



State of New Hampshire

DEPARTMENT OF SAFETY
JAMES H. HAYES BLDG. 33 HAZEN DR.
CONCORD, N.H. 03305
(603) 271-2791

EDDIE EDWARDS
ASSISTANT COMMISSIONER

STEVEN R. LAVOIE
ASSISTANT COMMISSIONER

ROBERT L. QUINN
COMMISSIONER

October 31, 2025

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FEB 11 2026

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

REQUESTED ACTION

Authorize the New Hampshire Department of Safety to enter into a grant agreement with St. Joseph Hospital (VC#177169), Nashua, NH, in the amount of \$121,490.00 to provide funding for physical and cyber security enhancements and other security-related activities effective upon Governor and Council approval through April 30, 2028. **100% Federal Funds.**

Funding is available in the SFY2026 operating budget as follows:

02-23-23-231010-72130000 Dept. of Safety Office of the Commissioner	
HLS Non-Profit Security Grants	<u>SFY2026</u>
072-500575 Grants to Non-Profits – Federal	\$121,490.00

EXPLANATION

These awards are funded as part of the 2024 Department of Homeland Security Non-Profit Grant Program National Security Supplemental (NSGP-NSS) from the U.S. Department of Homeland Security (DHS), Preparedness Directorate, Office of Grants and Training Directorate. Funding is awarded to eligible non-profit entities to prevent, protect against, prepare for, and respond to terrorist attacks. The objective to the FY2024 NSGP-NSS is to provide funding for physical and cyber security enhancements and other security-related activities to nonprofit organizations that are at high risk of a terrorist attack.

New Hampshire Department of Safety is the only entity eligible to submit NSGP application to DHS/FEMA, including those applications submitted on behalf of all eligible applicants for the program from New Hampshire. A non-profit may apply if they meet the criteria described under 501(c) (3) of the Internal Revenue Code of 1986 (IRC) and exempt from tax under section 501(a) of such code.

In the event that NSGP-NSS funds are no longer available, Highway Funds and/or General Funds will not be requested to support this program.

St. Joseph Hospital is a non-profit organization, and Department of Safety has confirmed the vendor is registered and in good standing with the Department of Justice's Charitable Division.

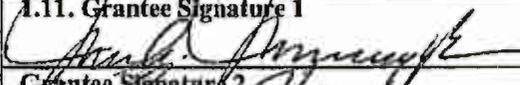
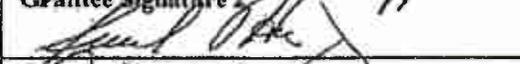
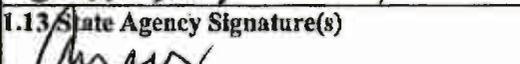
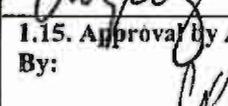
Respectfully submitted,


Robert L. Quinn
Commissioner of Safety

GRANT AGREEMENT

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

1. Identification and Definitions.

1.1. State Agency Name: NH Department of Safety		1.2. State Agency Address 33 Hazen Drive Concord, NH 03305	
1.3. Grantee Name St. Joseph Hospital of Nashua, N.H.		1.4. Grantee Address 172 Kinsley Street Nashua, NH 03060	
1.5. Grantee Phone # (603) 882-3000	1.6. Account Number 72130000-500575	1.7. Completion Date 4/30/2028	1.8. Grant Limitation \$121,490
1.9. Grant Officer for State Agency Madison W. Cleveland		1.10. State Agency Telephone Number (603) 271-7663	
If Grantee is a municipality or village district: "By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Grantee Signature 1 		1.12. Name & Title of Grantee Signor 1 John Jurczyk, President, Authorized Official	
Grantee Signature 2 		Name & Title of Grantee Signor 2 Gerard Hadley, CFO/VP Finance, Financial Officer	
Grantee Signature 3 		Name & Title of Grantee Signor 3 Karen Bradshaw, Director of Grants Administration	
1.13. State Agency Signature(s) 		1.14. Name & Title of State Agency Signor(s) Amy Newbury, Director of Administration	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By:  Assistant Attorney General, On: 01/27/2020			
1.16. Approval by Governor and Council (if applicable) By: _____ On: / /			

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

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.
4. EFFECTIVE DATE: COMPLETION OF PROJECT.
- 4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date in block 1.5 or on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire whichever is later (hereinafter referred to as "the effective date").
- 4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in its entirety prior to the date in block 1.6 (hereinafter referred to as "the Completion Date").
5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.
- 5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.
- 5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.
- 5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.
- 5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.
- 5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.
6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits.
7. RECORDS and ACCOUNTS.
- 7.1. Between the Effective Date and the date seven (7) years after the Completion Date the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.
- 7.2. Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these general provisions.
8. PERSONNEL.
- 8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.
- 8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.
- 8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.
9. DATA: RETENTION OF DATA: ACCESS.
- 9.1. As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations,
- computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.
- 9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.
- 9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.
- 9.4. On and after the Effective Date, all data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.
- 9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.
10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.
11. EVENT OF DEFAULT: REMEDIES.
- 11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):
- 11.1.1 Failure to perform the Project satisfactorily or on schedule; or
- 11.1.2 Failure to submit any report required hereunder; or
- 11.1.3 Failure to maintain, or permit access to, the records required hereunder; or
- 11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.
- 11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
- 11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and
- 11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and
- 11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and
- 11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.
12. TERMINATION.
- 12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.
- 12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.
- 12.3. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee may terminate this Agreement without cause upon thirty (30) days written notice.
- 12.4. CONFLICT OF INTEREST. No officer, member or employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

- approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.
14. **GRANTEE'S RELATION TO THE STATE.** In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.
15. **ASSIGNMENT AND SUBCONTRACTS.** The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit A without the prior written consent of the State.
16. **INDEMNIFICATION.** The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or Subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.
17. **INSURANCE AND BOND.**
- 17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:
- 17.1.1 Statutory workmen's compensation and employees liability insurance for all employees engaged in the performance of the Project, and
- 17.1.2 Comprehensive public liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and
- 17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice thereof has been received by the State.
18. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.
19. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.
20. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.
21. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intent of the parties hereto.
22. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.
23. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.
24. **SPECIAL PROVISIONS.** The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

EXHIBIT A SPECIAL PROVISIONS

1. Grant expenses must be incurred and paid prior to April 30, 2028. All grant reimbursement requests must be submitted prior to June 30, 2028. Only expenses approved as outlined in Exhibit C may be reimbursed. Reimbursement requests shall meet all requirements in the DHS Terms and Conditions and Special Conditions.
2. "The Grantee" shall maintain financial records, supporting documents, and all other pertinent records for a period of 3 years after the final disposition.

Sub-Grant Total	\$121,490
Funding Percentage	100%
Federal Award Agency	Federal Emergency Management Agency, Grant Programs Directorate
Award Title & #	2024 Nonprofit Security Grant Program National Security Supplemental EMW-2024-UA-05251
Grant Project Title	Nonprofit Security Grant Program
Period of Performance	May 1, 2025 through April 30, 2028
Budget Period	Date of G&C approval through April 30, 2028
ALN #	ALN# 97.008
Sub-Applicant UEI #	FHNDUMLHHMD6

EXHIBIT B
SCOPE OF SERVICES

1. The Department of Safety, (hereinafter referred to as “the State”) is awarding St. Joseph Hospital (hereinafter referred to as “the Grantee”) \$121,490 for the purpose of local nonprofits statewide for executing anti-terrorism linked eligible trainings and procuring eligible equipment.
2. “The Grantee” agrees that the project grant period ends April 30, 2028 and that all expenses must be incurred and paid prior to this date and reimbursement requests submitted to the Department of Safety, Grants Management Bureau, prior to June 30, 2028
3. “The Grantee” agrees to comply with all applicable federal and state laws, rules, regulations, and requirements.
4. “The Grantee”, is responsible for the overall direction and assignment of all grant funded activities.

Special Conditions – FFY 2024 Nonprofit Security Grant Program National Security Supplemental

Subrecipient: St. Joseph Hospital

GRANT AWARD AMOUNT: \$121,490

GRANT TITLE: 2024 NSGP-NSS PROGRAM

GRANT AWARD DATE: 9/3/2025

GRANT PROGRAM: Nonprofit Security Grant Program National Security Supplemental
ALN#: 97.008

NSGP-NSS Grant Award Number:

ALL SPECIAL CONDITIONS MUST BE RESPONDED TO *WITHIN THIRTY (30) DAYS* FROM THE AWARD DATE AND PRIOR TO DISBURSEMENT OF FUNDS UNLESS OTHERWISE SPECIFIED. **THESE GRANT FUNDS EXPIRE ON April 30, 2028.** The award period is from the date of Governor and Council approval to April 30, 2028.

BY SIGNING THIS FORM YOU AGREE TO THE CONDITIONS OF THIS GRANT.

* * * * *

1. Please note the following special conditions for your grant award MUST BE SBMITTED AND APPROVED by NH DOS- GRANTS MANAGEMENT BEFORE ANY WORK CAN BEGIN:

- a. Indicate which of the following is true regarding the project funded with these Nonprofit Security Grant Program dollars by circling the correct selection (circle only one).
 - i. Sustaining or maintaining a capability acquired with Nonprofit Security Grant Program;
 - ii. Sustaining or maintaining a capability acquired without Nonprofit Security Grant Program funding; or
 - iii. Developing or acquiring a new core capability.
- b. Per 2025 Grant Guidance, please provide your UEI number here: FHNDUMLHHMD6
If your organization does not have an active UEI, one must be obtained at
- c. You are required to register for a NH vendor ID at the following location:
vendor ID here: 177169 Enter your
- d. Your award requires you to complete an Environmental and Historic Preservation Screening Form (EHP) to be approved by FEMA prior to any purchases made or work begun. EHP documents are located at the following website: <https://www.dos.nh.gov/grants/homeland-security-grant-program> and must be completed and submitted electronically to madison.w.cleveland@dos.nh.gov
- e. Per 2 CFR 200 and Subpart F, Non-Federal entities that expend \$1,000,000 or more in federal funds (from all sources including pass-through sub recipient) in the organizational fiscal year shall have a single organization-wide audit conducted.
- f. FEMA must receive and approve a revised budget based on the FEMA subrecipient allocation, consistent with the originally approved submission due to unallowable costs (digital sign & emergency response trailer).

2. The reimbursement process includes the following. These documents are to be e-mailed directly to

- Cover letter on your agency's letterhead that includes the amount you are asking to be reimbursed for.
- A copy of the invoice(s).
- A copy of the cancelled check(s) or other proof of payment (bank statement).
- Indicate which item(s) on the Approved Items Checklist were purchased.

Initials
Initials



Date:
Date:

9-12-25
9-15-25

- Proof from _____ that the vendor(s) are not excluded from receiving federal funds. You would need to include the page that shows the following statement:

EXCLUSIONS

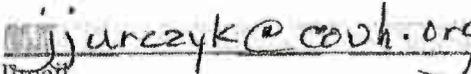
* see attached.



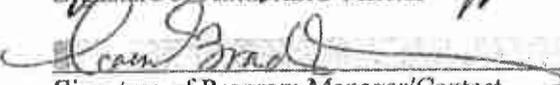
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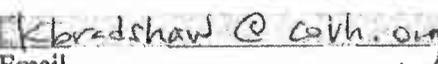
3. All subrecipients must comply and be familiar with Homeland Security Presidential Policy Directive-8, the National Preparedness System* (NPS) and the National Preparedness Goal (NPG). See:
4. It is recommended that all grant recipients modify their existing incident management and emergency operations plans in accordance with the National Response Plan's coordinating structures, processes, and protocols.

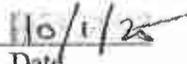

Signature of Authorized Official


Email


Date


Signature of Program Manager/Contact


Email


Date

FY 2025 DHS STANDARD TERMS AND CONDITIONS

The Fiscal Year (FY) 2025 Department of Homeland Security (DHS) Standard Terms and Conditions apply to all new federal awards of federal financial assistance (federal awards) for which the federal award date occurs in FY 2025 and flow down to subrecipients unless a term or condition specifically indicates otherwise. For federal continuation awards made in subsequent FYs, the FY 2025 DHS Standard Terms and Conditions apply unless otherwise specified in the terms and conditions of the continuation awards. The United States has the right to seek judicial enforcement of these terms and conditions.

All legislation and digital resources are referenced with no digital links. These FY 2025 DHS Standard Terms and Conditions are maintained on the DHS website at <https://www.dhs.gov/publication/dhs-standard-terms-and-conditions>.

A. Assurance, Administrative Requirements, Cost Principles, Representations, and Certifications

- I. Recipients must complete either the Office of Management and Budget (OMB) Standard Form 424B Assurances – Non- Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, as applicable. Certain assurances in these documents may not be applicable to your program and the DHS financial assistance office (DHS FAO) may require applicants to certify additional assurances. Applicants are required to fill out the assurances, as instructed.

B. General Acknowledgements and Assurances Recipients are required to follow the applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards in effect as of the federal award date and located in Title 2, Code of Federal Regulations, Part 200 and adopted by DHS at 2 C.F.R. § 3002.10.

All recipients and subrecipients must acknowledge and agree to provide DHS access to records, accounts, documents, information, facilities, and staff pursuant to 2 C.F.R. § 200.337.

- I. Recipients must cooperate with any DHS compliance reviews or compliance investigations.
- II. Recipients must give DHS access to examine and copy records, accounts, and other documents and sources of information related to the federal award and permit access to facilities and personnel.
- III. Recipients must submit timely, complete, and accurate reports to the appropriate DHS officials and maintain appropriate backup documentation to support the reports.
- IV. Recipients must comply with all other special reporting, data collection, and evaluation requirements required by law, federal regulation, Notice of Funding Opportunity, federal award specific terms and conditions, and/or DHS Component program guidance. Organization costs related to data and evaluation are allowable. The definition of data and evaluation costs is in 2 C.F.R. § 200.455(c), the full text of which is incorporated by reference.
- V. Recipients must complete DHS Form 3095 within 60 days of receipt of the Notice of Award for the first award under which this term applies. For further instructions and to access the form, please visit: <https://www.dhs.gov/civil-rightsresources-recipients-dhs-financial-assistance>.

FY 2025 DHS STANDARD TERMS AND CONDITIONS

C. Standard Terms & Conditions

I. Acknowledgement of Federal Funding from DHS

Recipients must acknowledge their use of federal award funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal award funds.

II. Activities Conducted Abroad

Recipients must coordinate with appropriate government authorities when performing project activities outside the United States obtain all appropriate licenses, permits, or approvals.

III. Age Discrimination Act of 1975

Recipients must comply with the requirements of the *Age Discrimination Act of 1975*, Pub. L. No. 94-135 (codified as amended at Title 42, U.S. Code § 6101 *et seq.*), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.

IV. Americans with Disabilities Act of 1990

Recipients must comply with the requirements of Titles I, II, and III of the *Americans with Disabilities Act*, Pub. L. No. 101-336 (1990) (codified as amended at 42 U.S.C. §§ 12101– 12213), which prohibits recipients from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.

V. Best Practices for Collection and Use of Personally Identifiable Information

(1) Recipients who collect personally identifiable information (PII) as part of carrying out the scope of work under a federal award are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect.

(2) Definition. DHS defines “PII” as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Recipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.

VI. CHIPS and Science Act of 2022, Public Law 117-167 CHIPS

(1) Recipients of DHS research and development (R&D) awards must report to the DHS Component research program office any finding or determination of sex based and sexual harassment and/or an administrative or disciplinary action taken against principal investigators or co-investigators to be completed by an authorized organizational representative (AOR) at the recipient institution.

(2) Notification. An AOR must disclose the following information to agencies within 10 days of the date/the finding is made, or 10 days from when a recipient imposes an administrative action on the reported individual, whichever is sooner. Reports should include:

(a) Award number,

(b) Name of PI or Co-PI being reported,

FY 2025 DHS STANDARD TERMS AND CONDITIONS

- (c) Awardee name,
- (d) Awardee address,
- (e) AOR name, title, phone, and email address,
- (f) Indication of the report type:
 - (i) Finding or determination has been made that the reported individual violated awardee policies or codes of conduct, statutes, or regulations related to sexual harassment, sexual assault, or other forms of harassment, including the date that the finding was made.
 - (ii) Imposition of an administrative or disciplinary action by the recipient on the reporting individual related to a finding/determination or an investigation of an alleged violation of recipient policy or codes of conduct, statutes, or regulations, or other forms of harassment.
 - (iii) The date and nature of the administrative/disciplinary action, including a basic explanation or description of the event, which should not disclose personally identifiable information regarding any complaints or individuals involved. Any description provided must be consistent with the *Family Educational Rights in Privacy Act*.

(3) Definitions.

- (a) An "authorized organizational representative (AOR)" is an administrative official who, on behalf of the proposing institution, is empowered to make certifications and representations and can commit the institution to the conduct of a project that an agency is being asked to support as well as adhere to various agency policies and award requirements.
- (b) "Principal investigators and co-principal investigators" are award personnel supported by a grant, cooperative agreement, or contract under Federal law.
- (c) A "reported individual" refers to recipient personnel who have been reported to a federal agency for potential sexual harassment violations.
- (d) "Sex based harassment" means a form of sex discrimination and includes harassment based on sex, sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity.
- (e) "Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment, whether such activity is carried out by a supervisor or by a co-worker, volunteer, or contractor.

VII. Civil Rights Act of 1964 – Title VI

Recipients must comply with the requirements of Title VI of the *Civil Rights Act of 1964*, Pub. L. No. 88-352 (codified as amended at 42 U.S.C. § 2000d *et seq.*), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS

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implementing regulations for the Act are found at 6 C.F.R. Part 21. Recipients of a federal award from the Federal Emergency Management Agency (FEMA) must also comply with FEMA's implementing regulations at 44 C.F.R. Part 7.

VIII. Civil Rights Act of 1968

Recipients must comply with Title VIII of the *Civil Rights Act of 1968*, Pub. L. No. 90284 (codified as amended at 42 U.S.C. § 3601 *et seq.*) which prohibits recipients from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex, as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units— i.e., the public and common use areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators)—be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)

IX. Communication and Cooperation with the Department of Homeland Security and Immigration Officials

- (1) All recipients and other recipients of funds under this award must agree that they will comply with the following requirements related to coordination and cooperation with the Department of Homeland Security and immigration officials:
 - (a) They must comply with the requirements of 8 U.S.C. §§ 1373 and 1644. These statutes prohibit restrictions on information sharing by state and local government entities with DHS regarding the citizenship or immigration status, lawful or unlawful, of any individual. Additionally, 8 U.S.C. § 1373 prohibits any person or agency from prohibiting, or in any way restricting, a Federal, State, or local government entity from doing any of the following with respect to information regarding the immigration status of any individual: 1) sending such information to, or requesting or receiving such information from, Federal immigration officials; 2) maintaining such information; or 3) exchanging such information with any other Federal, State, or local government entity;
 - (b) They must comply with other relevant laws related to immigration, including prohibitions on encouraging or inducing an alien to come to, enter, or reside in the United States in violation of law, 8 U.S.C. § 1324(a)(1)(A)(iv), prohibitions on transporting or moving illegal aliens, 8 U.S.C. § 1324(a)(1)(A)(ii), prohibitions on harboring, concealing, or shielding from detection illegal aliens, 8 U.S.C. § 1324(a)(1)(A)(iii), and any applicable conspiracy, aiding or abetting, or attempt liability regarding these statutes;
 - (c) That they will honor requests for cooperation, such as participation in joint operations, sharing of information, or requests for short term detention of an alien pursuant to a valid detainer. A jurisdiction does not fail to comply with this requirement merely because it lacks the necessary resources to assist in a particular instance;
 - (d) That they will provide access to detainees, such as when an immigration officer seeks to interview a person who might be a removable alien; and
 - (e) That they will not leak or otherwise publicize the existence of an immigration enforcement operation.

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- (2) The recipient must certify under penalty of perjury pursuant to 28 U.S.C. § 1746 and using a form that is acceptable to DHS, that it will comply with the requirements of this term. Additionally, the recipient agrees that it will require any subrecipients or contractors to certify in the same manner that they will comply with this term prior to providing them with any funding under this award.
- (3) The recipient agrees that compliance with this term is material to the Government's decision to make or continue with this award and that the Department of Homeland Security may terminate this grant, or take any other allowable enforcement action, if the recipient fails to comply with this term.

X. Copyright

Recipients must affix the applicable copyright notices of 17 U.S.C. §§ 401 or 402 to any work first produced under federal awards and also include an acknowledgement that the work was produced under a federal award (including the federal award number and federal awarding agency). As detailed in 2 C.F.R. § 200.315, a federal awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes and to authorize others to do so.

XI. Debarment and Suspension

Recipients must comply with the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689 set forth at 2 C.F.R. Part 180 as implemented by DHS at 2 C.F.R. Part 3000. These regulations prohibit recipients from entering into covered transactions (such as subawards and contracts) with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

XII. Drug-Free Workplace Regulations

Recipients must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 2 C.F.R. Part 3001, which adopts the Government-wide implementation (2 C.F.R. Part 182) of the *Drug-Free Workplace Act of 1988* (41 U.S.C. §§ 8101-8106).

XIII. Duplicative Costs

Recipients are prohibited from charging any cost to this federal award that will be included as a cost or used to meet cost sharing requirements of any other federal award in either the current or a prior budget period. See 2 C.F.R. § 200.403(f). However, recipients may shift costs that are allowable under two or more federal awards where otherwise permitted by federal statutes, regulations, or the federal award terms and conditions.

XIV. Education Amendments of 1972 (*Equal Opportunity in Education Act*) – Title IX

Recipients must comply with the requirements of Title IX of the Education Amendments of 1972, Pub. L. No. 92-318 (codified as amended at 20 U.S.C. § 1681 *et seq.*), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17. Recipients of a federal award from the Federal Emergency Management Agency (FEMA) must also comply with FEMA's implementing regulations at 44 C.F.R. Part 19.

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XV. Energy Policy and Conservation Act

Recipients must comply with the requirements of the *Energy Policy and Conservation Act*, Pub. L. No. 94-163 (1975) (codified as amended at 42 U.S.C. § 6201 *et seq.*), which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.

XVI. Equal Treatment of Faith-Based Organizations

It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries.

Recipients must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.

XVII. Anti-Discrimination

Recipients must comply with all applicable Federal anti-discrimination laws material to the government's payment decisions for purposes of 31 U.S.C. § 372(b)(4).

(1) Definitions. As used in this clause –

- (a) DEI means “diversity, equity, and inclusion.”
- (b) DEIA means “diversity, equity, inclusion, and accessibility.”
- (c) Discriminatory equity ideology has the meaning set forth in Section 2(b) of Executive Order 14190 of January 29, 2025.
- (d) Discriminatory prohibited boycott means refusing to deal, cutting commercial relations, or otherwise limiting commercial relations specifically with Israeli companies or with companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of Israel to do business.
- (e) Federal anti-discrimination laws mean Federal civil rights law that protect individual Americans from discrimination on the basis of race, color, sex, religion, and national origin.
- (f) Illegal immigrant means any alien, as defined in 8 U.S.C. § 1101(a)(3), who has no lawful immigration status in the United States.

