIAL EXPERIENCE

2022-Present	Senior Pastor	Harvest Christian Fellowship	Berlin, NH
2015-2022	Pastor of Global Mission	Trinity Life Community Church	Bedford, NH
2014-2015	Vice President of Board	The Well Community Church	Berlin, NH
2013 August	Short Term Medical Mission	Kenya Africa with Hope Chapel	Keene, NH
2009-2012	Assistant Pastor	New Life Community Church	Manchester, NH
2007-2009	Assistant Pastor	Norristown Foursquare Church	Norristown, PA
2003-2007	Staff Pastor	Harvest Christian Fellowship	Berlin, NH
March 2003 – October 2005		Northern New England District	Concord, NH
	<ul style="list-style-type: none"> ❑ Mission Representative for Foursquare Missions International for ME, NH & VT ❑ Organized and led Short Term Mission Teams to Turrialba Costa Rica 7/2005 & 5/2007. 		
June 2002 – September 2002	Foursquare Missionary		Bangkok, Thailand
	<ul style="list-style-type: none"> ❑ Teaching English as a second language at the Good News Study Center 		

AWARDS AND HONORS

- Dr. John J. Woynarowski Memorial Fund for clinical achievement and humanitarian characteristics in the St. Joseph Medical Center Family Practice Residency Program 2009
- Sewall Osteopathic Foundation Scholarship 2006
- Title One Graduate Award 2002
- Fellowships for Research on “Dose Effects of the Major Histocompatibility Complex on Rous Sarcoma Tumor Progression and Regression.”
 - Undergraduate Research Opportunity Program (UROP) Fellowship 2001
 - Summer Undergraduate Research Fellowship (SURF) 2000
 - Oliver Hubbard Summer Undergraduate Research Fellowship 2000
- Golden Key Honor Society Member: Lifetime membership beginning in 1999.
- Military Academic Excellence Award 1997
- American Legion Award 1996
- Boston College Book Award 1996

CERTIFICATIONS

- Basic Life Support from the American Heart Association
- Advance Cardiac Life Support from the American Heart Association
- Pediatric Advance Life Support from the American Heart Association

PROFESSIONAL SOCIETIES

- American Osteopathic Association (AOA)
- American College of Osteopathic Family Physicians (ACOFP)
- New Hampshire Osteopathic Association (NHOA)
 - Board Member at Large January 2021 – January 2023
 - Vice President of the board January 2023 – Present
- New Hampshire Medical Society (NHMS)

CURRICULUM VITAE

William Gessner, MD, Medical Director

Professional Experience:

Medical Director - Coos County Family Health Services - August, 2014 - present

Staff Physician, Coos County Family Health Services - September, 2012 - 2014

Institute for Family Health - January - 2010 - August - 2012

Co-Medical Director - Hudson Valley Health Specialties - 2000 - 2012

Co-Medical Director - Ulster Greene ARC - 2000 - 2012

Medical Director - UGARC - 1994 - 2000

Medical Director - Ulster Association for Retarded Citizens (currently Ulster Greene ARC) Kingston, New York 1993 - 2012

Medical Director - Ulster Rehabilitation Clinic Kingston, New York 1993 - 2000

Co-Medical Director - Ulster Greene ARC 2000 - 2012

Co-Medical Director - Mountainside Residential Care Center Margaretville, New York 1998 - 2012

Co-Medical Director - Margaretville Hospital Margaretville, New York 2001 - 2012

Attending Physician, Kingston Family Practice Center Kingston, New York 1991 - 2000

Senior VP Academic Affairs - Mid Hudson Family Health Institute Kingston, New York 1991 -2000

Program Director, Mid-Hudson Rural Family Practice Residency Program Kingston, New York 1990 - 2000

Associate Program Director, Ulster County Rural Family Practice Residency Program Kingston, New York 1985 - 1990

Assistant Program Director, Ulster County Rural Family Practice Residency Program Kingston, New York 1984 - 1985

Attending Physician, Woodstock Family Health Center Woodstock, New York 1983 - 1991

Medical Director, Woodstock Family Health Center Woodstock, New York 1993-1984

Private Practice of Family Medicine Newport, New Hampshire 1978-1983

Pre-Medical Education:

University of New Hampshire
BA Mathematics 1969-1973
Summa Cum Laude, Phi Beta Kappa

Medical Education:

Dartmouth Medical School Hanover, NH
1972-1975 M.D. Degree Honors awarded in Internal Medicine Maternal and Child Health, Ambulatory
Care

Internship:

University of Colorado Medical Center Family Medicine 1975-1976

Residency:

University of Colorado Medical Center Family Medicine 1976-1978

Reg. No.	Charity Name	Address	City	State	Zip	Status	Report Due
1457	Coos County Family Health Services, Inc.	133 Pleasant Street	Berlin	NH	03570	G	5/15/2026
13582	Coos County Job Creation Association	653 Main Street	Lancaster	NH	03584	X	5/15/2020
30446	Coos Cycling Club	PO Box 92	Gorham	NH	03581	G	5/15/2026
5999	Coos Economic Development Corporation	PO Box 205	Lancaster	NH	03584-0205	G	5/15/2026
16287	COPD Foundation, Inc.	3675 Crestwood Parkway NW Suite 350	Duluth	GA	30096	G	5/15/2026
2050	Copper Cannon Corporation	PO Box 124	Franconia	NH	03358	G	2/15/2026
30754	Cops Direct	1959 Palomar Oaks Way, Ste 300	Carlsbad	CA	92011	X	5/15/2024
33399	Coptic Orphans Support Association	PO Box 2881	Merrifield	VA	22116	G	5/15/2026
18355	Coral Reef Alliance	548 Market Street, Suite 29802	San Francisco, CA 9410	San Francisco	CA 94104	G	5/15/2026
6355	Coral Ridge Ministries	5555 North Federal Highway, Suite 1	Fort Lauderdale	FL	33308	X	11/15/2024
33659	Cord Ministries International	PO Box 620760	Littleton	CO	80162-0760	G	5/15/2026
35151	CORE Community Organized Relief Effort	910 N Hill Street	Los Angeles	CA	90012	G	5/15/2026
17285	Core Physicians, LLC	S Alumni Drive	Exeter	NH	03833	G	2/15/2026
34555	CoreGiving Co.	233 South Wacker Drive, Suite 4700	Chicago	IL	60606	G	5/15/2026
30666	Coresy's Closet, Inc.	C/O 158 Norfolk Street	Manchester	NH	03103	G	5/15/2026
10710	Corky and Carl Foundation, Inc.	c/o Bruno Fairfield, nj 07004	Fairfield	nj	07004	X	5/15/2025
11222	Cormont Music	89 JESSEMAN RD	SUGAR HILL	NH	03586	G	5/15/2026
17188	Comelia de Lange Syndrome Foundation, Inc.	30 Tower Lane #400	Avon	CT	06001	G	5/15/2026
32092	Cornell College	600 First Street SW	Mount Vernon, IA 52314	Mount Vernon	IA 52314	G	5/15/2026
10809	Cornell University	341 Pine Tree Road	Ithaca	NY	14850	X	5/15/2025
14839	Corner Kingdom Project, Inc.	17 Buckingham Drive	Londonderry	NH	03053	X	12/15/2022
35681	Cornerstone Chartered Public School	PO Box 129	Lyme	NH	03768	G	11/15/2026
17486	Cornerstone Housing North, Inc.	30 Exchange Street	Berlin	NH	03570	G	11/14/2026
6318	Cornerstone Outreach Ministries, Inc.	PO Box 10541	Swanzey	NH	03446	G	1/15/2026
11378	Cornerstone Policy Research	PO Box 4683	Manchester	NH	03108	G	5/15/2026
33712	Cornerstone Public Asset Fund, Inc.	C/O 3675 Crestwood Parkway, Suite 350	Duluth	GA	30096	G	5/15/2026
10039	Cornerstone School	146 High Street	Stratham	NH	03885	G	11/14/2026
2775	Cornerstone VNA	178 Farmington Road	Rochester	NH	03867-4352	G	5/15/2026
32328	Cornerstones, Inc.	C/O 1959 Palomar Oaks Way, Suite 300	Carlsbad	CA	92011	X	11/15/2024
34431	Cornish Community Initiative	PO Box 123	Cornish	NH	03745	G	11/14/2026
32625	Cornish Community Parent Teacher Organization	274 Town House Road	Cornish	NH	03745	X	5/15/2021
3874	Cornish Fair Association	PO Box 245	Cornish Flat	NH	03746	G	3/15/2026
2278	Cornish Fire Department, Inc.	PO Box 5	Cornish Flat	NH	03746	X	5/15/2022