(2) Grant award certification.

- (a) By accepting the grant award, recipients are certifying that:
 - (i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and
 - (ii) They do not engage in and will not during the term of this award engage in, a discriminatory prohibited boycott.
 - (iii) They do not, and will not during the term of this award, operate any program that benefits illegal immigrants or incentivizes illegal immigration.

(3) DHS reserves the right to suspend payments in whole or in part and/or terminate financial assistance awards if the Secretary of Homeland Security or her designee determines that the recipient has violated any provision of subsection (2)..

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- (4) Upon suspension or termination under subsection (3), all funds received by the recipient shall be deemed to be in excess of the amount that the recipient is determined to be entitled to under the Federal award for purposes of 2 C.F.R. § 200.346. As such, all amounts received will constitute a debt to the Federal Government that may be pursued to the maximum extent permitted by law.

XVIII. *False Claims Act and Program Fraud Civil Remedies*

Recipients must comply with the requirements of the *False Claims Act*, 31 U.S.C. §§ 3729- 3733, which prohibit the submission of false or fraudulent claims for payment to the Federal Government. (See 31 U.S.C. §§ 3801-3812, which details the administrative remedies for false claims and statements made.)

XIX. *Federal Debt Status*

All recipients are required to be non-delinquent in their repayment of any federal debt. Examples of relevant debt include delinquent payroll and other taxes, audit disallowances, and benefit overpayments. See OMB Circular A-129.

XX. *Federal Leadership on Reducing Text Messaging While Driving*

Recipients are encouraged to adopt and enforce policies that ban text messaging while driving recipient-owned, recipient-rented, or privately owned vehicles when on official government business or when performing any work for or on behalf of the Federal Government. Recipients are also encouraged to conduct the initiatives of the type described in Section 3(a) of Executive Order 13513.

XXI. *Fly America Act of 1974*

Recipients must comply with Preference for U.S. Flag Air Carriers (a list of certified air carriers can be found at: [Certificated Air Carriers List | US Department of Transportation](https://www.transportation.gov/policy/aviation-policy/certificated-aircarriers-list), <https://www.transportation.gov/policy/aviation-policy/certificated-aircarriers-list>) for international air transportation of people and property to the extent that such service is available, in accordance with the *International Air Transportation Fair Competitive Practices Act of 1974*, 49 U.S.C. § 40118, and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981, amendment to Comptroller General Decision B-138942.

XXII. *Hotel and Motel Fire Safety Act of 1990*

Recipients must ensure that all conference, meeting, convention, or training space funded entirely or in part by federal award funds complies with the fire prevention and control guidelines of Section 6 of the *Hotel and Motel Fire Safety Act of 1990*, 15 U.S.C. § 2225a.

XXIII. *John S. McCain National Defense Authorization Act of Fiscal Year 2019*

Recipients, subrecipients, and their contractors and subcontractors are subject to the prohibitions described in section 889 of the *John S. McCain National Defense Authorization Act for Fiscal Year 2019*, Pub. L. No. 115-232 (2018) and 2 C.F.R. §§ 200.216, 200.327, 200.471, and Appendix II to 2 C.F.R. Part 200. The statute – as it applies to DHS recipients, subrecipients, and their contractors and subcontractors – prohibits obligating or expending federal award funds on certain telecommunications and video surveillance products and contracting with certain entities for national security reasons.

XXIV. *Limited English Proficiency (Civil Rights Act of 1964, Title VI)*

Recipients must comply with Title VI of the *Civil Rights Act of 1964* (42 U.S.C. § 2000d *et seq.*) prohibition against discrimination on the basis of national origin, which requires that recipients of federal financial assistance take reasonable steps

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to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: <https://www.dhs.gov/guidance-published-help-department-supported-organizationsprovide-meaningful-access-people-limited> and additional resources on <http://www.lep.gov>.

XXV. Lobbying Prohibitions

Recipients must comply with 31 U.S.C. § 1352 and 6 C.F.R. Part 9, which provide that none of the funds provided under a federal award may be expended by the recipient to pay any person to influence, or attempt to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any federal action related to a federal award or contract, including any extension, continuation, renewal, amendment, or modification. Per 6 C.F.R. Part 9, recipients must file a lobbying certification form as described in Appendix A to 6 C.F.R. Part 9 or available on Grants.gov as the Grants.gov Lobbying Form and file a lobbying disclosure form as described in Appendix B to 6 C.F.R. Part 9 or available on Grants.gov as the Disclosure of Lobbying Activities (SF-LLL).

XXVI. National Environmental Policy Act

Recipients must comply with the requirements of the *National Environmental Policy Act of 1969*, Pub. L. No. 91-190 (1970) (codified as amended at 42 U.S.C. § 4321 *et seq.*) (NEPA) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which require recipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.

XXVII. National Security Presidential Memorandum-33 (NSPM-33) and provisions of the CHIPS and Science Act of 2022, Pub. L. 117-167, Section 10254

- (1) Recipient research institutions ("covered institutions") must comply with the requirements in NSPM-33 and provisions of Pub. L. 117-167, Section 10254 (codified at 42 U.S.C. § 18951) certifying that the institution has established and operates a research security program that includes elements relating to:
 - (a) cybersecurity;
 - (b) foreign travel security;
 - (c) research security training; and
 - (d) export control training, as appropriate.
- (2) Definition. "Covered institutions" means recipient research institutions receiving federal Research and Development (R&D) science and engineering support "in excess of \$50 million per year."

XXVIII. Non-Supplanting Requirement

Recipients of federal awards under programs that prohibit supplanting by law must ensure that federal funds supplement but do not supplant non-federal funds that, in the absence of such federal funds, would otherwise have been made available for the same purpose.

XXIX. Notice of Funding Opportunity Requirements

All the instructions, guidance, limitations, scope of work, and other conditions set forth in the Notice of Funding Opportunity (NOFO) for this federal award are incorporated

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by reference. All recipients must comply with any such requirements set forth in the NOFO. If a condition of the NOFO is inconsistent with these terms and conditions and any such terms of the federal award, the condition in the NOFO shall be invalid to the extent of the inconsistency. The remainder of that condition and all other conditions set forth in the NOFO shall remain in effect.

XXX. Patents and Intellectual Property Rights

Recipients are subject to the *Bayh-Dole Act*, 35 U.S.C. § 200 *et seq.* and applicable regulations governing inventions and patents, including the regulations issued by the Department of Commerce at 37 C.F.R. Part 401 (Rights to Inventions Made by Nonprofit Organizations and Small Business Firms under Government Awards, Contracts, and Cooperative Agreements) and the standard patent rights clause set forth at 37 C.F.R. § 401.14.

XXXI. Presidential Executive Orders

Recipients must comply with the requirements of Presidential Executive Orders related to grants (also known as federal assistance and financial assistance), the full text of which are incorporated by reference.

XXXII. Procurement of Recovered Materials

States, political subdivisions of states, and their contractors must comply with Section 6002 of the *Solid Waste Disposal Act*, Pub. L. No. 89-272 (1965) (codified as amended by the *Resource Conservation and Recovery Act* at 42 U.S.C. § 6962) and 2 C.F.R. § 200.323. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 C.F.R. Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition.

XXXIII. Rehabilitation Act of 1973

Recipients must comply with the requirements of Section 504 of the *Rehabilitation Act of 1973*, Pub. L. No. 93-112 (codified as amended at 29 U.S.C. § 794), which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

XXXIV. Reporting Recipient Integrity and Performance Matters

If the total value of any currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of the federal award, then the recipient must comply with the requirements set forth in the government-wide federal award term and condition for Recipient Integrity and Performance Matters in 2 C.F.R. Part 200, Appendix XII, the full text of which is incorporated by reference.

XXXV. Reporting Subawards and Executive Compensation

For federal awards that total or exceed \$30,000, recipients are required to comply with the requirements set forth in the government-wide federal award term and condition on Reporting Subawards and Executive Compensation set forth at 2 C.F.R. Part 170, Appendix A, the full text of which is incorporated by reference.

XXXVI. Required Use of American Iron, Steel, Manufactured Products, and Construction Materials

(1) Recipients of a federal award from a financial assistance program that provides funding for infrastructure are hereby notified that none of the funds provided under this federal award may be used for a project for infrastructure unless:

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- (a) all iron and steel used in the project are produced in the United States—this means all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States;
 - (b) all manufactured products used in the project are produced in the United States—this means the manufactured product was manufactured in the United States; and the cost of the components of the manufactured product that are mined, produced, or manufactured in the United States is greater than 55 percent of the total cost of all components of the manufactured product, unless another standard for determining the minimum amount of domestic content of the manufactured product has been established under applicable law or regulation; and
 - (c) all construction materials are manufactured in the United States—this means that all manufacturing processes for the construction material occurred in the United States.
- (2) The Buy America preference only applies to articles, materials, and supplies that are consumed in, incorporated into, or affixed to an infrastructure project. As such, it does not apply to tools, equipment, and supplies, such as temporary scaffolding, brought to the construction site and removed at or before the completion of the infrastructure project. Nor does a Buy America preference apply to equipment and furnishings, such as movable chairs, desks, and portable computer equipment, that are used at or within the finished infrastructure project but are not an integral part of the structure or permanently affixed to the infrastructure project.

(3) *Waivers*

When necessary, recipients may apply for, and the agency may grant, a waiver from these requirements. The agency should notify the recipient for information on the process for requesting a waiver from these requirements.

- (a) When the Federal agency has determined that one of the following exceptions applies, the federal awarding official may waive the application of the domestic content procurement preference in any case in which the agency determines that:
 - (i) applying the domestic content procurement preference would be inconsistent with the public interest;
 - (ii) the types of iron, steel, manufactured products, or construction materials are not produced in the United States in sufficient and reasonably available quantities or of a satisfactory quality; or
 - (iii) the inclusion of iron, steel, manufactured products, or construction materials produced in the United States will increase the cost of the overall project by more than 25 percent.
- (b) A request to waive the application of the domestic content procurement preference must be in writing. The agency will provide instructions on the format, contents, and supporting materials required for any waiver request. Waiver requests are subject to public comment periods of no less than 15 days and must be reviewed by the Made in America Office.
- (c) There may be instances where a federal award qualifies, in whole or in part, for an existing waiver described at "Buy America" Preference in FEMA Financial Assistance Programs for Infrastructure | FEMA.gov.

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- (4) *Definitions.* The definitions applicable to this term are set forth at 2 C.F.R. § 184.3, the full text of which is incorporated by reference.

XXXVII. SAFECOM

Recipients receiving federal awards made under programs that provide emergency communication equipment and its related activities must comply with the SAFECOM Guidance for Emergency Communication Grants, including provisions on technical standards that ensure and enhance interoperable communications. The SAFECOM Guidance is updated annually and can be found at Funding and Sustainment | CISA.

XXXVIII. Subrecipient Monitoring and Management

Pass-through entities must comply with the requirements for subrecipient monitoring and management as set forth in 2 C.F.R. §§ 200.331-333.

XXXIX. System for Award Management and Unique Entity Identifier Requirements

Recipients are required to comply with the requirements set forth in the governmentwide federal award term and condition regarding the System for Award Management and Unique Entity Identifier Requirements in 2 C.F.R. Part 25, Appendix A, the full text of which is incorporated reference.

XL. Termination of a Federal Award

- (1) By DHS. DHS may terminate a federal award, in whole or in part, for the following reasons:
- (a) If the recipient fails to comply with the terms and conditions of the federal award;
 - (b) With the consent of the recipient, in which case the parties must agree upon the termination conditions, including the effective date, and in the case of partial termination, the portion to be terminated; or
 - (c) Pursuant to the terms and conditions of the federal award, including, to the extent authorized by law, if the federal award no longer effectuates the program goals or agency priorities.
- (3) By the Recipient. The recipient may terminate the federal award, in whole or in part, by sending written notification to DHS stating the reasons for such termination, the effective date, and in the case of partial termination, the portion to be terminated. However, if DHS determines that the remaining portion of the federal award will not accomplish the purposes for which the federal award was made, DHS may terminate the federal award in its entirety.
- (4) Notice. Either party will provide written notice of intent to terminate for any reason to the other party no less than 30 calendar days prior to the effective date of the termination.
- (5) Compliance with Closeout Requirements for Terminated Awards. The recipient must continue to comply with closeout requirements in 2 C.F.R. §§ 200.344200.345 after an award is terminated.

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XLI. Terrorist Financing

Recipients must comply with Executive Order 13224 and applicable statutory prohibitions on transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. Recipients are legally responsible for ensuring compliance with the Executive Order and laws.

XLII. Trafficking Victims Protection Act of 2000(TVPA)

Recipients must comply with the requirements of the government-wide federal award term and condition which implements Trafficking Victims Protection Act of 2000, Pub. L. No. 106-386, § 106 (codified as amended at 22 U.S.C. § 7104). The federal award term and condition is in 2 C.F.R. § 175.105, the full text of which is incorporated by reference.

XLIII. Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001, Pub. L. 107-56

Recipients must comply with the requirements of Pub. L. 107-56, Section 817 of the USA PATRIOT Act, which amends 18 U.S.C. §§ 175–175c.

XLIV. Use of DHS Seal, Logo and Flags

Recipients must obtain written permission from DHS prior to using the DHS seals, logos, crests, or reproductions of flags, or likenesses of DHS agency officials. This includes use of DHS component (e.g., FEMA, CISA, etc.) seals, logos, crests, or reproductions of flags, or likenesses of component officials.

XLV. Whistleblower Protection Act

Recipients must comply with the statutory requirements for whistleblower protections in 10 U.S.C § 470141 U.S.C. § 4712.

New Hampshire Grant Terms and Conditions 2025

1. *Compliance Agreement:* The subrecipient agrees to abide by all Terms and Conditions including "Special Conditions" placed upon the grant award by DOS. Failure to comply could result in a "Stop Payment" being placed on the grant.
2. *Allowable Costs:* The allowability of costs incurred under any grant shall be determined in accordance with the general principles of allowability and standards for selected cost items as set forth in the applicable 2 CFR 200 and the FFY 2024 U.S. Department of Homeland Security, Grant Program Guidance and Application Kit. The applicant assures that it will comply and all its sub-recipients and contractors will comply, with the applicable provisions of the U.S. Department of Homeland Security, FFY 2024 Homeland Security Grant Program Guidance and Application Kit, and all other applicable federal laws, orders, circulars or regulations.
3. *Availability of Federal Funds:* This grant award is contingent upon availability of federal funds approved by Congress.
4. *Bidding Requirements:* The subrecipient must comply with proper competitive bidding procedures as 2 CFR 200.310-316 and 2 CFR 200.317-326. On any items, including those bids in the aggregate, whose total cost is less than \$5,000, the bids do not have to be submitted to the DOS for review and approval; but adequate documentation must be maintained in the subrecipient's files. On any items, including those bids in the aggregate, whose total cost is \$5,000 or more, bids must be submitted to DOS, if requested.
5. *Bonding:* It is strongly recommended that all officials identified on this grant who have authority to obligate, expend or approve expenditures be bonded for an amount no less than the total amount of the grant.
6. *Closed-Captioning of Public Service Announcements:* Any television public service announcement that is produced or funded in whole or in part by any agency or instrumentality of the federal government shall include closed captioning of the verbal content of such announcement
7. *Conflict Of Interest:* Per 2 CFR 200 Recipients and subrecipients must disclose in writing to FEMA or its pass-through entity, any potential conflict of interest in the Federal award's lifecycle. Personnel and other officials connected with this grant shall refer to the advice below but insure that a local policy is in place to comply generalized paraphrased policy sample herein and given below:
8. *Advice:* No official or employee of a state or unit of local government or of non-government grantees/subrecipients shall participate personally through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise in any proceeding, application, request for a ruling or other determination, contract, grant, cooperative agreement, claim, controversy, or other particular matter in which these funds are used, where to his knowledge he or his immediate family, partners, organization other than a public agency in which he is serving as officer, director, trustee, partner, or employee or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, has a financial interest.
9. *Appearance:* In the use of these grant funds, officials or employees of state or local units of government and non-governmental grantees/subrecipients shall avoid any action which might result in, or create the appearance of the following:
 - Using his or her official position for private gain;
 - Giving preferential treatment to any person;
 - Losing complete independence or impartiality;
 - Making an official decision outside official channels; and/or
 - Adversely affecting the confidence of the public in the integrity of the government or the program.

Recipients and subrecipients must disclose, in a timely manner and in writing to FEMA or the pass-through entity, all violations of Federal criminal law involving fraud, bribery, or gratuity potentially affecting the Federal award.

10. *Consultants:* Billings for consultants who are individuals must include at a minimum: a description of services; dates of services; number of hours for services performed; rate charged for services; and, the total cost of services performed. Individual consultant costs must be within the prevailing rates, not to exceed the maximum of \$650.00 per day. Permission for costs that exceed \$650 per day in total will need to be granted by DOS who must seek approval for DHS/FEMA for an increased rate.
11. *Continuation:* The applicant agrees that if the requested project is funded continuation is not guaranteed.
12. *Contract Requirements:* The applicant agrees that no contract or agreement may be entered into by the subrecipient for execution of project activities or provision for services to a sub grant project (other than the purchase of supplies or standard commercial or maintenance services) which is not incorporated in the approved application. Any such arrangements will provide that the subrecipient will retain ultimate control and responsibility for the project and that the contractor will be bound by these conditions as well as the subrecipient.
13. *Construction Projects:* NSGP Program is effectively considered a non-construction program. However, subrecipients using funds for ancillary construction projects/work must comply with the *Davis-Bacon Act* (40 U.S.C. 3141 et seq.). Grant recipients must ensure that their contractors or subcontractors for construction projects pay workers employed directly at the work-site no less than the prevailing wages and fringe benefits paid on projects of a similar character. Additional information, including Department of Labor (DOL) wage determination, is available from the following website: <http://www.wdol.gay>. *Data Collection:* The recipient agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this agreement.
14. *Deobligation of Grant Funds:* All grants must be deobligated at the end of the grant period. Failure to deobligate the grant in a timely manner will result in an automatic deobligation of the grant by DOS.
15. *Disclosure of Federal Participation:* In compliance with Section 623 of Public Law 102-141, the subrecipient agrees that no amount of this award shall be used to finance the acquisition of goods and services (including construction services) for the project unless the subrecipient agrees to the following:
- Specifies in any announcement of the awarding of the contract for the procurement of the goods and services involved (including construction services) the amount of federal funds that will be used to finance the acquisition and
 - Expresses the amount announced pursuant to paragraph (a) as a percentage of the total cost of the planned acquisition.
- The above requirements only apply to a procurement for goods or services (including construction services) that has an aggregate value of \$500,000 or more.
16. *Financial Responsibility:* The financial responsibility of subrecipients must be such that the subrecipient can properly discharge the public trust which accompanies the authority to expend public funds. Adequate accounting systems should meet the following criteria:
- Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant;
 - Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located;
 - The accounting system should provide accurate and current financial reporting information; and,
 - The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency and encourage adherence to prescribed management policies.
17. *Interest and Other Program Income:* The applicant agrees to be accountable for all interest or other income earned by the subrecipient with respect to sub grant funds or as a result of conduct of the project (sale of publications, registration fees, service charges, etc.) All program income generated

by this grant during the project must be reported to DOS quarterly and must be put back into the project or be used to reduce the grantor participation in the program. The use or planned use of all program income must have prior written approval from DOS.

18. *Interoperable Equipment:* Grantee is responsible for all license requirements resulting from a potential grant. Equipment must meet DHS/FEMA recommended P-25 compatible standards
19. *Legal Action:* The subrecipient agrees that should the NH Department of Safety - Grants Management Unit determine that it needs to take legal action against the subrecipient for actions arising out of the grant, the subrecipient will waive jurisdiction and have the case heard in either state or federal court in Concord, New Hampshire.
20. *Obligation of Grant Funds:* Grant funds may not be obligated prior to the effective date of the approved grant award and without advance written approval by DOS. No obligations are allowed after the end of the grant period and the final request for payment must be submitted no later than 45 calendar days after the end of the grant period.
21. *Performance:* This grant may be terminated or fund payments discontinued by DOS where it finds a substantial failure to comply with the provisions of the legislation governing these funds or regulations promulgated, including those grant conditions or other obligations established by DOS. In the event the subrecipient fails to perform the services described herein and has previously received financial assistance from DOS, the subrecipient shall reimburse DOS the full amount of the payments made. However, if the services described herein are partially performed, and the subrecipient has previously received financial assistance, the subrecipient shall proportionally reimburse DOS for payments made
22. *Property Control:* Effective control and accountability must be maintained for all personal property. Subrecipients must adequately safeguard all such property and must assure that it is used solely for authorized purposes. Subrecipients should exercise caution in the use, maintenance, protection and preservation of such property. Subrecipients agree to follow the terms of 2 CFR 200.317 — 200.326:
23. *Records:* The applicant will give the grantor agency or the DHS or the Office of the Inspector General, through any authorized representative, the access to and the right to examine all records, books, papers or documents related to the grant.
24. *Recording and Documentation of Receipts and Expenditures:* Subrecipient's accounting procedures must provide for accurate and timely recording of receipt of funds by source of expenditures made from such funds and unexpended balances. These records must contain information pertaining to grant awards, obligations, unobligated balances, assets, liabilities, expenditures and program income. Controls must be established which are adequate to ensure that expenditures charged to the sub grant activities are for allowable purposes. Additionally, effective control and accountability must be maintained for all grant cash, real and personal property and other assets. Accounting records must be supported by such source documentation as cancelled checks, paid bills, payrolls, time and attendance records, contract documents, grant award documents, etc.
25. *Reports:* The subrecipient shall submit, at such times and in such form as may be prescribed, such reports as DOS may reasonably require, including financial reports, progress reports, final financial reports and evaluation reports.
26. *Final and fiscal close-out Report:* The report is in addition to the cumulative progress reports and is also due 30 days after the end of the grant period.
27. *Retention of Records:* Records for non-expendable property purchased totally or partially with grantor funds must be retained for three years after its final disposition. All other pertinent grant records including financial records, supporting documents and statistical records shall be retained for a minimum of three years after the final expenditure report. However, if any litigation, claim or audit is started before the expiration of the three year period, then records must be retained for three years after the litigation, claim or audit is resolved. Re: Property records see as previously noted in section 21.
28. *Suspension or Termination of Funding:* DOS may suspend, in whole or in part, and/or terminate funding for or impose another sanction on a subrecipient for any of the following reasons:
 - Failure to comply substantially with requirements or statutory objectives of the 2003 Omnibus Appropriations Act issued there under, or other provisions of Federal Law;
 - Failure to adhere to the requirements, standard conditions or special conditions;

- Proposing or implementing substantial program changes to the extent that, if originally submitted, the application would not have been approved for funding;
 - Failure to submit reports;
 - Filing a false certification in this application or other report or document;
 - Other good cause shown.
29. *Utilization and Payment of Grant Funds:* Funds awarded are to be expended only for purposes and activities covered by the subrecipient's approved project plan and budget. Items must be in the subrecipient's approved grant budget in order to be eligible for reimbursement.
30. *Utilization of Minority Businesses:* Subrecipients are encouraged to utilize qualified minority firms where cost and performance of major contract work will not conflict with funding or time schedules.
31. *Written Approval of Changes:* Any mutually agreed upon changes to this sub grant must be approved, in writing, by DOS prior to implementation or obligation and shall be incorporated in written amendments to this grant. This procedure for changes to the approved sub grant is not limited to budgetary changes, but also includes changes of substance in project activities and changes in the project director or key professional personnel identified in the approved application.

As a condition of the receipt of these funds:

Funding may be suspended or terminated for filing a false certification in this application or other reports or document as part of this program.

Tracking of Equipment:

Upkeep, maintenance, and training of and for equipment procured as part of the Homeland Security Grant Program is a local and/or grantee responsibility. The inventory of this equipment is a local responsibility and the recipient of such understands that inspections, auditing, and inventory accounting of this equipment may occur as a condition of this grant either from Federal, State or other appropriate level agency and agent.

Equipment valued over \$10,000:

To comply with OMB 2 CFR 200 equipment valued at this level must inventoried and tracked locally and be reported to the State Department of Safety (DOS) — Grants Management Unit every 2 years or until the item carries a depreciated value of less than \$250. The disposition of the equipment must be reported. DOS recommends consulting with local auditor's compliance and disposition rules governing equipment procured with Federal funds.

Non-Supplanting Certification: This certification, which is a required component of the New Hampshire application, affirms that federal Homeland Security grant funds will be used to supplement (add to) existing funds, and will not supplant (replace) funds that have been locally appropriated for the same purpose. Potential supplanting will be addressed in the application review as well as in the pre-award review, post award monitoring, and the audit. DHS/FEMA I.B. 379 allows as well as FP-205-402-125-1 which apply to maintenance and sustainment of grant or in some cases non- grant acquired capabilities with specific definitions. Applicants and/or grantees will be/may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons OTHER than the receipt or expected receipt of federal Homeland Security grant funds. Supplanting funds is loosely defined (for these purposes) as using federal grant money to "replace" or "take the place of existing local funding for equipment or programs. The funds are intended to provide local entities with increased or in 2024 sustained capabilities or to build capacity to address CBRNE/WMD terrorist incidents.

National Incident Management System (NIMS) Implementation

Prior to allocation of any federal preparedness awards, recipients must ensure and maintain adoption and implementation of NIMS. The list of objectives used for progress and achievement reporting is on FEMA's website at: <https://www.fema.gov/ernmericv-riarragers/nimsArnDlernentatich-training>. Please see the: Preparedness Grants Manual for more information on NIMS. Recipients should manage resources purchased or supported with FEMA grant funding according to NIMS resource management guidance.

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 ST. JOSEPH HOSPITAL OF NASHUA, N.H. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 09, 1943. 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: **64317**

Certificate Number: **0007664455**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of January A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a circular embossed mark.

David M. Scanlan
Secretary of State

Additional information on resource management and NIMS resource typing definitions and job titles/position qualifications is on is on DHS/FEMA's website.

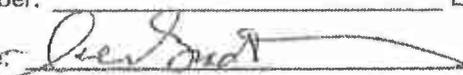
Certification by Official Authorized to Sign

I certify that I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; to comply with provisions of the regulations governing these funds and all other federal and state laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subrecipient; and, that the receipt of these grant funds through the Grantee will not supplant state or local funds.

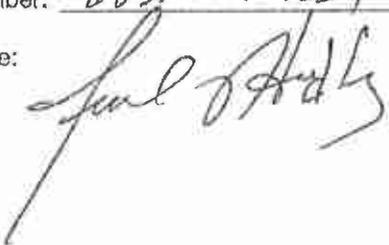
CERTIFICATION: I CERTIFY THAT I AM DULY AUTHORIZED UNDER THE STATUTES OF THE STATE OF NH TO APPLY FOR, AUTHORIZE, OR ACCEPT THE HOMELAND SECURITY GRANT FUNDS / EQUIPMENT HEREIN. ***THE AUTHORIZING OFFICIAL MUST BE STATUTORILY ALLOWED TO SIGN A CONTRACT FOR THE MUNICIPALITY (i.e. Mayor, City Manager, Town Manager, Chairperson BOS, etc.) PER RSA 31:95b or RSA 37:6

*NOTE: THE PROJECT MANAGER, FINANCIAL OFFICER AND AUTHORIZED OFFICIAL CANNOT BE THE SAME PERSON

Certification by Program Manager/Contact*

Name: Karen Bradshaw Title: Director of Grants Administration
Agency: St. Joseph Hospital of Nashua NH Mailing Address: 172 Kimbley St.
Phone Number: 860.575.0244 Nashua, NH 03060
Fax Number: _____ E-Mail Address: kbradshaw@covh.org
Signature: 

Certification by Financial Officer*

Name: GERARD E. HADLEY Title: Accountant, Finance
Agency: Sr Susan Hospital of Nashua NH Mailing Address: 172 Kimbley St.
Phone Number: 603.884.3351 Nashua NH 03060
Fax Number: 603.889.1651 E-Mail Address: GHadley@COVA.ORG
Signature: 

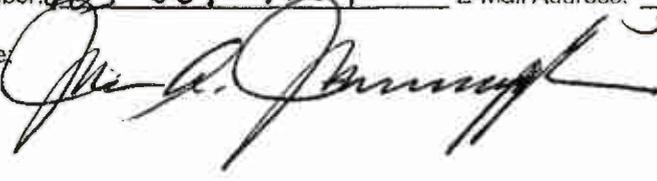
Certification by Authorized Official*

Name: JOHN A. JURCZYK Title: PRESIDENT

Agency: ST. JOSEPH HOSPITAL Mailing Address: 172 KINSLEY ST
OF NASHUA N.H. NASHUA NH 03060

Phone Number: 603-884-3000

Fax Number: 603-889-1651 E-Mail Address: jjurczyk@covh.org

Signature: 

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

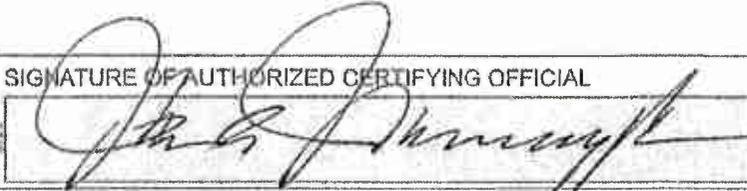
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE PRESIDENT
APPLICANT ORGANIZATION ST. JOSEPH HOSPITAL OF NASHUA N.H.	DATE SUBMITTED 9-12-2025

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT
SUB-RECIPIENT INFORMATION REPORTING FORM**

(It is recommended this form be completed by your grant administrator or chief financial officer.)

Section I **MUST** be completed by applicants seeking federal funding assistance from the Homeland Security Grant. See for further details:

SECTION I. AGENCY/INSTITUTION NAME & ADDRESS

Name: St. Joseph Hospital

Address: 172 Kinsley Street

3648

City: Nashua

State: NH

Zip Code: 03060-~~0000~~
(9 digits required)

Sub-Recipient UEI Number:

FHNDUMLHHMD6

Section II **MUST** be completed if this application seeks federal funds totaling \$30,000.00 or more.

SECTION II. SUB-RECIPIENT REVENUE INFORMATION
(Preceding Fiscal Year)

Sub-Recipients Annual Gross Revenues Exceeded 80 percent or more in Federal Awards

Yes

No

Sub-Recipients Annual Gross Revenues Equal or Exceed \$25,000,000.00. in Federal Awards

Yes

No

Sub-Recipient's 5 Most Highly Compensated Officers

Officer Names

Officer Compensation

1.

2.

3.

4.

5.

Comments

PREPARED BY:

Name: Karen E. Bradshaw

Title: Director of Grants Administration

Telephone: 860.575.0244

Email: kbradshaw@sjnh.org

DATE:

9/4/25

HS-21 (1/11)REV NHDOS 10/24

INSTRUCTIONS ON NEXT PAGE

Certificate of Authority

Corporate Resolution

I, Laura Mylott, hereby certify that I am duly elected Secretary of the Board of Directors of St. Joseph Hospital of Nashua, N.H.

I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on September 23, 2025, at which a quorum of the Directors was present and voting.

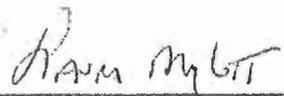
VOTED: that

- John A. Jurczyk, SVP of Covenant Health and President of St. Joseph Hospital
- Gerard (Jerry) F. Hadley, Vice President, Finance, St. Joseph Hospital
- Karen Bradshaw, Director of Grants Administration, St. Joseph Hospital

are duly authorized to enter into contracts or agreements on behalf of St. Joseph Hospital of Nashua, N.H. with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

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

This authority **remains valid until revoked**. 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.

Signature: 

Name: *Laura Mylott, Secretary, Board of Directors of St. Joseph Hospital of Nashua, N.H.*

Dated: 9/23/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/14/2026

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

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

PRODUCER Aon Insurance Managers (Cayman) Ltd. P.O. Box 69 18 Forum Lane, 2nd Floor Camana Bay Grand Cayman, Cayman Islands, . KY1-1102 .	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Covenant Health Insurance Ltd</td> <td>D4971</td> </tr> <tr> <td>INSURER B: Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Covenant Health Insurance Ltd	D4971	INSURER B: Zurich American Insurance Company	16535	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED St. Joseph Hospital of Nashua, N.H. 172 Kinsley Street Nashua, NH 03060														

COVERAGES **CERTIFICATE NUMBER:** W43670647 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CBS-1001-2026	01/01/2026	01/01/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	WC 0178790-10	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER NH Department of Safety 33 Hazen Drive Concord, NH 03305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Insurance Managers (Cayman) Ltd.</i> <small>is insurance company manager and/or authorized representative.</small>

NONPROFIT COVER SHEET

A. Entity Name: St. Joseph Hospital of Nashua, N.H.

B. Entity's Contact Information:

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

Name / Phone / Email: Karen Bradshaw, kbradshaw@covh.org, 860-575-0244

Person responsible for Accuracy and Completeness of information provided:

Name: Karen Bradshaw

Title: Director of Grants Administration

Signature: _____

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President)	<u>Affiliations</u>
Sean Howell, Chairperson	Fidelity Fund & Investment Operations
Kevin Halloran, Vice Chairperson	Broad Street Planning
John Parolin, Past Board Chairperson	Retired
Robert Amrein, Director	Retired
Ralph Jenkins, Director	Retired
Shanta Mahmudi, MD, Director	St. Joseph Hospital
Louise Murphy, Director	Visiting Angels of Southern NH
Deborah Novotny, Director	Enterprise Bank
Joseph Porcello, Director	Northeast Health System
Arthur Urschel, Secretary	Former Board member, St. Joseph Hospital
Daniel Weeks, Director	ReVision Energy

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>
John Jurczyk	President, St. Joseph Hospital and Sr VP, Covenant Health	\$515,975	\$0
Gerard Hadley	VP of Finance, Board Treasurer, St. Joseph Hospital	\$336,040	\$0
Karen Bradshaw	Director of Grants Administration	\$66,830 (.7FTE)	\$0

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

E. Check one of the following:

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

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- [xxx] 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:

- [xxx] 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>	\$		

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning

and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **St. Joseph Hospital**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **172 Kinsley Street**
 City or town, state or province, country, and ZIP or foreign postal code: **Nashua, NH 03061-2013**

D Employer identification number: **02-0222215**

E Telephone number: **(603) 882-3000**

G Gross receipts \$: **329,061,463.**

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

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

J Website: **stjosephhospital.com**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1943** **M** State of legal domicile: **NH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Healthcare services to anyone needing care.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1873
	6 Total number of volunteers (estimate if necessary)	6	130
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	37,699.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	728,455.	1,585,744.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	281,947,188.	310,549,416.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,858,162.	3,417,264.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,657,100.	25,095.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	283,474,581.	315,577,519.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	52,996.	3,757.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	127,112,157.	142,554,826.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	161,010,106.	176,002,149.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	288,175,259.	318,560,732.
	20 Total assets (Part X, line 16)	-4,700,678.	-2,983,213.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	245,199,262.	253,286,725.
		124,570,036.	129,775,888.
		120,629,226.	123,510,837.

Part II Signature Block

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

Sign Here Signature of officer: *Gerard F. Hadley* Date: **11-25**
 Gerard F. Hadley, Treasurer and CFO
 Type or print name and title

Paid Preparer Use Only Preparer's name: **Connor Smart** Preparer's signature: *Connor Smart* Date: **11/06/25** Check if self-employed: PTIN: **P02285543**
 Firm's name: **Baker Newman & Noyes** Firm's EIN: **01-0494526**
 Firm's address: **650 Elm Street, Suite 302** Phone no.: **(603) 626-2200**
Manchester, NH 03101

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: We are a Catholic health ministry, providing healing and care for the whole person, in service to all in our communities.

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

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

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

4a (Code:) (Expenses \$ 62,658,060. including grants of \$ 0.) (Revenue \$ 82,396,750.) Inpatient medical, surgical and rehabilitative services to anyone needing care in the greater Nashua area.

4b (Code:) (Expenses \$ 132,882,526. including grants of \$ 0.) (Revenue \$ 222,776,402.) Outpatient services including surgery, radiology, laboratory, rehabilitative, cardiovascular, breast health, cardiac rehab, and mental health to anyone needing services in the greater Nashua area.

4c (Code:) (Expenses \$ 86,209,139. including grants of \$ 3,757.) (Revenue \$ 0.) Each year St. Joseph Hospital provides millions of dollars worth of charity care and community services reflecting our healing mission and our values. St. Joseph Hospital follows the methodology recommended by the Catholic Health Association for calculating the cost of charity care and community benefits.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,491,420. including grants of \$) (Revenue \$ 5,376,264.)

4e Total program service expenses 285,241,145.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
Gerard F. Hadley, CFO - (603) 882-3000
172 Kinsley Street, Nashua, NH 03061-2013

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Grubbs CEO, Covenant Health, Inc.	1.00 49.00			X			0.	1,235,937.	40,164.	
(2) Umer Syed, MD Physician	40.00 0.00				X		882,097.	0.	43,005.	
(3) Albert Tom, MD Physician	40.00 0.00				X		865,122.	0.	37,072.	
(4) Raymond Suarez, MD Physician	40.00 0.00				X		606,520.	0.	44,545.	
(5) Laurence Young, MD Physician	40.00 0.00				X		526,823.	0.	39,912.	
(6) Michael Remar, MD Physician	40.00 0.00				X		526,617.	0.	37,478.	
(7) John A. Jurczyk SVP & President	38.00 2.00	X		X			0.	476,177.	39,798.	
(8) Deepak Vatti Medical Director	40.00 0.00				X		432,978.	0.	51,523.	
(9) Alison Madden VP Medical Affairs	40.00 0.00				X		398,293.	0.	34,246.	
(10) Gerard Hadley Treasurer and CFO	40.00 0.00	X		X			302,412.	13,106.	36,402.	
(11) Uwe Hurley Director	1.00 0.00	X					0.	0.	0.	
(12) Ralph Jenkins Director	1.00 0.00	X					0.	0.	0.	
(13) Donnalee Lozeau Director	1.00 0.00	X					0.	0.	0.	
(14) Louise Murphy Director (start 3/2024)	1.00 0.00	X					0.	0.	0.	
(15) Laura Mylott Director	1.00 0.00	X					0.	0.	0.	
(16) Deborah Novotny Director	1.00 0.00	X					0.	0.	0.	
(17) Joseph J. Porcello Director	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Daniel M. Weeks Director	1.00 0.00	X						0.	0.	0.
(19) John Parolin Chair (end 6/2024); Director	1.00 0.00	X		X				0.	0.	0.
(20) Sean Howell Vice Chair (end 6/2024); Chair	1.00 0.00	X		X				0.	0.	0.
(21) Kevin Halloran Director; Vice Chair (start 7/2024)	1.00 0.00	X		X				0.	0.	0.
(22) Arthur Urschel Secretary	1.00 0.00	X		X				0.	0.	0.
1b Subtotal								4,540,862.	1,725,220.	404,145.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,540,862.	1,725,220.	404,145.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 263

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Medefis Inc. P.O. Box 5068, New York, NY 10087	Locum and staffing	3,968,951.
Apogee Medical Management, Inc., 15059 N Scottsdale Road #600, Scottsdale, AZ 85254	Healthcare services	3,317,755.
Brookstone Builders, Inc. 600 Harvey Road, Manchester, NH 03103	General construction	1,975,348.
InCare, PLLC 50 Dolphin Road, Newton, MA 02459	Healthcare services	1,859,854.
New Hampshire Imaging Services, Inc. 1 Pillsbury Street #200, Concord, NH 03301	Healthcare services	1,560,338.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 39

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	99,695.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,486,049.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 851,192.				
	h Total. Add lines 1a-1f		1,585,744.				
	Program Service Revenue	2 a Patient services	Business Code	622110	304,519,969.	304,519,969.	
b Tuition, education, and seminars			611600	3,093,104.	3,093,104.		
c Physician and office/admin fees			622110	1,781,905.	1,781,905.		
d Cafeteria			722514	895,169.	895,169.		
e Thrift/gift shop and boutique			459420	259,269.	259,269.		
f All other program service revenue							
g Total. Add lines 2a-2f				310,549,416.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			1,753,322.		1,753,322.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	135,007.			
			(ii) Personal				
	b Less: rental expenses	6b		198,793.			
	c Rental income or (loss)	6c		-63,786.			
	d Net rental income or (loss)			-63,786.		63,786.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,913,735.			
			(ii) Other	2,415.			
	b Less: cost or other basis and sales expenses	7b		13,252,208.	0.		
	c Gain or (loss)	7c		1,661,527.	2,415.		
	d Net gain or (loss)			1,663,942.		1,663,942.	
8 a Gross income from fundraising events (not including \$ 99,695. of contributions reported on line 1c). See Part IV, line 18	8a			12,428.			
				32,893.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-20,465.		-20,465.		
9 a Gross income from gaming activities. See Part IV, line 19	9a			71,697.			
				50.			
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			71,647.		71,647.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Answering services	Business Code	517000	22,559.	22,559.		
	b Housekeeping services		812900	15,140.	15,140.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			37,699.			
12 Total revenue. See instructions			315,577,519.	310,549,416.	37,699.	3,404,660.	

Part IX Statement of Functional Expenses

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

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,757.	3,757.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,254,338.	1,204,283.	50,055.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	114,560,291.	109,988,692.	4,571,599.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,889,087.	1,813,702.	75,385.	
9 Other employee benefits	16,940,574.	16,264,550.	676,024.	
10 Payroll taxes	7,910,536.	7,567,329.	343,207.	
11 Fees for services (nonemployees):				
a Management	21,059,918.		21,059,918.	
b Legal	732,463.		732,463.	
c Accounting	100,000.		100,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	55,758,503.	51,768,640.	3,989,863.	
12 Advertising and promotion	713,715.	662,644.	51,071.	
13 Office expenses	5,176,487.	4,806,078.	370,409.	
14 Information technology	813,754.	755,525.	58,229.	
15 Royalties				
16 Occupancy	6,047,869.	5,615,107.	432,762.	
17 Travel	254,470.	236,261.	18,209.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,468,567.	1,363,482.	105,085.	
20 Interest	2,737,561.	2,737,561.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,291,972.	5,291,972.		
23 Insurance	6,447,096.	5,985,767.	461,329.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Med. supplies/equipment	39,072,121.	39,072,121.		
b Provision for bad debts	13,814,525.	13,814,525.		
c Medicaid tax	13,383,014.	13,383,014.		
d Repairs and maintenance	1,702,673.	1,580,836.	121,837.	
e All other expenses	1,427,441.	1,325,299.	102,142.	
25 Total functional expenses. Add lines 1 through 24e	318,560,732.	285,241,145.	33,319,587.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,235,449.	1	5,676,622.
	2	Savings and temporary cash investments	1,195,417.	2	1,253,760.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	33,120,665.	4	41,322,760.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1,936,591.	7	1,862,750.
	8	Inventories for sale or use	4,813,326.	8	5,060,651.
	9	Prepaid expenses and deferred charges	5,084,048.	9	3,265,655.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 198,376,284.		
	b	Less: accumulated depreciation	10b 128,530,033.		
			63,759,377.	10c	69,846,251.
	11	Investments - publicly traded securities	3,536,308.	11	8,192,376.
	12	Investments - other securities. See Part IV, line 11	99,068,172.	12	93,847,366.
	13	Investments - program-related. See Part IV, line 11	18,009,186.	13	18,107,400.
	14	Intangible assets	1,941,413.	14	1,731,012.
15	Other assets. See Part IV, line 11	2,499,310.	15	3,120,122.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	245,199,262.	16	253,286,725.	
Liabilities	17	Accounts payable and accrued expenses	35,689,556.	17	41,969,102.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	88,880,480.	25	87,806,786.
	26	Total liabilities. Add lines 17 through 25	124,570,036.	26	129,775,888.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	117,918,567.	27	120,944,926.
	28	Net assets with donor restrictions	2,710,659.	28	2,565,911.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	120,629,226.	32	123,510,837.	
33	Total liabilities and net assets/fund balances	245,199,262.	33	253,286,725.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	315,577,519.
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,560,732.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,983,213.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,629,226.
5	Net unrealized gains (losses) on investments	5	5,315,421.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	549,403.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	123,510,837.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization St. Joseph Hospital	Employer identification number 02-022215
--	--

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

Part VI

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

Lined area for supplemental information.

Schedule B (Form 990)

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

St. Joseph Hospital

Employer identification number

02-0222215

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 850,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ 8,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/> <hr/>	\$ 7,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 6,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Life insurance policy	\$ 850,000.	08/08/24
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization St. Joseph Hospital	Employer identification number 02-0222215
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization St. Joseph Hospital Employer identification number (EIN) 02-0222215

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

LHA 432041 11-17-24

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="width: 70%;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		31,766.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			31,766.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

St. Joseph's Hospital of Nashua is a member of the New Hampshire Hospital Association (NHHA). The Hospital is also a member of the American Hospital Association (AHA) through its affiliation with Covenant Health, Inc. The Hospital maintains its memberships within these industry groups for access to resources and information that help the Hospital better serve its patients and its community.

A portion of the dues paid to these associations and industry groups in the year ending December 31, 2024, were available for lobbying expenditures on behalf of the Hospital and other NHHA and/or AHA members, in furtherance of their exempt purposes. Accordingly, the

Part IV Supplemental Information (continued)

amount reported on the Hospital's 2024 Form 990, Schedule C, Part II-B, Line 1g, represents the dues paid to the NHHA and AHA that the Hospital estimates to have been available for such lobbying expenditures.

The Hospital estimates that, of the total dues paid to these bodies during this tax year, \$31,766 was available for lobbying purposes as paid by the associations, calculated as follows:

NHHA - Total Dues Paid: \$92,680
 NHHA - Lobbying Percentage Estimate: 19.37%
 NHHA - Dues Available for Lobbying: \$17,952

AHA - Total Dues Paid: \$35,421
 AHA - Lobbying Percentage Estimate: 39.00%
 AHA - Dues Available for Lobbying: \$13,814

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
 Inspection**

Name of the organization **St. Joseph Hospital** Employer identification number **02-022215**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	\$ _____
(ii) Assets included in Form 990, Part X	\$ _____

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

a Revenue included on Form 990, Part VIII, line 1	\$ _____
b Assets included in Form 990, Part X	\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,710,658.	2,428,086.	2,232,839.	2,093,879.	2,100,660.
b Contributions	1,022,635.	592,651.	187,395.	263,264.	395,764.
c Net investment earnings, gains, and losses	160,222.	374,866.	215,799.	162,095.	41,894.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,327,604.	684,945.	207,947.	286,399.	444,439.
f Administrative expenses					
g End of year balance	2,565,911.	2,710,658.	2,428,086.	2,232,839.	2,093,879.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 44.6790 %
 - c Term endowment 55.3210 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,851,748.		3,851,748.
b Buildings		116,263,245.	71,320,017.	44,943,228.
c Leasehold improvements		1,054,251.	1,047,540.	6,711.
d Equipment		69,986,750.	56,162,476.	13,824,274.
e Other		7,220,290.		7,220,290.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				69,846,251.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	93,847,366.	End-of-Year Market Value
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	93,847,366.	

Part VIII Investments - Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in Corporate		
(2) Services	14,381,630.	Cost
(3) Investment in Souhegan		
(4) Nursing	1,124,847.	Cost
(5) Investment in Nashua		
(6) Regional Cancer Center	1,864,758.	Cost
(7) Investment in NH Imaging	10,498.	Cost
(8) Investment in First		
(9) Choice PHO	806,001.	Cost
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	18,107,400.	

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to affiliates	76,930,511.
(3) Deferred executive compensation	6,650,105.
(4) Third party payor settlements	2,222,714.
(5) Capital lease obligations	3,226,850.
(6) Malpractice tail liability	1,336,869.
(7) Security deposits	5,345.
(8) Bond issue discounts, allocated by related organization	-2,565,608.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	87,806,786.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Part V, line 4:

Funds to be used to assist the needy through education and/or projects for the poor as determined and approved by the board.

Part X, Line 2:

St. Joseph Hospital of Nashua is a part of the Covenant Health System; Covenant Health, Inc. is the sole member of the Hospital.

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

St. Joseph Hospital Corporate Services, Inc., a wholly-owned subsidiary of Nashua, is a for-profit organization, which is subject to federal and state income taxes. St. Joseph Hospital Corporate Services, Inc. has net operating loss (NOL) carryforwards for tax purposes. The NOLs are not anticipated to be utilized so the amounts have been fully offset with a reserve.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions

Part XIII Supplemental Information (continued)

taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2024.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		Ribbon Run (event type)	Lights of Remembrance (event type)	None (total number)		
Revenue	1	Gross receipts	98,545.	9,032.		107,577.
	2	Less: Contributions	90,663.	9,032.		99,695.
	3	Gross income (line 1 minus line 2)	7,882.			7,882.
Direct Expenses	4	Cash prizes	500.			500.
	5	Noncash prizes	7,216.			7,216.
	6	Rent/facility costs	3,726.			3,726.
	7	Food and beverages	748.			748.
	8	Entertainment	145.	500.		645.
	9	Other direct expenses	4,238.	863.		5,101.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				17,936.
11	Net income summary. Subtract line 10 from line 3, column (d)				-10,054.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			50.	50.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes .00 % <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				50.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				71,647.	

9 Enter the state(s) in which the organization conducts gaming activities: NH
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	.00	%
b An outside facility	13b	100.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Gerard Hadley

Address 172 Kinsley Street - Nashua, NH 03061

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ 71,697. and the amount of gaming revenue retained by the third party \$ 0.
- c If "Yes," enter the name and address of the third party:

Name Gate City Casino

Address 55 Northeastern Boulevard - Nashua, NH 03062

16 Gaming manager information:

Name Gate City Casino

Gaming manager compensation \$ 0.

Description of services provided Refer to supplemental information on this Schedule G, Part IV.

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Form 990, Schedule G, Part III, Gaming Disclosures:
The Organization engaged Gate City Casino to provide gaming and casino services on behalf of the Organization and as a third-party, independent contractor. As part of this relationship and transaction, the Organization registered for and secured the appropriate licenses to conduct gaming activities with the New Hampshire Lottery Commission. Gate City Casino was contracted by the Organization to host, operate, and run gaming and casino events on behalf of the Organization during the fiscal year. Aside from contracting with Gate City Casino to host and coordinate the games, and to receive a portion of the proceeds thereof, Saint Joseph Hospital of Nashua was not itself otherwise involved with the maintenance or running of the games. Gate City Casino collected all gaming revenues, distributed all prize payouts, kept the books and records for the charitable gaming days, and remitted the portion due to the Organization in accordance with NH Lottery regulations regarding charitable gaming activities. Additionally, Gate City Casino agreed to submit all necessary financial reports and other

Part IV Supplemental Information (continued)

documentation applicable under State Gaming Law to the State of New Hampshire.

Per the agreement between the Organization and Gate City Casino, the Organization was not charged any rental or facility fees for the casino services provided by Gate City Casino, nor did Gate City Casino retain back any portion of the gross gaming proceeds due to the Organization. Therefore, \$0 has been reported on this Form 990, Schedule G, Part III, Line 15b, and the \$71,697 reported on this Form 990, Schedule G, Part III, Line 15b represents the net gaming revenues obtained by the Organization pursuant to the agreement. Aside from nominal license and permit fees, the Hospital did not incur any costs related to this gaming activity.

Lastly, as the Hospital's Treasurer and CFO, Gerard Hadley has been named on this Form 990, Schedule G, as the person responsible for the gaming event books and records. However, as indicated in the previous paragraphs, Gate City Casino was ultimately the entity which was responsible for hosting and managing these gaming activities, including the tracking and handling of any gaming cash receipts and payments. As Gerard Hadley is the Hospital's CFO, he is the final person responsible for the books and records for all St. Joseph Hospital of Nashua's activities, though any time spent by Mr. Hadley on financial reporting for the gaming activity specifically would have been nominal.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

Name of the organization

St. Joseph Hospital

Employer identification number

02-0222215

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			1,215,637.		1,215,637.	.38%
b Medicaid (from Worksheet 3, column a)			14,336,681.	8,510,377.	5,826,304.	1.83%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			15,552,318.	8,510,377.	7,041,941.	2.21%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			99,319,053.	31,392,052.	67,927,001.	21.32%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,392,544.		1,392,544.	.44%
j Total. Other benefits			100,711,597.	31,392,052.	69,319,545.	21.76%
k Total. Add lines 7d and 7j			116,263,915.	39,902,429.	76,361,486.	23.97%

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

432091 01-03-24

Schedule H (Form 990) 2024

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	39,222,118.
6 Enter Medicare allowable costs of care relating to payments on line 5	56,627,238.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-17,405,120.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 First Choice PHO	Physician Hospital Organization	50.00%	.00%	50.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: St. Joseph Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>23</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Part V, Section C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>See Part V, Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: St. Joseph Hospital

	Yes	No
<p>Did the hospital facility have in place during the tax year a written FAP that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? _____</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %</p> <p>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients? _____	X	
15 Explained the method for applying for financial assistance? _____	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility? _____	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: St. Joseph Hospital

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: St. Joseph Hospital

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2024

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

St. Joseph Hospital:

Part V, Section B, Line 5: St. Joseph Hospital worked with officials from the City of Nashua Division of Public Health and other members of the community, including local police and fire departments, school officials, ambulance service leaders, directors of community agencies, hospital leaders, physicians and area residents through focus groups to gather input for the community health needs assessment (CHNA).

A Community Health Assessment is a vital tool for understanding and improving the health outcomes of our community. By leveraging data from local organizations, healthcare systems, and state agencies, we gain valuable insights into where to focus our efforts. However, our commitment to community health extends beyond data collection. We believe in the power of listening. That's why we hosted listening sessions and distributed surveys to hear directly from community members about their health concerns, experiences during the COVID-19 pandemic, and what they love about their community.

The 2023 CHNA employed numerous research methods to gather input from the community, including online surveys, in-person interviews, and data analysis. The CHNA utilized these methods separately and decisively for each of its identified community health needs.

The City of Nashua Division of Public Health and Community Services (DPHCS) utilized listening sessions, community surveys, and online polling to invite Greater Nashua residents to help determine what the biggest health priorities were in their communities, environmental health hazards, and social and economic factors that effect the populations's health. The DPHCS also regularly published health-related information and shared sources for where additional information regarding health matters such as COVID-19 could be obtained.

Through these efforts, the CHNA found mental health, homelessness, substance use, access to care, air and water quality, inequities in health, access to food, public safety, education, and child abuse and neglect to be the top-ten biggest health issues of the community.

St. Joseph Hospital:

Part V, Section B, Line 6a: St. Joseph Hospital took part in the 2023 Greater Nashua Community Health Assessment for its most recent CHNA. This Assessment was conducted by the Nashua Department Division of Public Health and their Public Health Advisory Council partners. It is a product of the dedication and collaboration of many organizations, programs, and City departments serving the GNPHR. A full list of the hospital facilities that participated in this Assessment can be found through the City of Nashua Community Health Assessment homepage at: <https://nashuanh.gov/560/Community-Health-Assessment>

St. Joseph Hospital:

Part V, Section B, Line 6b: St. Joseph Hospital took part in the 2023 Greater Nashua Community Health Assessment for its most recent CHNA. This

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Assessment was conducted by the Nashua Department Division of Public Health and their Public Health Advisory Council partners. It is a product of the dedication and collaboration of many organizations, programs, and City departments serving the GNPHR. A full list of the organizations other than hospital facilities that participated in this Assessment can be found through the City of Nashua Community Health Assessment homepage at: <https://nashuanh.gov/560/Community-Health-Assessment>

St. Joseph Hospital:

Part V, Section B, Line 11: St. Joseph Hospital of Nashua coordinates with the City of Nashua Division of Public Health and Community Services (DPHCS), as well as other community agencies, partners, and members to create a collaborative and comprehensive Community Health Improvement Plan (CHIP). The 2022 Greater Nashua CHIP (released January 2022) is the fourth consecutive CHIP, based off the 2020 CHA. The Hospital also participated in the previous DPHCS Reports, including three completed CHAs (2011, 2014, and 2017) and three CHIPs (2012-2015, 2015-2018, and 2018-2021). The CHAs and CHIPs are published over staggered periods to ensure that the CHIPs are released in a timely manner to address identified health needs.

As of the end of the period covered by this Form 990, the Greater Nashua Department of Health has published the 2023 CHA, though the publication of the associated CHIP is still under review. Accordingly, the 2022 CHIP remains the most recently adopted implementation plan. It is the expectation of the Hospital that a timely and associated CHIP will be published soon and in compliance with Section 501(r) requirements. Further, the Hospital believes that the 2022 CHIP accurately reflects health issues and strategies that remain relevant to the Hospital's broader community, and the Hospital's mission to deliver comprehensive patient care services.

The Greater Nashua PHAC Executive Committee and CHIP Planning Team chose the following health priority areas for the CHIP 2022 based on the 2020 Greater Nashua CHA:

1. Behavioral Health (Suicide, Mental Health, and Substance Use)
2. Chronic Disease (Heart Disease/ Stroke, Diabetes, and Asthma)
3. Communicable diseases
4. Maternal and Child Health
5. Public Health Emergency Preparedness

BEHAVIORAL HEALTH:

Behavioral health is the scientific study of the emotions, behaviors, and biology relating to a person's mental well-being, their ability to function in everyday life, and their concept of self. Behavioral health encompasses mental health, substance misuse, and suicide prevention and is a top priority in the Greater Nashua Public Health Region (GNPHR) for a variety of reasons. These reasons include our region's high prevalence of substance misuse, high rate of opioid overdose fatalities, high rate of suicide attempts and deaths by suicide, lack of access to timely treatment for those seeking behavioral health services, and limited mental health promotion and awareness. Approximately one in eight visits to emergency departments in the United States (U.S.) involves mental and substance use disorders.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Collectively, the main objectives under Behavioral Health include:

- 1) Reduce substance use among all age groups (illicit Substances, alcohol, tobacco, marijuana)
- 2) Increase awareness of behavioral health resources to improve or maintain mental health in all age groups
- 3) Improve access to substance use and mental health services through workforce development

CHRONIC DISEASES

Approximately six in ten Americans live with at least one chronic disease, such as heart disease and stroke, cancer, or diabetes. Many chronic diseases are caused by a variety of risk factors that can be reduced by making healthy lifestyle choices. Not only the leading cause of death and disability, chronic diseases are also the leading driver of health care costs in the United States (US). It is a public health priority in the Greater Nashua Public Health Region (GNPHR) to provide health promotion and education to help our community prevent chronic diseases and manage symptoms when prevention is not possible to reduce the burden of chronic disease on our society.

Collectively, the main priorities under chronic disease include:

- 1) Increasing prevention efforts for Type II diabetes
- 2) Increasing control of hypertension
- 3) Increase identification and treatment of depression for those with chronic disease

COMMUNICABLE DISEASES

Communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Transmission can occur in a variety of ways, including direct physical contact with an infectious person, consuming contaminated foods or beverages, contact with contaminated body fluids, contact with contaminated inanimate objects, or being bitten by an infected insect. In some cases, pathogens that result in infectious diseases can become airborne and spread via the air we breathe (i.e., through inhalation). Some disease agents can be transmitted from animals to humans, and some of these agents can be transmitted in more than one way.

Collectively, the main priorities under communicable disease include:

- 1) Increase vaccination uptake for vaccine preventable diseases
- 2) Increase community preparedness for communicable disease outbreaks
- 3) Increase effectiveness of public health system in preventing and addressing communicable disease.

MATERNAL AND CHILD HEALTH

Maternal health is the health of a woman during her pregnancy, birth, and postpartum period, making it an important predictor of newborn health. Children's health is the physical, mental, emotional, and social well-being of children from infancy all the way through adolescence.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Many factors affect maternal and child health, including race and ethnicity, age, income level, educational attainment, medical insurance coverage, access to medical care, pre-pregnancy health, and general health status. The well-being of infants, children, and mothers determines the health of our next generation and can help predict future public health challenges for families, communities, and the healthcare system.

Health behaviors and health status before a woman is pregnant can be influenced by a variety of environmental and social factors, such as access to medical care and chronic stress. Some of these factors can affect and compound others, creating a rippling effect. For instance, factors ranging from age to medical insurance coverage affect a woman's general health status; a woman's health status, in turn, directly influences her risk of pregnancy complications and her child's cognitive and physical development.

Main takeaways from the Maternal and Child Health CHA:

- In 2018, 93.7% of NH moms reported ever breastfeeding, and 69% reported breastfeeding for more than 8 weeks. According to the CDC, only one in four infants in the U.S. are exclusively breastfed for six months.
- Children in the GNPHR are at increased risk of high blood lead levels, as 17% of homes were built before 1950, and 10.8% of six year olds are living below the federal poverty level.
- In 2018, 7.5% of pregnant women in NH smoked cigarettes in their last three months of pregnancy, and 5.9% used marijuana or hash during their pregnancy.
- In 2018, 14.9% of women in NH received follow-up care for depression after giving birth, and 13% women were diagnosed with depression after giving birth.
- Approximately 4.6% of Nashua youth (aged 6-18) are uninsured.

Collectively, the main priorities under Maternal and Child Health include:

- 1) Improve access and availability of universal screenings
- 2) Support access to affordable healthcare and referrals for families
- 3) Support children's social & emotional development through easily accessible services & supports
- 4) Improve access and supports for healthy nutrition
- 5) Increase the capacity of all families to advocate for themselves and their children

PUBLIC HEALTH EMERGENCY PREPAREDNESS

From natural disasters to terrorism, all crises have the potential to negatively impact public health. The goal of Public Health Emergency Preparedness (PHEP) is to increase a community's ability to respond in an efficient manner to incidents in order to preserve health and wellbeing of the population. There are 15 functional areas that encompass PHEP as outlined in the CDC's Public Health Emergency Preparedness and Response Capabilities.

Main takeaways from the PHEP CHA 2020:

- Fewer than 12% of households in Nashua have a written disaster plan.
- 97.8% of Nashua households have a smoke detector.
- 19% of Nashua households feel well prepared to handle an emergency.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- 40% of U.S. adults don't consider themselves prepared but plan to prepare for emergencies and 68% of U.S. adults have set aside some money for an emergency.

Collectively, the main priorities under PHEP include:

- 1) Improving the regional communications structure
- 2) Increasing public health planning, exercising and training among various sectors
- 3) Strengthening the working relationship between the region (GNPHR) and the State of New Hampshire

The full 2022 CHIP can be found through the following website, in either an interactive web-based format or as a readable PDF:

<https://nashuanh.gov/564/Community-Health-Improvement-Plan-CHIP>

Schedule H, Part V, Section B, Line 7:

Access to the Hospital's past and present CHNA reports can be found at the following web-address:

<https://nashuanh.gov/560/Community-Health-Assessment>

An Interactive Dashboard and PDF-copy of the most current CHNA can be found at the following web-address:

<https://dashboards.mysidewalk.com/gnphr-cha>

Schedule H, Part V, Section B, Line 10:

The Hospital collaborated with the City of Nashua Division of Public Health to develop the Greater Nashua Community Health Improvement Plan (CHIP).

Both past and present copies of the Greater Nashua CHIP can be found through the City of Nashua website, at:

<https://nashuanh.gov/564/Community-Health-Improvement-Plan-CHIP>

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of facility (describe)
1 Milford Urgent Care 442 Nashua Street Milford, NH 03055	Urgent care, PT, OT, radiology, mammography, physician services, labs
2 S. Nashua Radiology & Phy. Offices 172 Daniel Webster Highway Nashua, NH 03060	Radiology, physician practice, lab services
3 Nashua Pediatrics-Physician Practice 155 Kinsley Street Nashua, NH 03060	Physician practice
4 Amherst Street PT & OT 460 Amherst Street Nashua, NH 03060	Physical and Occupational Therapy, lab services
5 Family Medicine of Merrimack 4 Dobson Way Merrimack, NH 03054	Physician practice
6 Merrimack PT 382 Daniel Webster Highway Merrimack, NH 03054	Physicial therapy
7 SJN Family Medicine and Specialty Svc 208 Robinson Road Hudson, NH 03051	PT and OT, Radiology, lab services, physician services
8 NE Boulevard PT & OT 75 Northeastern Boulevard Nashua, NH 03060	Physical and Occupational Therapy; lab services
9 Dartmouth Exit 8 PT & OT 2300 Southwood Drive Nashua, NH 03063	Physical and Occupational Therapy
10 Neurology - Physician Practice 171 Kinsley Street Nashua, NH 03060	Physician practice

Schedule H (Form 990) 2024

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7:

St. Joseph Hospital-Nashua has several hospital clinical services and hospital-owned physician practices. In accordance with the IRS Instructions for Form 990, Schedule H, Worksheet 6, organizations may include any applicable physician practice that the Hospital subsidizes (i.e., operates at a loss) in the preparation and completion of Schedule H. Therefore, the Hospital has included the following hospital clinical services and hospital-owned physician practices that operate at a loss (i.e., are subsidized by the Hospital) and the associated costs of these practices:

- a. Palliative Care
- b. Cardiology
- c. Wound Care
- d. Cancer Center
- e. Urgent Care
- f. Neurology
- g. IMG Extended Hours
- h. Milford Pediatrics
- i. Amherst St Family Medicine
- j. Kinsley St. Pediatrics
- k. South Nashua Primary and Specialty Care
- l. Hudson Family Medicine
- m. South Nashua Pediatrics
- n. Milford Primary and Specialty Care
- o. Merrimack Family Medicine
- p. OB/GYN and Midwifery
- q. Urgent Care
- r. Orthopedics
- s. General Surgery
- t. Pulmonary Medicine
- u. South Nashua Family Medicine
- v. Endocrinology
- w. IMG Primary Care
- x. Podiatry
- y. Mobile Healthcare Clinic
- z. Gastroenterology
- aa. Oncology
- bb. Rheumatology

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Part VI Supplemental Information (Continuation)

cc. Psych Clinic

dd. Senior Care

The above-listed hospital clinical services and hospital-owned physician practices have a community benefit (i.e. aggregate loss or subsidy from the Hospital) of approximately \$67.9 million. In addition, this community benefit does not take into account bad debts, charity care, or contractual adjustments. Thus, this community benefit of approximately \$67.9 million is a conservative figure that reconciles to the community benefit information reported on this IRS Form 990, Schedule H, Part I, Line 7g, Column e.

Form 990, Schedule H instructions and guidance contain a template (Worksheet 2) that may be used to determine the overall cost-to-charge ratio that could be applied throughout Schedule H in order to convert care-charges to cost. Where applicable, the Hospital has utilized Worksheet 2 for various calculations. The only areas where Worksheet 2 was not utilized for Part 1, Line 7, were the following:

a. Schedule H Worksheet 6, Subsidized Health Services (the supporting worksheet for Part I, Line 7g): the Hospital did not utilize Worksheet 2 when calculating the percentage used to determine the profit or loss of each hospital clinical service and hospital-owned physician practice. Instead, when compiling the subsidized hospital clinical services and hospital-owned physician practices listed in Line 1c, the Hospital utilized the actual estimated costs on the modified Medicare cost report instead of applying the Worksheet 2 cost-to-charge percentage.

b. Schedule H, Worksheet 3, Unreimbursed Medicaid and Other Means Tested Government Programs (the supporting schedule for Part I, Lines 7b and 7c); and Worksheet 6, Medicaid Allowable Costs for Subsidized Health Services, listed in Line 1c above (which is part of the line 7g costs): the Hospital did not utilize the Worksheet 2 percentage when calculating the Medicaid allowable cost. Instead, the Hospital utilized the actual Medicaid filed cost report for the allowable costs. The Medicaid filed cost report utilizes data from the State of New Hampshire which does not include the New Hampshire Medicaid Managed Care information. As such, the loss on Medicaid services is a conservative figure.

Part II, Community Building Activities:

The Hospital maintains an open medical staff, representing over forty different specialties and treats all patients regardless of their ability to pay. The board of directors is made up of community members with varied backgrounds and industries. The Hospital utilizes any surplus funds to further its mission by providing free and low-cost healthcare services, education offerings, free screenings, support groups, and works collaboratively with other healthcare agencies to meet the identified healthcare needs of our community. St. Joseph Hospital is a member of Covenant Health Inc. of Andover, MA. It is the responsibility of the entire staff of St. Joseph Hospital to serve and promote the health of the greater Nashua community.

Additionally, St. Joseph Hospital strives to improve the health of its community through community-based partnerships and initiatives, some of which are detailed below:

Volunteer Opportunities:

Part VI Supplemental Information (Continuation)

At St. Joseph Hospital, the spirit of giving back resonates deeply within our community. Our volunteers collectively contribute nearly 25,000 hours of service during a typical year, where their time and dedication makes a meaningful difference in the lives of our patients and staff members. We offer a wide variety of volunteer opportunities at St. Joseph Hospital. Some may vary in availability, and we welcome all skills. Opportunities include, but are not limited to: care cart; department hosts; thrift shop; patient escorts; and pet therapy. Volunteer opportunities are also available for children and youths looking to actively help improve the health of their community.

Screenings and Planning:

The Hospital frequently makes available free blood pressure screenings and free breast and cervical cancer screenings. The Hospital also provides access to advanced care plans that provide comfort and peace-of-mind for end-of-life care and transitions.

Education and Public Engagement:

The Hospital routinely hosts public community events to offer education and information covering a wide variety of subjects, including but not limited to: music, arts, and their connection to health; financial literacy; healthy aging; exercise; and nutrition.

Community Investment:

At St. Joseph Hospital, we strive to be good stewards of the health care resources in the greater Nashua community. As a not-for-profit health system, we reinvest every dollar we earn back into improving care. We're proud to call this home and we look forward to serving the local community for generations to come. Here's how we've invested our resources:

- \$1.1 million in programs, services and partnerships to benefit the community
- \$51.1 million in uncompensated care and community benefit
- \$114.2 million in salaries and benefits
- \$1.7 million invested in providing education opportunities to our employees
- Supported 165+ medical and nursing students through our accredited learning programs

These efforts, combined with the Hospital's general operations and commitment to high-quality care, continually and significantly build and improve the communities which the Hospital serves.

Part III, Line 2:

The Hospital utilized Worksheet 2 from the IRS Schedule H Instructions and guidance to determine the ratio of patient care cost-to-charge (28.36% for fiscal year 2024). The Hospital then multiplied this ratio by the Hospital's total bad debt expense of \$13,814,526 to determine the Part II, Line 2, Bad Debt Expense of \$3,917,799

Part III, Line 3:

Patients deemed eligible for financial assistance follow the Hospital's financial assistance policies. Therefore, no bad debt expense related to patients eligible under the Hospital's financial assistance policy is included as a community benefit.

Part VI Supplemental Information (Continuation)

Part III, Line 4:

St. Joseph Hospital adopted the new accounting standards as issued by the FASB in May 2014, effective January 1, 2018, where the provision for bad debt is no longer presented as a separate line item and net patient service revenue is presented net of estimated implicit price concession revenue deductions. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption.

The adoption of this accounting standard is detailed in the Hospital's audited financial statements, Footnote 3, Patient Service Revenues. The Hospital continues to operate under this adopted standard.

Part III, Line 8:

IRS Instructions and guidance for Form 990, Schedule H contain a template (Worksheet 2) that may be used to determine the overall cost-to-charge ratio. This ratio may then be applied throughout Schedule H to convert care charges to cost. Where applicable, the Hospital has utilized Worksheet 2 for various calculations. The only areas where Worksheet 2 was not utilized for Part III, Line 8, was in determining Schedule H, Worksheet B, Line 2 & 6, Medicare Allowable Costs and Payments Related to Subsidized Health Services: The Hospital utilized the Medicare cost report estimated cost and payment for these services.

The Hospital believes that its hospital clinical services, hospital-owned physician practices, emergency room, and home health agency (as listed on this Schedule H) should be considered a community benefit, as community members benefit by having easy access to these services, facilities, and programs which are both offered and subsidized. These facilities and programs are offered and thus subsidized through the Hospital.

Part III, Line 9b:

Every statement sent to patients indicates that financial assistance is available and provides a phone number and email contact. All customer service personnel are attuned to asking patients if they need assistance. The financial assistance application is also available on-line by visiting the facility's website.

Part VI, Line 2:

St. Joseph Hospital worked with the City of Nashua Division of Public Health officials and other members of the community, including local police and fire departments, school officials, ambulance service leaders, directors of community agencies, hospital leaders, physicians and area residents through focus groups to gather input for the Community Health Needs Assessment (CHNA).

A Community Health Assessment (CHA) is a collaborative process that identifies key health needs and issues through systematic, comprehensive data collection and analysis. CHAs provide information on a variety of health topics and help identify resources which assist with policy formulation, program implementation, and evaluation. CHAs are also a crucial component of accreditation as they help measure how well a public health system is fulfilling the assurance function, one of the three fundamental purposes of public health. The Greater Nashua CHA is part of an ongoing comprehensive community health improvement process.

The purpose of the CHA is to identify vulnerable populations using

Part VI Supplemental Information (Continuation)

comparable data within the Greater Nashua Public Health Region (GNPHR) and to subsequently identify trends in health issues, environmental health hazards, and social and economic factors that affect the populations' health.

Collected and analyzed data will be used to identify priority issues within the GNPHR and develop strategies for further action which are outlined in the form of a community health improvement plan (CHIP). The CHIP creates a foundation for a work plan to improve the health of the community over the course of three years' time.

One of the main objectives of the most recent Community Needs Assessment's research was to determine the biggest health concerns in the community in order to determine community health priorities. The research for this report indicated that most people in the Greater Nashua Region are concerned about mental health, homelessness, substance use, access to care, air and water quality, inequities in health, access to food, public safety, education, and child abuse and neglect to be the top-ten biggest health issues of the community.

Part VI, Line 3:

Signage and brochures are at every point of registration, which explain the free-care and financial assistance policies. There are dedicated financial counselors who meet in person or over the telephone to provide guidance and support to patients and families who require financial assistance. Information can also be found on the hospital web site, as well as in the Hospital's community newsletters/quarterly publications. All customer service and registration personnel are trained to ask patients and families if they need financial assistance.

Free Care is available for patients who qualify. If a patient's or their family's income is 200% or less of the Federal Poverty Guidelines, the patient may qualify for assistance for their self-pay balance. Patients may inquire about this program before arriving for care or at the time of registration or check-in. Patients may also inquire about Free Care after receiving their billing-statements.

Additionally, the Hospital makes available financial representatives to answer all billing and payment questions. Representatives are available to assist with questions regarding insurance benefits, hospital charges, payment options, and the applications for financial assistance.

Part VI, Line 4:

St. Joseph Hospital serves people of all ages, race, gender, religion, ethnicity regardless of their ability to pay. The Hospital's service area is all of New Hampshire.

For its 2024 tax year, the Hospital continued to refer and rely on the collaborative 2023 Community Health Assessment that was prepared and informed in association with the City of Nashua. The four geographies mentioned most often throughout this report are the City of Nashua, the Greater Nashua Public Health Region ("GNPHR"), Hillsborough County, and the State of New Hampshire (NH). Throughout the State of NH, there are 13 public health regions. The GNPHR is composed of the City of Nashua and its 12 surrounding towns which include Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Pelham,

Part VI Supplemental Information (Continuation)

and Wilton. The mission of the Greater Nashua Public Health Network (GNPHN) is to facilitate access to programs and services that develop resiliency, promote healthy behaviors, and safeguard the health of the GNPHR through partner engagement and collaboration.

As of 2023, the combined population of the Greater Nashua Region was estimated to be about 218,000 individuals (about 91,000 in the City of Nashua). To gauge the demographics of this region, the CHA used a variety of survey and online-polling tools. The 2023 CHA revealed the following demographic information:

- The median age in the covered community is 40.1 years old.
- The general population by sex and gender is evenly split at 50% male and 50% female.
- Approximately 7.5% of the GNPHR population are veterans.
- The median household income in Nashua, NH is about \$89,000; about \$113,000 in the GNPHR; and about \$91,000 in NH, state-wide.
- Approximately 8% of people in Nashua live in poverty, compared to 5% in the GNPHR and 7% in NH state-wide.
- Over 92% of the population in Nashua and over 94% in GNPHR have obtained a high school degree, compared to 93.8% in NH state-wide and to 89.1% in the United States on average.
- Furthermore, over 40% of people in Nashua and 43% of people in the GNPHR have obtained a college degree, compared to 39% in NH state-wide and to 34.3% in the United States on average.
- Approximately 4-5% of people in the GNPHR are unemployed.
- The majority of citizens in the GNPHR are white; approximately 27% of people in Nashua and 17.2% of people in the GNPHR identify as a person of color.
- Approximately 9.7% of people in the GNPHR identify as foreign born, and 4% of people self-identify as speaking English "less than very well".

Part VI, Line 5:

The Hospital maintains an open medical staff, representing over forty different specialties and treats all patients regardless of their ability to pay. The board of directors is made up of community members with varied backgrounds and industries. The Hospital utilizes any surplus funds to further its mission by providing free and low cost healthcare services, educations offerings, free screenings, support groups, and works collaboratively with other healthcare agencies to meet the identified healthcare needs of our community. It is the responsibility of the entire staff of St. Joseph Hospital to serve and promote the health of the greater Nashua community.

Additionally, St. Joseph Hospital provides a variety of programs and initiatives to improve the general wellbeing and to promote the health of its community. For example, the Hospital is proud to maintain the following community outreach programs:

- Community Health Education: the Hospital regularly hosts a wide variety of seminars and workshop activities to promote wellness and healthy living.
- The Marguerite d'Youville Fund for the Poor: a Fund to provide medicine and medical care for the poor and uninsured members of its community.
- Palliative Care: a comprehensive support network for the terminally ill and community education regarding all aspects of "end of life" planning.
- School of Nursing and Scholarship Fund: academic instruction in the scientific, technical, spiritual, and social aspects of nursing, with

Part VI Supplemental Information (Continuation)

training programs in several healthcare occupations. Scholarship support is provided to students based on financial need and desire to pursue a career in healthcare.

- Age Friendly Health Care: St. Joseph Hospital participates in the Age-Friendly Health System initiative. Its goal is for every older person to receive the best care possible, avoid harm and be fully satisfied with their care.

- Diversity, Equity, and Inclusion: St. Joseph Hospital is deeply committed to fostering a culture that promotes diversity, equity and inclusion in all forms. We welcome and respect patients and employees regardless of race, ethnicity, religious background, sexuality, gender identity or age.

Part VI, Line 6:

St. Joseph Hospital is a proud member of Covenant Health, which is an innovative, Catholic regional health care system and a leader in values-based, not-for-profit health and elder care.

Covenant's family of organizations includes hospitals, skilled nursing and rehabilitation centers, assisted living and independent senior residences throughout New England and in Elmhurst Township, Pennsylvania. We are New England's largest non-profit post-acute care provider. Covenant Health is fully committed to offering a continuum of high-quality compassionate care to the individuals and communities we serve.

Additionally, the Hospital frequently and actively collaborates with the City of Nashua Division of Public Health and Community Services as well as other similarly geographically located institutions to enhance the quality and availability of care throughout New Hampshire.

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Part VI, Line 7:

New Hampshire

Schedule H, Part V, Section B, Line 16a-c:

The Hospital's Financial Assistance Policy, Application for Financial Assistance and Free Care, a Plain Language Summary of the Assistance Program, and a list of covered and non-covered providers can be found online through the following webpage:

<https://stjosephhospital.com/patients-visitors/billing-insurance/financial-assistance/>

The entire Financial Assistance Policy is available directly at the following webpage:

<https://stjosephhospital.com/wp-content/uploads/2023/10/Convenant-Financial-Assistance-Policy.pdf>

The Free Care Guidelines are available directly at the following webpage:

<https://stjosephhospital.com/wp-content/uploads/2024/03/2024-Free-Care-Guidelines-Notice-SJN-landscape.pdf>

The Financial Assistance Application is available directly at the

Part VI Supplemental Information (Continuation)

following webpage:

[https://stjosephhospital.com/patients-visitors/
billing-insurance/financial-assistance/](https://stjosephhospital.com/patients-visitors/billing-insurance/financial-assistance/)

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

St. Joseph Hospital

Employer identification number

02-0222215

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		X
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>		X
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		X
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		X
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	X	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Stephen Grubbs CEO, Covenant Health, Inc.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	805,455.	400,000.	30,482.	10,350.	29,814.	1,276,101.	0.
(2) Umer Syed, MD Physician	(i)	881,082.	0.	1,015.	8,309.	34,696.	925,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Albert Tom, MD Physician	(i)	832,000.	7,500.	25,622.	0.	37,072.	902,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Raymond Suarez, MD Physician	(i)	573,315.	10,000.	23,205.	7,809.	36,736.	651,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Laurence Young, MD Physician	(i)	523,206.	0.	3,617.	2,204.	37,708.	566,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Michael Remar, MD Physician	(i)	521,039.	0.	5,578.	10,103.	27,375.	564,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) John A. Jurczyk SVP & President	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	467,126.	0.	9,051.	10,350.	29,448.	515,975.	0.
(8) Deepak Vatti Medical Director	(i)	410,218.	0.	22,760.	10,196.	41,327.	484,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Alison Madden VP Medical Affairs	(i)	395,434.	0.	2,859.	10,226.	24,020.	432,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Gerard Hadley Treasurer and CFO	(i)	297,876.	0.	4,536.	9,135.	25,751.	337,298.	0.
	(ii)	12,837.	0.	269.	394.	1,122.	14,622.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

The President of the Hospital may access a limited discretionary spending account with which to pursue and cover business-related expenditures that further that Hospital's mission and general operations.

Additionally, the Hospital pays membership dues to the Country Club of Nashua on behalf of its President. Any meals, entertainment, or other personal expenses incurred by Hospital staff and executives through the use of the membership held in the President's name must be paid for by the applicable individuals; should the Hospital pay for such costs when paying for the Club's membership, the Hospital will request reimbursement from the relevant persons. The Hospital does not request reimbursement for the cost of the membership; the Club's facilities, conference rooms, and meeting spaces are used primarily for Hospital functions, meetings, and other operations, are the dues are considered to be a business expense incurred by the Hospital.

Part I, Line 3:

All compensation paid to the Hospital's SVP and President is established, reviewed, and approved by Covenant Health, the Hospital's sole corporate member. Covenant Health utilizes a compensation committee, independent compensation consultants, and compensation surveys and studies of similarly experienced executives employed by comparable organizations to determine a reasonable and appropriate compensation package for the Hospital's SVP and President. The compensation plan is subject to the approval of the Compensation Committee of Covenant Health's Board of Directors.

Part I, Line 7:

"Cash in" of earned time.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

Name of the organization **St. Joseph Hospital** Employer identification number **02-0222215**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>Life insurance</u>)	X	1	850,000.	Policy value
26	Other (<u>Event supplies</u>)	X	2	1,192.	Value per book
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b:

The Organization coordinates with engaged third-party professional advisors and investment brokers to assist with the processing and management of any non-cash financial assets or other similar non-cash gifts. Non-cash gifts of supplies, equipment, or other property are utilized by the Organization as part of its fundraising events or programmatic activities. Lastly, the Organization, as well as its parent entity, Covenant Health, employ personnel dedicated to development and fundraising who assist in the solicitation, processing, and management of non-cash gifts.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

St. Joseph Hospital

Employer identification number

02-0222215

Form 990, Part III, Line 2, New Program Services:

St. Joseph Hospital of Nashua expanded its cardiology services by uniting a distinguished team of experienced cardiologists and opening a state-of-the-art cardiac catheterization laboratory. This development significantly enhanced the Hospital's ability to serve patients with heart conditions by introducing one of New England's most advanced cardiac catheterization facilities alongside a highly skilled physician team. The Hospital considers this new laboratory to represent a significant increase towards its patient and program services.

Form 990, Part VI, Section A, line 6:

Covenant Health, Inc. is the sole member of St. Joseph Hospital.

Form 990, Part VI, Section A, line 7a:

As the sole member of St. Joseph Hospital, Covenant Health, Inc. retains the ability to elect and remove the Organization's board of directors with or without cause.

Form 990, Part VI, Section A, line 7b:

As the sole corporate member of the Organization, Covenant Health, Inc. has the following powers and rights over the Organization and its subsidiaries as outlined in the Organization's bylaws:

1. To approve any change in the written statements of philosophy and mission;
2. To amend and to repeal the organizing and governing documents;
3. To elect the Board of Directors or remove them with or without cause;
4. To appoint and remove the president;
5. To approve all plans of merger, consolidation, reorganization, dissolution, or the sale, lease assignment, or transfer of substantially all of the assets, or the purchase or acquisition of an interest in any corporation, partnership, joint venture, or other entity;
6. To approve the acquisition, sale, or encumbrance of any real estate valued in excess of an amount set by the Member in writing;
7. To approve the sale, assignment, or transfer of any equity interest or membership interest in any subsidiary;
8. To approve any reclassification or other change of any capital stock or other equity security; and,
9. To approve the issuance of, or the creation of any obligation to issue, any equity security.

Form 990, Part VI, Section B, line 11b:

The Forms 990 are prepared by an independent tax accountant, and are then reviewed by the St. Joseph Hospital Finance Committee and board of directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

Each year, St. Joseph Hospital conducts a survey of the board members and key management members to determine whether there are conflicts of interest (be they actual or potential). Board members and key employees have a continuing obligation to report any proposed transactions which may be perceived as a conflict of interest.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization St. Joseph Hospital	Employer identification number 02-0222215
--	---

Form 990, Part VI, Section B, Line 15:

The compensation of officers and key employees is subject to the oversight and decisions of Covenant Health, a related entity and the sole member of the Center. Every two-to-three years the Compensation Committee of the Covenant Health board of directors engages an external consultant to provide competitive market data from various survey sources, which is used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

Form 990, Part VI, Section C, Line 19:

The Hospital will make its corporate and governing documents and its financial available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Maintenance contracts:

Program service expenses	3,104,403.
Management and general expenses	239,260.
Fundraising expenses	0.
Total expenses	3,343,663.

Medical service providers:

Program service expenses	24,565,724.
Management and general expenses	1,893,306.
Fundraising expenses	0.
Total expenses	26,459,030.

Contracted and purchased labor:

Program service expenses	690,834.
Management and general expenses	53,243.
Fundraising expenses	0.
Total expenses	744,077.

Collections and admin support:

Program service expenses	2,155,949.
Management and general expenses	166,161.
Fundraising expenses	0.
Total expenses	2,322,110.

Shared service fees:

Program service expenses	21,251,730.
Management and general expenses	1,637,893.
Fundraising expenses	0.
Total expenses	22,889,623.
Total Other Fees on Form 990, Part IX, line 11g, Col A	55,758,503.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfers to affiliates	575,000.
Adjustment to defined benefit pension obligation	-25,597.
Net periodic pension cost	0.
Total to Form 990, Part XI, Line 9	549,403.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization **St. Joseph Hospital** Employer identification number **02-0222215**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SJH Surgicenter, LLC - 20-4181845 172 Kinsley Street Nashua, NH 03061-2013	Inactive Outpatient Surgery	New Hampshire	0.	0.	St. Joseph Hospital

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Alternative Health Services - 01-0422885 360 Broadway Bangor, ME 04402	Home health and hospice	Maine	501(c)(3)	Line 10	St. Joseph Healthcare Foundation		X
Bangor Nursing & Rehabilitation Center - 01-0538534, 103 Texas Avenue, Bangor, ME 04401	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
CHS of Waltham, Inc. d/b/a Maristhill Nursing & Rehab Center - 04-3333609, 66 Newton Street, Waltham, MA 02453	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
CHS of Worcester, Inc. d/b/a St. Mary Care Center - 04-3419625, 39 Queen Street, Worcester, MA 01610	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Community Clinical Services - 01-0409788 P.O. Box 7291 Lewiston, ME 04243	Physician practice	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
Covenant Health Foundation, Inc. - 80-0199674, 40 Shattuck Road #317, Andover, MA 01810	Charitable foundation	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Covenant Health Investment Trust - 04-6835128, 40 Shattuck Road #317, Andover, MA 01810	Investment trust	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Covenant Health, Inc. - 22-2484505 40 Shattuck Road #317 Andover, MA 01810	Health care management and resource organization	Massachusetts	501(c)(3)	Line 10	N/A		X
Fanny Allen Corporation, Inc. - 22-2495808 40 Shattuck Road #317 Andover, MA 01810	Charitable foundation	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Fanny Allen Holdings, Inc. - 03-0181052 40 Shattuck Road #317 Andover, MA 01810	Real estate holding company	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Helping Hands of St. Marguerite, Inc. - 80-0199674, 799 Concord Avenue, Cambridge, MA 02138	Private home-care health services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
M & J Company - 22-2480150 360 Broadway Bangor, ME 04402	Lease holding company	Maine	501(c)(2)		St. Joseph Healthcare Foundation		X
Mary Immaculate Guild, Inc. - 46-3073987 172 Lawrence Street Lawrence, MA 01841	Supporting grants and donations	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
MI Adult Day Health Care Center, Inc. - 04-2921888, 189 Maple Street, Lawrence, MA 01841	Adult day care services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Management, Inc. - 04-2857794 172 Lawrence Street Lawrence, MA 01841	Assisted living services	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
MI Nursing Restorative Center, Inc. - 04-2104851, 172 Lawrence Street, Lawrence, MA 01841	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MI Residential Community II, Inc. - 04-2679954, 189 Maple Street, Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Residential Community III, Inc. - 04-2186043, 189 Maple Street, Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Residential Community, Inc. - 04-2647207 189 Maple Street Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Transportation, Inc. - 04-2921889 189 Maple Street Lawrence, MA 01841	Elderly transportation services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Mount St. Rita Health Centre - 05-0342330 15 Sumner Brown Road Cumberland, RI 02864	Nursing home	Rhode Island	501(c)(3)	Line 10	Covenant Health, Inc.		X
Neighborhood Housing Initiative - 01-0539730 P.O. Box 7291 Lewiston, ME 04243	Affordable housing services	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
Penacook Place, Inc. - 23-7090088 150 Water Street Haverhill, MA 01830	Nursing home	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Souhegan Nursing Association - 02-0222795 24 North River Road Milford, NH 03055	Home health and hospice	New Hampshire	501(c)(3)	Line 10	St. Joseph Hospital of Nashua, NH Inc.	X	
St Joseph Ambulatory Care, Inc. - 22-2480373 360 Broadway Bangor, ME 04402	Physician practice	Maine	501(c)(3)	Line 10	St. Joseph Healthcare Foundation		X
St. Andre Health Care - 01-0342399 407 Pool Street Biddeford, ME 04005	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph Healthcare Foundation - 22-2480149, 360 Broadway, Bangor, ME 04402	Healthcare foundation	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph Hospital - 01-0212435 360 Broadway Bangor, ME 04402	Hospital and health care facility	Maine	501(c)(3)	Line 3	St. Joseph Healthcare Foundation		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Joseph Manor Health Care - 04-2565937 215 Thatcher Street Brockton, MA 02302	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Mary's D'Youville Pavilion - 01-0211558 P.O. Box 7291 Lewiston, ME 04243	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
St. Mary's Health system - 22-2504349 P.O. Box 7291 Lewiston, ME 04243	Hospital and health care facility	Maine	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
St. Mary's Regional Medical Center - 01-0211551, P.O. Box 7291, Lewiston, ME 04243	Hospital and health care facility	Maine	501(c)(3)	Line 3	St. Mary's Health System		X
St. Mary's Residences - 22-2504356 P.O. Box 7291 Lewiston, ME 04243	Low income housing	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
St. Mary's Villa Nursing Home, Inc. - 23-2057177, 675 St. Mary's Villa Road, Moscow, PA 18444	Nursing home and restorative facility	Pennsylvania	501(c)(3)	Line 10	Covenant Health, Inc.		X
The Surgicenter at St. Joseph Hospital, Inc. - 02-0222215, 172 Kinsley Street, Nashua, NH 03061	Healthcare and surgery center	New Hampshire	501(c)(3)	Line 10	St. Joseph Hospital of Nashua, NH Inc.	X	
Youville Hospital and Rehabilitation Center, Inc. - 04-3239563, 1575 Cambridge Street, Cambridge, MA 02138	Hospital and health care facility	Massachusetts	501(c)(3)	Line 10	Youville Lifecare, Inc.		X
Youville House, Inc. - 04-3239593 1573 Cambridge Street Cambridge, MA 02138	Assisted living services	Massachusetts	501(c)(3)	Line 10	Youville Lifecare, Inc.		X
Youville Lifecare Inc. - 04-2103582 1575 Cambridge Street Cambridge, MA 02138	Hospital and health care facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Youville Place - 04-3297834 10 Pelham Road Lexington, MA 02421	Assisted living services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GNM Corporation	D	9,500.	Cash
(2) St. Joseph Corporate Services	E	7,204,000.	Cash
(3) SJ Physicians Services	E	15,350,000.	Cash
(4) GNM Corporation	K	1,163,000.	Cash
(5) SJ Physicians Services	P	3,686,000.	Cash
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

GNM Corporation

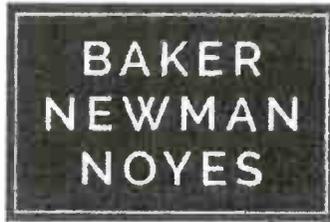
Direct Controlling Entity: St. Joseph Hospital Corporate Services

Name of Related Organization:

SJ Physicians Services

Direct Controlling Entity: St. Joseph Hospital Corporate Services

Electronic Filing PDF Attachment



Covenant Health, Inc. and Subsidiaries

Consolidated Financial Statements,
Additional Information and Supplemental Information

*Years Ended December 31, 2024 and 2023
With Independent Auditors' Report*

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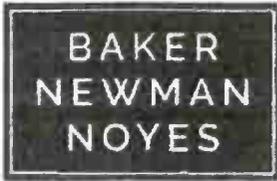
COVENANT HEALTH, INC. AND SUBSIDIARIES

Consolidated Financial Statements, Additional Information and Supplemental Information

Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

The Board of Directors
Covenant Health, Inc.

Opinion

We have audited the consolidated financial statements of Covenant Health, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

In our opinion, based on our audits and the reports of the other auditors, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2024 and 2023, and the results of their operations and changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Covenant Health Insurance, Ltd., a wholly-owned subsidiary, whose statements reflect total assets constituting 7% of consolidated total assets at December 31, 2024 and 2023 and total revenues constituting 1% of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for those entities, is based solely on the report of the other auditors.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern within a period of one year from the issuance of the financial statements.

The Board of Directors
Covenant Health, Inc.

Auditors' 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 auditors' 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 GAAS 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 GAAS, 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 System'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 System'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.

Baker Newman & Noyes LLC

Portland, Maine
April 25, 2025

COVENANT HEALTH, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

**December 31, 2024 and 2023
(In thousands)**

ASSETS

	<u>2024</u>	<u>2023</u>
Current assets:		
Cash and cash equivalents	\$ 54,437	\$ 59,591
Patient accounts receivable (note 3)	100,571	95,492
Investments (note 4)	10,034	14,309
Inventories	11,353	11,520
Prepaid expenses and other current assets	29,968	26,671
Amount receivable from third-party payors	9,049	11,984
Current portion of assets whose use is limited or restricted (note 4)	<u>917</u>	<u>1,287</u>
Total current assets	216,329	220,854
Assets whose use is limited or restricted (note 4):		
Funds held by trustees, less current portion	1,403	1,907
Deferred compensation	12,265	12,623
Board-designated funds and other long-term investments	261,398	251,991
Replacement reserve	9,960	8,822
Donor-restricted funds	<u>61,582</u>	<u>59,342</u>
Total assets whose use is limited or restricted	346,608	334,685
Other assets:		
Other assets	818	725
Investments in joint ventures (note 8)	<u>7,000</u>	<u>6,133</u>
Total other assets	7,818	6,858
Property, plant and equipment (note 5):		
Land and improvements	19,519	20,122
Buildings and improvements	451,134	447,062
Equipment	272,190	262,215
Construction in progress	20,824	7,841
Right-of-use assets	<u>8,410</u>	<u>9,118</u>
	772,077	746,358
Less accumulated depreciation	(459,455)	(434,332)
Less accumulated depreciation – right-of-use assets	<u>(4,745)</u>	<u>(3,888)</u>
Total property, plant and equipment	<u>307,877</u>	<u>308,138</u>
Total assets	<u>\$ 878,632</u>	<u>\$ 870,535</u>

LIABILITIES AND NET ASSETS

	<u>2024</u>	<u>2023</u>
Current liabilities:		
Accounts payable	\$ 35,451	\$ 53,905
Accrued expenses and other liabilities	82,118	71,350
Other current liabilities (note 2)	8,644	19,538
Estimated third-party payor settlements (note 3)	3,511	3,767
Current portion of lease liability (note 5)	2,777	3,579
Current portion of long-term debt (note 5)	<u>619</u>	<u>640</u>
Total current liabilities	133,120	152,779
Long-term debt, less current portion (note 5)	220,749	220,658
Long-term lease liability, less current portion (note 5)	4,479	5,269
Other liabilities (note 2)	24,608	29,007
Professional liability loss reserves (note 2)	<u>31,385</u>	<u>22,722</u>
Total liabilities	414,341	430,435
Net assets:		
Without donor restrictions	398,864	376,572
With donor restrictions (note 7)	<u>65,427</u>	<u>63,528</u>
Total net assets	464,291	440,100
Total liabilities and net assets	<u>\$ 878,632</u>	<u>\$ 870,535</u>

See accompanying notes.

COVENANT HEALTH, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
AND CHANGES IN NET ASSETS

Years Ended December 31, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Operating revenue:		
Patient service revenue (note 3)	\$ 711,882	\$ 681,707
Other revenue (note 2)	41,317	47,817
Net assets released from restrictions for operations	<u>3,641</u>	<u>2,425</u>
Total operating revenue	756,840	731,949
Operating expenses (note 11):		
Salaries and wages	326,072	317,369
Employee benefits (notes 2 and 6)	79,084	64,576
Supplies	98,740	93,729
Other expenses	204,211	230,336
Interest	8,072	8,016
Provider tax (note 3)	22,000	20,526
Depreciation and amortization	<u>22,277</u>	<u>22,158</u>
Total operating expenses	<u>760,456</u>	<u>756,710</u>
Loss from continuing operations	(3,616)	(24,761)
Net periodic pension cost (note 6)	(26)	(11,534)
Nonoperating gains, net (notes 4 and 8)	<u>35,916</u>	<u>49,214</u>
Excess of revenues over expenses from continuing operations	32,274	12,919
Discontinued operations (note 13)	<u>(13,344)</u>	<u>(9,571)</u>
Excess of revenue over expenses	<u>\$ 18,930</u>	<u>\$ 3,348</u>

Continued next page.

COVENANT HEALTH, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
AND CHANGES IN NET ASSETS (CONTINUED)

Years Ended December 31, 2024 and 2023
(In thousands)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total Net Assets</u>
Balances at January 1, 2023	\$ 361,131	\$61,471	\$ 422,602
Excess of revenue over expenses	3,348	—	3,348
Net change in unrealized gains on investments (note 4)	—	1,971	1,971
Restricted contributions and investment income	—	3,080	3,080
Net assets released from restrictions for continuing operations	432	(2,857)	(2,425)
Net assets released from restrictions for discontinued operations	—	(710)	(710)
Adjustment to defined benefit pension obligation (note 6)	11,661	—	11,661
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>573</u>	<u>573</u>
	<u>15,441</u>	<u>2,057</u>	<u>17,498</u>
Balances at December 31, 2023	376,572	63,528	440,100
Excess of revenue over expenses	18,930	—	18,930
Net change in unrealized gains on investments (note 4)	—	3,365	3,365
Restricted contributions and investment income	—	4,449	4,449
Net assets released from restrictions for continuing operations	1,864	(5,505)	(3,641)
Net assets released from restrictions for discontinued operations	—	(825)	(825)
Transfer to other nonaffiliated entity	1,498	—	1,498
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>415</u>	<u>415</u>
	<u>22,292</u>	<u>1,899</u>	<u>24,191</u>
Balances at December 31, 2024	<u>\$ 398,864</u>	<u>\$65,427</u>	<u>\$ 464,291</u>

See accompanying notes.

COVENANT HEALTH, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended December 31, 2024 and 2023
(In thousands)

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities:		
Change in net assets	\$ 24,191	\$ 17,498
Adjustments to reconcile change in net assets to cash (used) provided by operating activities:		
Net realized and unrealized gains on investments	(17,137)	(32,608)
Net (gain) loss from joint ventures	(867)	131
Restricted contributions and investment income	(4,449)	(3,080)
Depreciation and amortization	22,277	27,658
Adjustment to defined benefit pension obligation	-	11,661
Gain on sale of property, plant and equipment	(15,904)	(1,233)
Changes in operating assets and liabilities:		
Patient accounts receivable	(5,079)	(5,380)
Inventories, prepaid expenses and other current assets	(3,130)	(4,958)
Other assets	(93)	66
Accounts payable, accrued expenses and other liabilities	(22,979)	18,347
Estimated third-party payor settlements, net	2,679	(10,998)
Professional liability loss reserves	<u>8,663</u>	<u>(6,336)</u>
Net cash (used) provided by operating activities	(11,828)	10,768
Cash flows from investing activities:		
Purchases of investments and assets whose use is limited or restricted	(201,959)	(25,855)
Sales of investments and assets whose use is limited or restricted	211,818	53,194
Purchases of property, plant and equipment	(26,119)	(17,226)
Proceeds from sale of property, plant and equipment	<u>20,007</u>	<u>-</u>
Net cash provided by investing activities	3,747	10,113
Cash flows from financing activities:		
Proceeds from issuance of long-term debt	-	89,520
Amounts paid to refinance	-	643
Payments on long-term debt and lease obligations	(1,522)	(104,720)
Restricted contributions and investment income	<u>4,449</u>	<u>3,080</u>
Net cash provided (used) by financing activities	<u>2,927</u>	<u>(11,477)</u>
(Decrease) increase in cash and cash equivalents	(5,154)	9,404
Cash and cash equivalents, beginning of year	<u>59,591</u>	<u>50,187</u>
Cash and cash equivalents, end of year	<u>\$ 54,437</u>	<u>\$ 59,591</u>
Supplemental disclosure:		
Cash paid for interest	<u>\$ 9,596</u>	<u>\$ 9,503</u>
Right-of-use assets, lease liability	<u>\$ 335</u>	<u>\$ 567</u>

See accompanying notes.

COVENANT HEALTH, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

1. Organization

Covenant Health, Inc. (Covenant) is organized to coordinate the corporate, administrative, clinical and service strengths and potentials of its member organizations. Covenant functions as the parent company to its member organizations which include St. Joseph Hospital of Nashua NH, Inc. (Nashua, NH), St. Mary's Health System (Lewiston, ME), St. Joseph Healthcare Foundation (Bangor, ME), Youville House, St. Andre Health Care Facility, Mary Immaculate Health Care Services, Inc., Fanny Allen Corporation, Fanny Allen Holdings, St. Joseph Manor Health Care, Inc., CHS of Waltham, Inc. d/b/a Maristhill, CHS of Worcester, Inc. d/b/a St. Mary Health Care Center, St. Mary's Villa Nursing Home, Inc. (St. Mary's Villa), Covenant Health Insurance Ltd. (CHIL), Covenant Health Foundation, Covenant Health Master Trust, Mount St. Rita Health Centre, Penacook Place, Inc., Youville Place and Bangor Nursing and Rehabilitation Center, Inc. All member organizations are providers of health care services except CHIL, which is licensed to write professional and general liability insurance for the other member organizations; Fanny Allen Corporation (foundation with activities in Vermont); Fanny Allen Holdings (real estate in Vermont); and Covenant Health Master Trust, which is a unitized investment trust. Covenant and its member organizations, and their various related entities are collectively referred to herein as the "System." The System provides acute, long-term and other health care services to patients and residents in New England and Pennsylvania.

On December 23, 2024, the System entered into an agreement to sell substantially all property and equipment and transfer operations related to Youville House, St. Andre Health Care Facility, Mary Immaculate Health Care Services, Inc., St. Joseph Manor Health Care, Inc., CHS of Waltham, Inc. d/b/a Maristhill, CHS of Worcester, Inc. d/b/a St. Mary Health Care Center, St. Mary's Villa Nursing Home, Inc., Mount St. Rita Health Centre, Penacook Place, Inc., Youville Place and Bangor Nursing and Rehabilitation Center (post acute care facilities or PACs) to an unrelated party.

The management of the System has determined that the vote to sell all assets and transfer operations to an unrelated affiliate met the criteria for a classification of discontinued operations. See Note 13 for additional information.

2. Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements of the System include the accounts of Covenant and its member organizations. Significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (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 consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of accounts receivable, fair value of financial instruments, estimated third-party payor settlements, professional liability loss reserves and self-insurance reserves.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Concentration of Credit Risk

Financial instruments which subject the System to credit risk consist of cash and cash equivalents, accounts receivable, investments and estimated third-party payor settlements. At December 31, 2024 and 2023, the System had cash balances in several financial institutions that exceeded federal depository insurance limits. The System has not experienced any losses in such accounts and it believes it is not exposed to any significant risk. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. Accounts receivable represent receivables from patients and third-party payors for services provided by the System. Patient accounts receivable from the Medicare and Medicaid programs comprised approximately 34% and 37% of receivables for the years ended December 31, 2024 and 2023, respectively. The System's investments consist of diversified investments and, while subject to market risk, are not subject to concentrations in any sector. Estimated third-party payor settlements are primarily comprised of amounts due to state and federal agencies as well as commercial insurers. The System does not expect any credit losses from net recorded amounts. Revenue from the Medicare and Medicaid programs accounted for approximately 48% and 59%, respectively, of the System's patient service revenue for the years ended December 31, 2024 and 2023, and revenue from Anthem accounted for approximately 22% and 23% of patient service revenue for 2024 and 2023, respectively.

Income Taxes

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

St. Joseph Hospital Corporate Services, Inc., a wholly-owned subsidiary of Nashua, is a for-profit organization, which is subject to federal and state income taxes. St. Joseph Hospital Corporate Services, Inc. has net operating loss (NOL) carryforwards for tax purposes. The NOLs are not anticipated to be utilized so the amounts have been fully offset with a reserve.

CHIL, a wholly-owned subsidiary, is domiciled in the Cayman Islands. No income taxes are levied in the Cayman Islands and CHIL has been granted an exemption for any taxes that might be introduced. Accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2024.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as either net assets released from restrictions for operations (for noncapital-related items) or net assets released from restrictions for property, plant and equipment (for capital-related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

Consolidated Statements of Operations and Changes in Net Assets

Transactions deemed by management to be ongoing, major or central to the provision of the services offered by the System are reported as operating revenue and operating expenses. Other transactions, which primarily include certain types of investment income and unrestricted contributions, are reported as nonoperating gains (losses).

Management has determined that the net result of the CHIL insurance operations should be reported in the consolidated nonoperating portion of the consolidated statements of operations and changes in net assets and the actuarially determined premium paid by the insured (member organization) should remain as an operating expense. The operating results of Covenant Health Master Trust are the net result of investment operations and are reported in the nonoperating section of the consolidated statements of operations and changes in net assets. The operations of Fanny Allen Corporation and Fanny Allen Holdings have been included in nonoperating gains on the consolidated statements of operations and changes in net assets.

Excess of Revenue Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets) and pension obligation adjustments.

Patient Service Revenue

Patient service revenue is reported at the estimated realizable amounts from patients, third-party payors and others for services rendered, including any estimated adjustments under reimbursement agreements with third-party payors due to audits, reviews or investigations. Adjustments are recorded as changes in estimates when final settlements are determined. Changes in estimated settlements from third-party payors and other changes from prior years resulted in a net increase of \$3,070 and \$7,398 to patient service revenue for the years ended December 31, 2024 and 2023, respectively.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Charity Care

The System has a formal charity care policy under which patient care is provided to patients who meet certain criteria without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as revenue.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments which have a maturity of three months or less when purchased.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Balances that are still outstanding after management has used reasonable collection efforts are written off.

When the System has an unconditional right to payment, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable, including billed accounts and unbilled accounts for which there is an unconditional right to payment, and estimated amounts due from third-party payors for retroactive adjustments, are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. For patient accounts receivable, the estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable. Patient accounts receivable amounted to \$100,571, \$95,492 and \$90,112 as of December 31, 2024, 2023 and 2022, respectively.

Beneficial Interest in Perpetual Trust

The System is the beneficiary of several trust funds administered by trustees or other third parties. Trusts, wherein the System has an irrevocable right to receive the income earned on the trust assets in perpetuity, are recorded as net assets with donor restrictions at the fair value of the trust at the date of receipt and are included in donor-restricted funds in the consolidated balance sheets. Income distributions from the trusts are reported as investment income that increase net assets without donor restrictions, unless restricted by the donor. Annual changes in market value of the trusts are recorded as increases or decreases to net assets with donor restrictions.

Inventories

Inventories of pharmaceuticals and medical supplies are carried at the lower of cost (determined primarily by the first-in, first-out method) or net realizable value.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Property, Plant and Equipment

Property, plant and equipment is stated at cost, or if donated or acquired, at fair market value at time of donation or acquisition, less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. The provision for depreciation is determined by the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives.

The System reviews its long-lived assets when events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. Upon determination that an impairment has occurred, these assets are reduced to fair value. No such impairment losses have been recognized to date. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less the cost to dispose.

Gifts of long-lived assets such as property or equipment are reported as contributions without donor restrictions and are excluded from the excess of revenue over expenses 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 contributions with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Conditional Asset Retirement Obligations

The System recognizes a liability for the cost of conditional obligations if the fair value can be reasonably estimated. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Financing Costs/Original Issue Discount

Costs associated with debt issuance and any original issue discount or premium related to the System's debt are being amortized by the interest method over the repayment period of the debt and classified net within outstanding debt balances.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include certain assets set aside by the Board of Directors to provide for the future replacement of property, plant and equipment and certain internal designations by members of the System. These assets are reported as Board-designated funds and other long-term investments. Donor-restricted funds include amounts donated for endowments and other special purpose funds.

Investments and Investment Income

Investments in equity securities with readily determinable market values and all investments in debt securities are recorded at fair market value. At December 31, 2024 and 2023, the System held interests in certain funds that do not have a readily determinable fair market value and are valued by investment advisors based upon net asset value (NAV). Interests in such investments are generally recorded at fair market value based on the System's ownership share and rights of the investments.

The valuation of the investments that do not have a readily determinable market value is estimated by management based on fair values (NAV) provided by external investment managers. The System reviews and evaluates the valuations provided by the investment managers and believes that these valuations are a reasonable estimate of fair value at December 31, 2024 and 2023, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed and such differences could be material. The amount of gain or loss associated with these investments is reflected in the accompanying consolidated financial statements based on information provided by the management of the fund.

Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. Realized gains or losses on the sale of investment securities are determined by the specific identification method.

Investment income on investments without donor restrictions is reported as nonoperating gains. Investment income on investments with donor restrictions is reported as nonoperating gains unless specifically restricted by the donor or state law, in which case it is reported as an increase in net assets with donor restrictions.

Market Volatility

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the value of the investment will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets and consolidated statements of operations and changes in net assets.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Donor-Restricted Gifts

Unconditional promises to give that are expected to be collected within one year are recorded at estimated net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value at the date the promise is received based on the present value of their estimated future cash flows. The discount on those amounts is computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue.

Conditional promises to give and indications of intentions to give are not recognized until the related conditions have been met. The gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Professional Liability Loss Contingencies

CHIL is a wholly-owned captive insurance company incorporated and based in the Cayman Islands for the purpose of providing professional and general liability insurance. The System maintains insurance of its professional risks on a claims made basis and general liability risks on an occurrence basis through CHIL.

Estimated liability costs, as calculated by the System's consulting actuaries, consist of specific reserves to cover the estimated liability resulting from medical or general liability incidents or potential claims which have been reported, as well as a provision for claims incurred but not reported. Estimated malpractice liabilities include estimates of future trends in loss severity and frequency and other factors that could vary as the claims are ultimately settled. Although it is not possible to measure the degree of variability inherent in such estimates, management believes the reserves for claims are adequate. These estimates are periodically reviewed, and necessary adjustments are reflected in the consolidated statements of operations and changes in net assets in the year the need for such adjustments becomes known. Management is unaware of any claims that would cause the ultimate expense for medical malpractice risks to vary materially from the amounts provided.

At December 31, 2024, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accrual. The System intends to renew coverage on a claims made basis and anticipates that such coverage will be available.

Workers' Compensation and Self-Insurance Reserves

A significant portion of the System's workers' compensation exposure is covered by an industry trust. All claims are paid and settled through the trust and the System has no significant exposure for claims covered by the trust.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

2. Significant Accounting Policies (Continued)

Certain members of the System are self-insured for workers' compensation. These costs are accounted for on an accrual basis to include estimates of future payments on claims incurred.

Retirement Plans

The System's members sponsor several defined contribution retirement plans which cover substantially all employees who have met certain eligibility requirements of the respective plans. Contributions to the defined contribution plans are discretionary and are based upon certain percentages of eligible income. Expenses related to the defined contribution plans were \$5,458 and \$5,078 for 2024 and 2023, respectively. In addition, Nashua and Bangor had frozen defined benefit pension plans. See Note 6 for further information on the defined benefit plans. The System maintains a supplemental executive retirement plan (SERP) for certain executives. There was no expense related to the SERP for the years ended December 31, 2024 and 2023.

Deferred Compensation

The System has recorded its obligations under deferred compensation agreements with certain employees of \$12,317 and \$12,446 at December 31, 2024 and 2023, respectively, which are included in other liabilities on the accompanying consolidated balance sheets. Assets of \$12,265 and \$12,623 at December 31, 2024 and 2023, respectively, related to these obligations are segregated and included in assets whose use is limited or restricted on the accompanying consolidated balance sheets.

Federal Pell Grant Program

St. Joseph's School of Nursing (the School), which is a department of St. Joseph's Hospital of NH, Inc. receives federal Pell grants from the United States Department of Education to assist students who meet certain guidelines pay for courses. The School operates independently of the System and does not have any significant related party activity. During the years ended December 31, 2024 and 2023, the School received \$188 and \$165, respectively, of Pell grants that were provided to students.

Reclassifications

Certain 2023 amounts have been reclassified to permit comparison with the 2024 consolidated financial statements presentation format.

Subsequent Events

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through April 25, 2025, which is the date the consolidated financial statements were available to be issued.

COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

3. Patient Service Revenue

Revenue generally relates to contracts with third-party payors representing patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge or per identified service. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Revenue is based upon estimated amounts that the System expects to be entitled to receive from patients and third-party payors. Revenue under managed care and commercial insurance plans is based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts) and the recorded revenue is based primarily on historical collection experience.

Revenue from third-party payors and private pay/self-pay is summarized as follows at December 31:

	<u>2024</u>	<u>2023</u>
Medicare	\$251,763	\$266,354
Medicaid	90,193	103,848
Commercial	361,970	304,504
Patients (private pay/self pay)	<u>7,956</u>	<u>7,001</u>
	<u>\$711,882</u>	<u>\$681,707</u>

See also Note 13 with respect to certain revenues reported in discontinued operations in 2024 and 2023.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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3. Patient Service Revenue (Continued)

The collection of outstanding receivables for Medicare, Medicaid, managed care payors, other third-party payors and patients is the System's primary source of operating cash and is critical to operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of the System's revenues and accounts receivable as a primary source of information in estimating the collectibility of accounts receivable.

Under the State of New Hampshire's tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.4% of patient service revenue, with certain exclusions for the years ended December 31, 2024 and 2023. The amount of tax incurred by Nashua for fiscal 2024 and 2023 was \$13,383 and \$11,820, respectively.

In the fall of 2010, to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within patient service revenue and amounted to \$8,145 in 2024 and \$7,332 in 2023.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State in 2011 and 2012, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address any potential exposure based on the audit results to date.

The State of Maine enacted legislation establishing a health care provider tax (State tax). As a result, the System was subjected to and recorded \$8,617 and \$8,706 of State tax for the years ended December 31, 2024 and 2023, respectively.

The estimated third-party payor settlements reflected on the consolidated balance sheets represent the estimated net amounts to be received or paid under reimbursement contracts with CMS, Medicaid and any commercial payors with settlement provisions. For Bangor, settlements have been issued through 2021 for Medicare and through 2020 for Medicaid. For Nashua, settlements have been issued through 2020 for Medicare and through 2019 for Medicaid. For Lewiston, Medicare and Medicaid have been settled through 2020.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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3. Patient Service Revenue (Continued)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The System believes that it is substantially in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing specific to the System. While no such regulatory inquiries have been made, 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 and Medicaid 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.

Community Benefits

The System does not pursue collection of amounts determined to qualify as charity care; therefore, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended December 31, 2024 and 2023 were \$13,097 and \$19,420, respectively.

As part of the System's charitable mission, its member organizations also provide services which primarily benefit the medically under-served in their communities. The System prepares an annual report utilizing the methodology contained in the Catholic Health Association's Guide to Planning and Reporting Community Benefit. The net unsponsored costs of charity care including clinics, unreimbursed Medicaid cost, outreach programs and community health education programs provided by the System for the years ended December 31, 2024 and 2023 were \$182,844 and \$176,883, respectively.

4. Investments

Investments, which are reported at fair value, consist of the following at December 31:

	<u>2024</u>	<u>2023</u>
Investments	\$ 10,034	\$ 14,309
Assets whose use is limited, restricted or board designated	347,525	335,972
Less pledges receivable	<u>(1,892)</u>	<u>(209)</u>
Total investments	<u>\$355,667</u>	<u>\$350,072</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES
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4. Investments (Continued)

Fair Value Measurements

Financial assets carried at fair value are classified and disclosed in one of the following three categories:

Level 1 – Assets classified as Level 1 represent items that are traded in active exchange markets and for which valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities. Assets classified as Level 1 include cash and cash equivalents, marketable equity securities, mutual funds, accrued interest, and other.

Level 2 – Valuations for assets traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities. Assets classified as Level 2 include U.S. Government securities, corporate bonds and cash surrender value of life insurance policies.

Level 3 – Valuations for assets that are derived from other valuation methodologies not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions in determining the fair value assigned to such assets. Assets classified as Level 3 include beneficial interests in perpetual and other trusts.

In determining the appropriate levels, the System performs a detailed analysis of the valuation methodology of the assets. At each reporting period, all assets for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

Investments which do not have a readily determinable market value and which are valued based upon NAV are not evaluated based upon the above criteria for purposes of the following disclosure and have been excluded from the leveling tables.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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4. Investments (Continued)

The following presents the balances of assets measured at fair value on a recurring basis at December 31:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2024:				
Cash and cash equivalents	\$ 29,994	\$ —	\$ —	\$ 29,994
U.S. Government securities	—	24,305	—	24,305
Corporate bonds	—	27,292	—	27,292
Marketable equity securities	79,531	—	—	79,531
Mutual funds:				
Fixed income funds	48,030	—	—	48,030
Domestic equity funds	102,480	—	—	102,480
Accrued interest and other	274	—	—	274
Beneficial interest in perpetual and other trusts	—	—	7,319	7,319
Cash surrender value of life insurance policies	—	2,568	—	2,568
	<u>\$260,309</u>	<u>\$54,165</u>	<u>\$ 7,319</u>	321,793
Investments valued at NAV not classified by level:				
Fixed income				26,706
Real assets				<u>7,168</u>
				<u>33,874</u>
Total investments				<u>\$355,667</u>
2023:				
Cash and cash equivalents	\$ 28,163	\$ —	\$ —	\$ 28,163
U.S. Government securities	—	21,660	—	21,660
Corporate bonds	—	21,953	—	21,953
Marketable equity securities	102,821	—	—	102,821
Mutual funds:				
Fixed income funds	89,844	—	—	89,844
Domestic equity funds	38,910	—	—	38,910
International equity funds	2,291	—	—	2,291
Accrued interest and other	253	—	—	253
Beneficial interest in perpetual and other trusts	—	—	6,904	6,904
Cash surrender value of life insurance policies	—	5,835	—	5,835
	<u>\$262,282</u>	<u>\$49,448</u>	<u>\$ 6,904</u>	318,634
Investments valued at NAV not classified by level:				
Fixed income				22,926
Real assets				<u>8,512</u>
				<u>31,438</u>
Total investments				<u>\$350,072</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES
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4. Investments (Continued)

The alternative investments are subject to certain redemption terms based upon NAV. Amounts may be redeemed monthly with notification periods ranging from 5 – 15 days. There are no commitments to purchase additional units.

Investment Strategies

Fixed Income Investments

The purpose of the fixed income allocation is to provide a hedge against deflation, to increase current income relative to an all-equity fund, and to reduce overall volatility of the fund. The purpose of including fixed income assets such as, but not limited to, inflation-linked bonds, global and high yield securities in the portfolio is to enhance the overall risk-return characteristics of the fund.

Real Assets

Real assets include investments in liquid instruments, such as inflation-linked bonds, master limited partnership income funds and commodity futures. Investments are made in financial assets which are related to or strongly influenced by the value of one or more underlying tangible assets. The purpose of the real asset allocation is to provide a source of growth in an inflationary environment when other investments may underperform.

The principal components of total investment return for the years ended December 31 include:

	<u>2024</u>	<u>2023</u>
Investment income:		
Interest and dividends	\$ 7,439	\$ 6,753
Net realized gains (losses) on sales of securities	3,087	(8,313)
Net unrealized gains on investments	<u>14,050</u>	<u>40,921</u>
Net realized and unrealized gains on investments	<u>17,137</u>	<u>32,608</u>
Investment gains	<u>\$24,576</u>	<u>\$ 39,361</u>

All unrestricted investment income and losses including unrealized gains are included as part of nonoperating gains.

COVENANT HEALTH, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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5. Long-Term Debt and Lease Liability

Long-Term Debt

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

	<u>2024</u>	<u>2023</u>
In March 2023, Covenant, on behalf of the Obligated Group, privately placed \$89,520 of tax-exempt revenue bonds (2023 Bonds). The 2023 Bonds were issued in two series. The first series in the amount of \$56,060 matures in 2037 and bears interest at 4.0%. The second series in the amount of \$33,460 matures in 2037 and bears interest at 4.0%	\$ 89,520	\$ 89,520
In August 2021, Covenant, on behalf of the Obligated Group, privately placed \$225,000 of notes (2021 Notes). The proceeds of the 2021 Notes were used to refinance all of the System's publicly traded municipal bonds, certain privately placed bonds and a taxable loan. The 2021 Notes were issued in two tranches. The first tranche in the amount of \$125,000 matures in 2041 and bears interest at 3.47%. The second tranche of \$100,000 matures in 2051 and bears interest at 4.48%. In March 2023, \$92 million of these bonds were refinanced	133,000	133,000
St. Mary's Residences has a mortgage payable to Maine State Housing Authority with an interest rate of 7.5%. The mortgage matures in June 2028 and is collateralized by real property	1,511	1,639
MI Residential Communities, Inc. has a mortgage payable to the Department of Housing and Urban Development and Midland Loans Services, Inc., collateralized by their real property. The note bears interest at 4.05% through March 2053	6,908	7,036
Additional mortgages payable to various financial institutions are held primarily at St. Joseph Manor and M&J	<u>432</u>	<u>364</u>
	231,371	231,559
Unamortized original issue discount	(7,178)	(7,678)
Deferred financing costs	<u>(2,825)</u>	<u>(2,583)</u>
Long-term debt	221,368	221,298
Less current portion	<u>(619)</u>	<u>(640)</u>
Long-term debt, less current portion	<u>\$220,749</u>	<u>\$220,658</u>

Debt Refinance

In March 2023, Covenant, on behalf of the Obligated Group, privately placed \$89,520 of tax-exempt revenue bonds (2023 Bonds). The proceeds of the 2023 Bonds were used to refinance \$92,000 of Covenant's privately placed 2021 Notes. The 2023 Bonds were issued in two series. The first series was issued by the New Hampshire Health and Education Facilities Authority in the amount of \$56,060, matures in 2037 and bears interest at 4.0%. The second series was issued by the Maine Health and Higher Educational Facilities Authority in the amount of \$33,460, matures in 2037 and bears interest at 4.0%. In conjunction with the refinancing, the System realized a gain of approximately \$12.2 million.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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5. Long-Term Debt and Lease Liability (Continued)

Obligated Group

Covenant and certain member organizations are collectively referred to as the "Obligated Group" or as "Members," and each individually is sometimes referred to herein as a "Member." The Obligated Group is established pursuant to a Master Indenture of Trust, dated August 31, 2021, as supplemented to date (the Master Indenture), between the Obligated Group and U.S. Bank National Association, as successor master trustee (the Master Trustee). Each Member of the Obligated Group is jointly and severally liable for obligations issued pursuant to, and outstanding under, the Master Indenture (Obligations).

Each Obligated Group Member has granted a security interest in its gross receivables for the benefit of the Master Trustee to secure Obligations issued pursuant to the Master Indenture. In addition, each of St. Joseph Hospital of Nashua, N.H. (Nashua), St. Mary's Regional Medical Center (Lewiston) and St. Joseph Hospital (Bangor) has granted a mortgage on its hospital facility in favor of the Master Trustee to secure Obligations issued pursuant to the Master Indenture.

The Master Indenture contains restrictive covenants, including maintenance of a debt ratio, liquidity covenant, limitations on the amount of any additional borrowings, and limitations on the disposal or transfer of assets. As of December 31, 2024, the Obligated Group was in compliance with the debt service coverage covenant under the Obligations.

Maturities of long-term debt for the five years ending December 31 and thereafter are as follows:

2025	\$ 619
2026	395
2027	6,812
2028	7,898
2029	7,106
Thereafter	<u>208,541</u>
	231,371
Less unamortized discount and financing costs	<u>(10,003)</u>
Long-term debt	<u>\$221,368</u>

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5. Long-Term Debt and Lease Liability (Continued)

Lease Liability

The System utilizes operating leases for the use of certain medical office buildings and medical equipment. All lease agreements generally require the System to pay maintenance, repairs, property taxes and insurance costs, which are variable amounts based on actual costs incurred during each applicable period. Such costs are not included in the determination of the right-of-use (ROU) asset or lease liability. Variable lease cost also includes escalating rent payments that are not fixed at commencement but are based on an index that is determined in future periods over the lease term based on changes in the Consumer Price Index or other measure of cost inflation. Most leases include one or more options to renew the lease at the end of the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. All such options are at the System's discretion and are evaluated at the commencement of the lease, with only those that are reasonably certain of exercise included in determining the appropriate lease term.

In 2019, the System adopted ASU 2016-02, *Leases*. The System recorded the cost of ROU assets in the amount of \$8,410 and \$9,118 as of December 31, 2024 and 2023, respectively. The cost of these assets has been included with property, plant and equipment. Amortization expense for assets under lease liability was \$1,453 and \$998 for the years ended December 31, 2024 and 2023, respectively, and has been included with depreciation expense in the accompanying consolidated financial statements. Accumulated amortization associated with the lease totaled \$4,745 and \$3,888 as of December 31, 2024 and 2023, respectively.

Lease obligations at December 31 consist of the following:

	<u>2024</u>	<u>2023</u>
Total of future lease payments	\$ 7,500	\$ 9,407
Amounts representing interest	<u>(244)</u>	<u>(559)</u>
Present value of minimum lease payments	7,256	8,848
Less current portion	<u>(2,777)</u>	<u>(3,579)</u>
Long-term lease liability, less current portion	<u>\$ 4,479</u>	<u>\$ 5,269</u>

A summary of the future lease payments under lease liabilities is as follows at December 31, 2024:

2025	\$ 3,259
2026	3,174
2027	740
2028	218
2029	<u>109</u>
Total	<u>\$ 7,500</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES

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6. Defined Benefit Pension Plan

The System maintained a noncontributory defined benefit plan in Nashua until its termination on November 30, 2023. The measurement date was December 31. Effective June 2, 2007, plan participation was frozen. Benefit service and plan compensation have been frozen effective December 31, 2007. As of December 31, 2023, the plan was terminated and all benefit payments were paid out prior to year end.

Net periodic pension cost includes the following components for the years ended December 31, 2023:

Interest cost on projected benefit obligation	\$ 1,286
Expected return on plan assets	(1,243)
Amortization of loss	1,312
Recognition of settlement	<u>10,179</u>
Net periodic pension expense	<u>\$ 11,534</u>

The following table sets forth the plan's benefit obligation, funded status, changes in the plan's assets and amounts recognized in the consolidated financial statements at December 31, 2023:

Changes in projected benefit obligations:	
Projected benefit obligations, beginning of period	\$ 26,066
Benefits paid	(846)
Interest cost	1,286
Impact of assumption changes	193
Experience gain (loss)	(117)
Settlement amount	<u>(26,582)</u>
Projected benefit obligations, end of period	-
Changes in plan assets:	
Fair value of plan assets, beginning of period	25,130
Actual return on plan assets	316
Employer contributions	400
Benefits paid	(846)
Settlement amount	<u>(25,000)</u>
Fair value of plan assets, end of period	<u>-</u>
Funded status	<u>\$ -</u>

The weighted average assumptions used in accounting for the defined benefit pension plan are as follows as of and for the years ended December 31, 2023:

Discount rate used to determine net periodic pension cost	5.02%
Discount rate used to determine benefit obligation	N/A
Expected long-term rate of return on plan assets	N/A
Rate of increase in future compensation levels	N/A

All pension assets are considered to be Level 1 assets (as defined in Note 4).

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7. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	<u>2024</u>	<u>2023</u>
Purpose restriction:		
Health care services	\$ 8,818	\$ 4,013
Equipment and capital improvements	10,647	12,148
Education and scholarships	381	1,090
Employee emergency assistance	376	321
Designated for certain communities	<u>528</u>	<u>845</u>
	20,750	18,417
Perpetual in nature:		
Investments, gains and income from which is donor-restricted	4,316	11,617
Investments, gains and income from which is released to net assets without donor restrictions	33,042	26,590
Beneficial interest in perpetual trust	<u>7,319</u>	<u>6,904</u>
	44,677	45,111
Total net assets with donor restrictions	<u>\$65,427</u>	<u>\$63,528</u>

Net assets with donor restrictions are managed in accordance with donor intent and are invested in various portfolios.

8. Investments in Joint Ventures

The System has ownership interests in joint ventures. All of the investments are accounted for under the equity method of accounting. The more significant investments in joint ventures are as follows:

The System has an interest in United Ambulance Services which has operations in Lewiston and Auburn, Maine. The investment has a carrying value at December 31, 2024 and 2023 of \$2,055 and \$1,792, respectively.

The System has an ownership interest in Nashua Regional Cancer Center. The investment has a carrying value of \$1,865 and \$1,676 at December 31, 2024 and 2023, respectively.

The System entered into a joint venture in 2021 with MaineHealth to provide expanded patient medical services in Lewiston. Under the terms of the joint venture, MaineHealth and the System will share in the costs of providing the services. The cost sharing of the joint venture is settled prospectively. During December 2024, the System and MaineHealth terminated the joint venture. As of December 31, 2024, the System owed \$3,000 to MaineHealth. This amount was paid subsequent to year end.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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9. Financial Assets and Liquidity Resources

As of December 31, 2024, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following:

Cash and cash equivalents	\$ 54,437
Short-term investments	10,034
Patient accounts receivable	<u>100,571</u>
	<u>\$165,042</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of December 31, 2024, the balance of liquid investments in board-designated assets was \$264,378.

10. St. Mary's Villa

St. Mary's Villa has certain regulatory disclosure requirements. The following information has been included to meet those regulatory disclosure requirements and applies specifically to St. Mary's Villa:

Entrance Fees

Fees paid by a resident upon entering into a continuing care contract are refundable and amortized to income using the straight-line method over a period of five years. There was one (1) CCRC at December 31, 2024 and 2023. There were no fees received or amounts refunded in 2024 or 2023.

St. Mary's Villa has not and will not accept any entrance fee under any continuing care agreement until the date of admission and this practice will continue into the future. St. Mary's Villa Disclosure Statements and Admissions Agreements reflect this practice. It is management's understanding that this practice exempts St. Mary's Villa's CCRC from maintaining a formal escrow agreement with an appointed escrow agent or other manner of security as described in 40 P.S. § 3212.

Obligation to Provide Future Services

The CCRC annually calculates the present value of the net cost of future services and the use of facilities to be provided to current residents and compares that amount with the balance of deferred revenue from advance fees. If the present value of the net cost of future services and the use of facilities exceeds the deferred revenue from advance fees, a liability is recorded (obligation to provide future services and use of facilities) with the corresponding charge to income. At December 31, 2024 and 2023, the calculated net cost did not exceed the deferred revenue from advance fees and no liability was required to be recorded.

COVENANT HEALTH, INC. AND SUBSIDIARIES
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10. St. Marv's Villa (Continued)

Statutory Liquid Reserves

The *Continuing Care Provider Registration and Disclosure Act* requires a working capital reserve equivalent to the greater of the total debt service payments of any loan or long-term financing due during the next twelve months or 10% of the projected annual expenses of the facility, exclusive of depreciation and amortization. The reserve is computed on the proportional share of debt service or operating expenses that are applicable to resident agreements.

Statutory liquid reserves are calculated as follows at December 31:

	<u>2024</u>	<u>2023</u>
Principal and interest payments due within the next twelve months	\$ 320	\$ 320
Percent of residents subject to agreements	<u>2.38%</u>	<u>1.92%</u>
Reserve calculated	\$ <u>8</u>	\$ <u>6</u>
Projected operating expenses, excluding depreciation and amortization	\$15,427	\$15,835
Percent of residents subject to agreements	<u>2.38%</u>	<u>1.92%</u>
	367	305
Percent of residents subject to agreements	<u>2.45%</u>	<u>1.92%</u>
Reserve calculated	\$ <u>9</u>	\$ <u>6</u>
Minimum reserve required (greater of above)*	\$ <u>9</u>	\$ <u>6</u>
CCRC residents	1	1
Total beds	64 ^(a)	64 ^(a)
Average occupancy	66% ^(b)	72% ^(b)
Average beds (a)*(b)	42	46
Percentage of residents subject to agreements (CCRC residents / average beds)	2.38%	1.89%

* The Villa records amounts required to satisfy reserve requirements above in funds held by trustee which totaled \$26 at December 31, 2024 and 2023.

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11. Functional Expenses

The System provides acute and long-term health care services. Expenses related to providing these services are as follows for the years ended December 31:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Total</u>
<u>2024</u>			
Salaries and wages	\$311,925	\$ 14,147	\$326,072
Employee benefits	77,063	2,021	79,084
Supplies	98,556	184	98,740
Other expenses	182,717	21,494	204,211
Interest	8,072	-	8,072
Depreciation and amortization	22,277	-	22,277
Provider tax	<u>22,000</u>	<u>-</u>	<u>22,000</u>
	<u>\$722,610</u>	<u>\$ 37,846</u>	<u>\$760,456</u>
<u>2023</u>			
Salaries and wages	\$290,675	\$ 26,694	\$317,369
Employee benefits	59,138	5,438	64,576
Supplies	93,729	-	93,729
Other expenses	173,095	57,241	230,336
Interest	8,016	-	8,016
Depreciation and amortization	22,158	-	22,158
Provider tax	<u>20,526</u>	<u>-</u>	<u>20,526</u>
	<u>\$667,337</u>	<u>\$ 89,373</u>	<u>\$756,710</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses was made according to management's estimates. Employee benefits were allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

12. Commitments and Contingencies

Litigation

On occasion the System is subject to various potential legal claims that may arise in the normal course of business. The System intends to vigorously defend against any such claims that may arise. In the opinion of management, no claims have been asserted against the System which, either individually or in the aggregate, are considered to be material or will be in excess of its insurance coverage.

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12. Commitments and Contingencies (Continued)

Regulatory

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Compliance with such laws and regulations are subject to government review and interpretations as well as potential regulatory actions. Management believes that the System is in substantial compliance with current laws and regulations and is not aware of any material potential regulatory issues.

13. Discontinued Operations

On December 23, 2024, the System entered into an agreement to sell substantially all property and equipment and transfer operations related to Youville House, St. Andre Health Care Facility, Mary Immaculate Health Care Services, Inc., St. Joseph Manor Health Care, Inc., CHS of Waltham, Inc. d/b/a Maristhill, CHS of Worcester, Inc. d/b/a St. Mary Health Care Center, St. Mary's Villa Nursing Home, Inc., Mount St. Rita Health Centre, Penacook Place, Inc., Youville Place and Bangor Nursing and Rehabilitation Center (post acute care facilities or PACs) to an unrelated party.

It is expected the transaction will be finalized during 2025. It is not expected that the System will have any continuing involvement subsequent to sales of any of these facilities. Amounts reclassified to discontinued operations in fiscal 2024 and 2023 related to the long-term care facilities were actively marketed for sale at December 2024.

Revenue and expense related to these properties have been reported within discontinued operations in 2024 and 2023 consolidated balance sheets and consolidated statements of operations and changes in net assets.

Amounts included on the consolidated balance sheets with respect to assets held for sale and in the consolidated statements of operations and changes in net assets with respect to discontinued operations are shown below:

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Property, plant and equipment:		
Land and improvements	\$ 4,122	\$ 4,106
Buildings and improvements	153,072	142,989
Equipment	24,109	23,447
Construction in progress	<u>751</u>	<u>655</u>
	182,054	171,197
Less accumulated depreciation	<u>(116,162)</u>	<u>(110,697)</u>
Total property, plant and equipment	<u>65,892</u>	<u>60,500</u>
Total assets	\$ <u>65,892</u>	\$ <u>60,500</u>

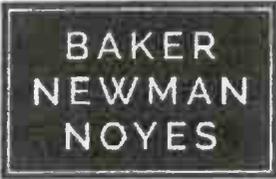
COVENANT HEALTH, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023
(In thousands)

13. Discontinued Operations (Continued)

	<u>2024</u>	<u>2023</u>
<u>Statement of Operations</u>		
Operating revenue:		
Patient service revenue	\$ 126,919	\$ 122,648
Other revenue	9,930	9,592
Net assets released from restrictions for discontinued operations	<u>825</u>	<u>710</u>
Total operating revenue	137,674	132,950
Operating expenses:		
Salaries and wages	68,992	61,714
Employee benefits	12,563	11,406
Supplies and other expenses	52,783	57,200
Interest	1,518	1,487
Provider tax	5,454	5,214
Depreciation and amortization	<u>5,649</u>	<u>5,500</u>
Total operating expenses	<u>146,959</u>	<u>142,521</u>
Loss from discontinued operations	(9,285)	(9,571)

In addition, the accompanying consolidated financial statements include losses from various other discontinued operations totaling \$4,059 in 2024.



**INDEPENDENT AUDITORS' REPORT
ON ADDITIONAL INFORMATION**

The Board of Directors
Covenant Health, Inc.

We have audited the consolidated financial statements of Covenant Health, Inc. and Subsidiaries (the System) as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Newman Noyes LLC

Portland, Maine
April 25, 2025

Covenant Health, Inc.
Consolidating Balance Sheet
December 31, 2021
(In thousands)

	St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Regional Medical Center*	St. Joseph Healthcare Foundation*	St. Joseph Vintuation Co.	Covenant Health, Inc.	*** Mary Immaculate*	*** (Marist Hill) CHS of Waltham Inc.	*** St. Joseph Manor Health Care, Inc.	*** (St. Mary) CHS of Worcester, Inc.	*** Mount St. Rita Health Centre	*** Mount St. Rita Valuation Co.	*** Penarick Place, Inc.	*** Penarick Valuation	Elimi- nations	** Total Obligated Group
Assets															
Current assets:															
Cash and cash equivalents	\$ 6,930	\$ 11,900	\$ 4,834	\$ --	\$ 4,077	\$ 2,032	\$ 308	\$ 722	\$ 1,329	\$ 397	\$ --	\$ 797	\$ --	\$ --	\$ 35,924
Patient accounts receivable	41,323	22,086	23,399	--	--	2,490	1,513	1,712	1,034	1,116	--	1,309	--	--	96,452
Investments	--	4,195	61	--	--	--	--	--	--	--	--	--	--	--	4,256
Inventories	5,061	2,684	3,210	--	--	58	51	10	12	17	--	62	--	--	11,158
Prepaid expenses and other current assets	3,266	2,285	1,467	--	9,617	486	142	135	28	194	--	127	--	--	17,577
Amounts receivable from third-party payers	--	5,200	3,670	--	--	--	--	--	--	89	--	--	--	--	9,049
Current portion of assets whose use is limited or restricted	--	--	--	--	--	--	40	94	18	81	--	6	--	--	239
Current portion of due from affiliates	2,693	14,949	7,078	--	137,464	642	--	65	--	--	--	--	--	(136,401)	26,499
Total current assets	59,279	66,576	43,603	--	151,158	5,618	3,054	2,508	3,421	1,894	--	2,301	--	(136,401)	281,145
Assets whose use is limited or restricted:															
Funds held by trustees, less current portion	--	--	--	--	1,145	--	--	--	--	--	--	--	--	--	1,145
Deferred compensation	426	--	--	--	--	--	--	--	--	--	--	--	--	--	426
Board designated funds and other long-term investments	99,450	65	2,913	--	3,424	59,918	530	1,517	--	--	1	--	--	--	158,818
Replacement reserve	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Donor-restricted funds	2,366	6,732	2,815	--	1,629	51	113	40	87	--	--	4	--	--	12,800
Total assets whose use is limited or restricted	102,442	6,797	5,728	--	6,198	59,969	594	1,557	57	7	--	5	--	--	174,200
Other assets:															
Other assets	15,627	--	--	--	45,323	--	54	95	28	36	--	111	--	--	61,274
Investments in joint ventures	2,904	2,113	632	(242)	5	--	--	--	--	--	--	--	--	--	5,007
Due from affiliates, less current portion	1,863	--	90	--	181,444	--	--	--	--	--	--	--	--	(123,541)	159,856
Total other assets	19,994	2,113	722	(242)	176,772	--	54	95	28	36	--	111	--	(123,541)	176,147
Property, plant and equipment:															
Land and improvements	3,852	2,856	2,148	--	--	641	490	305	405	537	--	31	--	--	11,345
Buildings and improvements	117,317	87,151	51,932	11,935	90	15,139	8,479	5,056	3,555	8,544	3,222	7,758	1,517	--	321,795
Equipment	69,987	46,336	36,473	--	93,110	4,533	3,159	734	836	1,503	--	2,843	--	--	259,335
Construction in progress	7,220	4,777	7,369	--	636	178	--	265	20	--	--	--	--	--	29,156
Right-of-use assets	4,861	1,945	430	--	586	--	--	--	--	--	--	--	--	--	7,822
Total property, plant and equipment	203,237	143,065	98,344	11,935	94,422	20,511	12,428	6,360	4,996	10,581	3,222	10,632	1,517	--	621,253
Less accumulated depreciation	(128,530)	(82,041)	(61,865)	577	(46,928)	(13,464)	(8,151)	(3,811)	(3,151)	(7,437)	288	(8,837)	(49)	--	(263,177)
Less accumulated depreciation - right-of-use assets	(3,130)	(954)	(98)	--	(132)	--	--	--	--	--	--	--	--	--	(4,214)
Total property, plant and equipment	71,577	60,070	36,381	12,512	47,362	7,047	4,277	2,549	1,845	3,144	3,502	1,725	1,468	--	252,862
Total assets	\$ 253,286	\$ 135,676	\$ 86,514	\$ 12,265	\$ 361,490	\$ 63,615	\$ 6,904	\$ 6,969	\$ 4,351	\$ 5,064	\$ 3,502	\$ 4,212	\$ 1,468	\$ (239,942)	\$ 705,413

* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Regional Medical Center, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group.

** Total of Obligated Group can need forward to next page.

*** Assets held for sale and discontinued operations.

Covenant Health, Inc.
Consolidating Balance Sheet
December 31, 2021
(In thousands)

	*** St. Mary's Villa Nursing Home, Inc.	*** St. Andre Health Care Facility	*** Youville Place	*** Youville House	*** MI Residential Community Inc.	*** Bangor Nursing and Rehab Center, Inc.	*** Bangor Nursing and Rehab Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Master Trust	Eliminations	System Consolidated
Assets																	
Current assets:																	
Cash and cash equivalents	\$ 1,273	\$ 1,061	\$ 906	\$ 2,942	\$ 1,524	\$ 189	\$ --	\$ 1,216	\$ (174)	\$ 5,121	\$ 28	\$ 53	\$ 24	\$ 1,650	\$ --	\$ --	\$ 54,437
Patient accounts receivable	1,262	1,026	112	97	78	40	--	--	(7)	650	--	--	--	--	--	--	100,571
Investments	--	--	--	--	--	--	--	--	54	5,724	--	--	--	--	--	--	10,934
Inventories	58	37	20	30	--	45	--	--	--	5	--	--	--	--	--	--	11,353
Prepaid expenses and other current assets	(76)	26	35	38	55	87	--	145	291	318	--	--	--	11,462	--	--	29,964
Amounts receivable from third-party payors	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	9,849
Current portion of assets whose use is limited or restricted	535	83	68	--	--	3	--	--	--	--	--	--	--	--	--	--	917
Current portion of due from affiliates	386	--	(3,705)	814	--	--	7,206	107	214	--	--	--	--	--	--	(21,545)	--
Total current assets	3,428	2,232	(2,561)	3,921	1,557	1,135	--	8,667	271	12,662	28	53	24	13,112	--	(21,545)	116,129
Assets whose use is limited or restricted:																	
Funds held by trustee, less current portion	26	--	--	--	157	--	--	--	--	--	--	--	75	--	--	--	1,403
Deferred compensation	--	--	--	--	--	--	--	11,830	--	--	--	--	--	--	--	--	12,265
Board designated funds and other long-term investments	15,515	1,738	9,034	18,748	--	--	--	1,120	1,453	--	--	3,021	--	51,951	260,230	(260,230)	261,398
Replacement reserve	--	--	--	--	9,324	--	--	--	636	--	--	--	--	--	--	--	9,960
Non-restricted funds	(205)	21	170	3,082	81	10	--	718	1,968	6,393	32,588	1,746	--	--	--	922	61,882
Total assets whose use is limited or restricted	15,336	1,759	9,410	21,830	9,562	10	--	13,677	4,057	6,393	32,588	4,767	75	51,951	260,230	(259,308)	346,608
Other assets:																	
Other assets	90	(25)	24	4	--	--	--	15,360	249	--	--	--	--	--	--	(66,150)	818
Investments in joint ventures	--	--	--	--	--	--	--	1,384	55	53	--	--	--	--	--	--	7,000
Due from affiliates, less current portion	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	(19,856)
Total other assets	90	(25)	24	4	--	--	--	16,744	804	53	--	--	--	--	--	(66,150)	7,818
Property, plant and equipment:																	
Land and improvements	299	426	750	--	106	54	--	1,615	2,110	2,807	--	--	--	--	--	--	19,319
Buildings and improvements	16,785	2,774	17,961	19,542	34,941	5,348	2,751	11,863	9,648	8,126	--	--	--	--	--	--	451,134
Equipment	4,878	1,159	608	584	1,572	1,356	104	185	801	1,268	--	--	--	--	--	--	172,190
Construction in progress	--	115	17	--	76	80	--	--	--	80	--	--	--	--	--	--	20,424
Right of use asset	--	--	--	--	--	--	--	588	--	--	--	--	--	--	--	--	8,410
Less accumulated depreciation	(21,362)	(4,677)	(19,336)	(20,046)	(36,695)	(6,838)	(2,855)	(4,171)	(2,568)	(12,281)	--	--	--	--	--	--	(72,077)
Less accumulated depreciation - right-of-use assets	(15,180)	(2,402)	(9,249)	(10,152)	(28,424)	(5,926)	(2,539)	(7,169)	(8,083)	(9,784)	--	--	--	--	--	--	(49,455)
Total property, plant and equipment	9,632	1,679	10,097	9,894	8,271	913	2,596	6,471	4,485	3,997	--	--	--	--	--	--	247,877
Total assets	\$ 25,486	\$ 5,636	\$ 16,966	\$ 35,649	\$ 23,190	\$ 2,057	\$ 2,596	\$ 45,559	\$ 9,619	\$ 21,547	\$ 32,616	\$ 4,820	\$ 94	\$ 65,063	\$ 260,230	\$ (376,866)	\$ 878,622

Covenant Health, Inc.
Consolidating Balance Sheet
December 31, 2024
(In thousands)

Liabilities and Net Assets

Current liabilities:

	St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Regional Medical Center*	St. Joseph Healthcare Foundation*	St. Joseph Volunteer Co.	Covenant Health, Inc.	*** Mary Immaculate*	*** (Marist Hill) CHS of William Inc.	*** St. Joseph Manor Health Care, Inc.	*** (St. Mary) CHS of Worcester, Inc.	*** Mount St. Rita Health Centre	*** Mount St. Rita Voluntun Co.	*** Pensacok Place, Inc.	*** Pensacok Voluntun	Elimi- nations	** Total Obligated Group
Accounts payable	\$ 13,671	\$ 5,666	\$ 3,758	\$ -	\$ 7,234	\$ 464	\$ 1,321	\$ 305	\$ (739)	\$ 897	\$ -	\$ 1,719	\$ -	\$ (760)	\$ 33,535
Accrued expenses and other liabilities	28,296	13,264	13,722	-	10,725	1,451	724	791	657	639	-	721	-	-	70,002
Other current liabilities	5	4,035	46	-	1,800	34	2	136	52	32	-	71	-	-	6,041
Estimated third-party payor settlements	2,223	-	-	-	-	129	198	322	75	-	-	333	-	-	3,280
Current portion of due to affiliates	10,072	109,553	11,976	-	3	289	1,569	633	2,424	2,186	-	7,353	-	(135,641)	10,437
Current portion of lease liability	1,344	158	594	-	114	-	-	-	-	-	-	-	-	-	7,720
Current portion of long-term debt	-	-	-	-	-	-	-	183	-	-	-	-	-	-	183
Total current liabilities	55,633	139,276	30,008	-	19,876	3,267	3,813	2,186	2,469	3,754	-	10,197	-	(136,401)	127,076
Long-term debt, less current portion	(2,566)	(1,261)	(609)	-	(218,336)	-	(277)	-	-	-	-	(106)	-	-	(219,417)
Long-term lease liability, less current portion	1,893	371	1,006	-	339	-	-	-	-	-	-	-	-	-	4,479
Due to affiliates, less current portion	66,838	33,213	14,769	-	90	-	6,383	1	-	-	-	2,418	-	(123,541)	91
Other liabilities	6,650	145	-	-	-	542	313	40	62	29	-	175	-	-	7,956
Professional liability loss reserves	1,337	2,223	1,479	-	-	95	39	47	49	109	-	44	-	-	5,372
Total liabilities	139,775	167,867	47,483	-	(218,641)	3,884	10,191	2,194	2,586	3,892	-	12,728	-	(259,942)	(58,413)
Net assets:															
Without donor restriction	139,945	(38,048)	36,126	12,265	(41,238)	(60,559)	(3,528)	1,687	1,751	1,111	3,502	(8,525)	1,468	-	333,735
With donor restriction	3,566	5,857	2,985	-	1,629	71	39	88	20	81	-	9	-	-	13,205
Total net assets	133,511	(32,191)	39,111	12,265	(42,844)	(60,630)	(3,287)	4,775	1,771	1,192	3,502	(8,516)	1,468	-	347,000
Total liabilities and net assets	\$ 273,286	\$ 135,676	\$ 86,594	\$ 12,265	\$ 381,190	\$ 63,634	\$ 6,904	\$ 6,969	\$ (335)	\$ 5,084	\$ 3,502	\$ (2,112)	\$ 1,468	\$ (259,942)	\$ 795,413

* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Regional Medical Center, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group.

** Total of Obligated Group carried forward to next page.

*** Assets held for sale and discontinued operations.

Covenant Health, Inc.
Consolidating Balance Sheet
December 31, 2024
(in thousands)

Liabilities and Net Assets

	*** St. Mary's Villa Nursing Home, Inc.	*** St. Andre Health Care Facility	*** Youville Place	*** Youville House	*** St. Residential Community Inc.	*** Bangor Nursing and Rehab. Center, Inc.	*** Bangor Nursing and Rehab. Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Master Trust	Eliminations	System Consolidated
Current liabilities:																	
Accounts payable	\$ 256	\$ 294	\$ 49	\$ 124	\$ 4	\$ 977	\$ --	\$ 64	\$ 3	\$ 145	\$ --	\$ --	\$ --	\$ --	\$ --	\$ --	\$ 35,451
Accrued expenses and other liabilities	1,973	519	550	461	95	(122)	--	456	163	373	--	--	--	199	--	6,349	92,118
Other current liabilities	204	55	36	5	110	25	--	5	46	54	--	--	--	2,063	--	--	9,644
Estimated third-party payor settlements	145	85	--	--	--	1	--	--	--	--	--	--	--	--	--	--	3,511
Current portion of due to affiliates	92	15	229	166	319	2,843	--	--	14,540	6,790	--	--	--	--	--	(35,434)	--
Current portion of lease liability	--	--	--	--	--	--	--	57	--	--	--	--	--	--	--	--	2,777
Current portion of long-term debt	121	--	--	--	124	--	--	--	148	33	--	--	--	--	--	--	619
Total current liabilities	2,791	968	864	756	662	3,724	--	632	14,903	7,295	--	--	--	2,362	--	(28,865)	(33,120)
Long-term debt, less current portion	--	(2)	(335)	(353)	6,509	--	--	--	1,369	84	--	--	--	--	--	--	220,749
Long-term lease liability, less current portion	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	4,479
Due to affiliates, less current portion	2,883	55	8,134	8,500	--	--	--	--	1,281	--	--	--	--	--	--	(21,594)	--
Other liabilities	321	74	363	64	81	10	--	11,870	284	--	--	--	--	3,565	--	--	24,688
Professional liability loss reserves	60	22	24	30	--	355	--	1,548	--	--	--	--	--	23,934	--	--	11,285
Total liabilities	6,855	1,147	9,650	9,657	7,312	4,089	--	14,928	18,437	7,479	--	--	--	28,761	--	(50,479)	414,341
Net assets:																	
Without donor restriction	18,669	4,407	7,905	23,374	8,831	(2,022)	2,596	30,821	(9,616)	7,633	23	3,174	99	35,362	260,230	(326,387)	390,864
With donor restriction	752	82	5	3,018	6,047	--	--	718	286	6,295	32,893	1,746	--	--	--	--	65,427
Total net assets	19,421	4,489	7,910	26,392	14,878	(2,022)	2,596	31,539	(8,330)	13,928	32,816	4,920	99	35,362	260,230	(326,387)	364,291
Total liabilities and net assets	\$ 25,486	\$ 5,636	\$ 16,560	\$ 35,649	\$ 22,190	\$ 2,067	\$ 2,596	\$ 45,859	\$ 9,617	\$ 21,597	\$ 32,616	\$ 4,920	\$ 99	\$ 65,063	\$ 260,230	\$ (326,387)	\$ 878,632

Covenant Health, Inc.
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Regional Medical Center	St. Joseph Healthcare Foundation*	St. Joseph Valuation Co.	Covenant Health, Inc.	*** Mary Immaculate*	*** (Marist Hill) CHS of Waltham Inc.	*** St. Joseph Klanon Health Care, Inc.	*** (St. Mary) CHS of Whitewater, Inc.	*** Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	*** Penacook Place, Inc.	Penacook Valuation	Elimi- nations	** Total Obligated Group
Operating revenue:															
Patient service revenue	\$ 290,023	\$ 292,304	\$ 214,475	\$ --	\$ --	\$ 23,131	\$ 10,731	\$ 12,007	\$ 12,473	\$ 8,875	\$ --	\$ 12,452	\$ --	\$ (79,669)	\$ 706,802
Other revenue	7,368	20,809	8,989	--	77,358	1,645	74	380	103	25	--	48	--	(77,576)	39,203
Net assets released from restrictions for operations	423	1,575	465	--	--	95	63	117	16	197	--	44	--	(532)	2,463
Total operating revenue	297,814	314,688	223,929	--	77,358	24,871	10,868	12,404	12,592	9,097	--	12,544	--	(157,777)	748,468
Operating expenses:															
Salaries and wages	115,686	89,512	94,774	--	18,168	15,157	6,131	5,851	5,494	5,218	--	7,509	--	(45,460)	318,140
Employee benefits	26,861	20,838	21,778	--	8,597	2,405	1,183	918	1,082	805	--	1,614	--	(8,007)	78,074
Supplies	42,724	34,329	21,523	--	(60)	1,547	798	719	517	683	--	1,163	--	(5,437)	98,516
Other expenses	97,846	83,861	63,616	--	28,559	5,833	3,751	3,976	4,906	3,432	--	3,598	--	(104,007)	210,881
Interest	2,738	1,256	686	--	3,328	--	352	10	--	1	--	91	--	(354)	7,928
Provider tax	13,383	5,415	3,202	--	--	478	743	772	318	487	--	1,043	--	(3,891)	22,000
Depreciation	5,792	4,587	2,807	295	8,121	746	338	216	164	222	36	380	65	(2,064)	23,102
Total operating expenses	304,530	329,798	320,306	295	76,713	26,166	13,196	12,462	12,478	10,858	36	15,548	65	(106,210)	736,244
(Loss) income from continuing operations	(6,696)	(15,050)	3,623	(295)	645	(1,295)	(2,328)	(58)	114	(1,761)	(36)	(3,004)	(65)	8,433	(7,773)
Net periodic pension cost	(26)	--	--	--	--	--	--	--	--	--	--	--	--	--	(26)
Nonoperating gains (losses), net:															
Dividend and interest income	1,695	297	297	--	114	807	15	28	--	--	--	--	--	--	3,253
Realized gain (loss) from investments	1,662	286	47	--	(8)	(192)	8	(292)	--	--	--	--	--	--	1,511
Unrealized gain (loss) from investments	6,055	302	511	--	3,566	3,713	41	110	1	--	--	--	--	--	14,299
Gain (loss) on sale of assets	2	2	5	--	--	--	--	--	--	--	--	--	--	--	9
Other nonoperating income	111	--	--	--	--	25	--	--	--	--	--	--	--	--	136
Other nonoperating expense	(445)	(301)	(367)	--	--	(22)	--	--	--	--	--	--	--	--	(1,112)
Total nonoperating gains (losses), net	8,110	586	493	--	3,672	4,454	64	(154)	1	--	--	--	--	--	18,496
Excess (deficiency) of revenue over expenses from continuing operations	2,388	(4,464)	4,116	(295)	4,317	3,029	(2,364)	(212)	115	(1,761)	(36)	(3,004)	(65)	8,433	10,297
Discontinued operations	--	--	--	--	--	--	--	--	--	--	--	--	--	(8,433)	(8,433)
Excess (deficiency) of revenue over expenses	2,388	(4,464)	4,116	(295)	4,317	3,029	(2,364)	(212)	115	(1,761)	(36)	(3,004)	(65)	--	1,864
Other changes in net assets without donor restrictions:															
Net assets released from restrictions for property, plant and equipment	65	--	1,799	--	--	--	--	--	--	--	--	--	--	--	1,864
Transfer among affiliates	525	(211)	7,264	--	30,758	--	--	--	--	--	--	--	--	--	37,306
Increase (decrease) in net assets without donor restriction	\$ 3,028	\$ (5,375)	\$ 13,192	\$ (295)	\$ 35,075	\$ 3,029	\$ (2,364)	\$ (212)	\$ 115	\$ (1,761)	\$ (36)	\$ (3,004)	\$ (65)	\$ --	\$ 41,434

* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Regional Medical Center, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group
 ** Total of Obligated Group carried forward to next page.
 *** Assets held for sale and discontinued operations.

Covenant Health, Inc.
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	*** St. Mary's Villa Nursing Home, Inc.	*** St. Andre Health Care Facility	*** Yauville Place	*** Yauville House	*** MI Residential Community Inc.	*** Bangor Nursing and Rehab Center, Inc.	Bangor Nursing and Rehab Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Master Trust	Eliminations	System Consolidated
Operating revenue:																	
Patient service revenue	\$ 13,013	\$ 12,113	\$ 7,135	\$ 7,174	\$ --	\$ 7,815	\$ --	\$ --	\$ --	\$ 5,080	\$ --	\$ --	\$ --	\$ --	\$ --	\$ (47,250)	\$ 711,882
Other revenue	118	74	436	297	6,818	212	--	4,849	5,638	3,355	--	--	--	1,340	--	(20,823)	41,317
Net assets released from restrictions for operations	--	25	4	268	--	--	--	--	--	5	1,114	59	--	--	--	(293)	3,641
Total operating revenue	13,131	12,212	7,575	7,735	6,818	8,027	--	4,849	5,638	8,440	1,114	59	--	1,340	--	(68,366)	756,840
Operating expenses:																	
Salaries and wages	8,066	6,170	3,516	2,996	812	1,971	--	2,911	1,072	3,949	--	--	--	--	--	(23,531)	326,672
Employee benefits	1,620	1,242	622	555	142	412	--	627	1,057	753	--	--	--	--	--	(6,039)	79,084
Supplies	873	731	464	309	95	548	--	2	130	303	--	--	--	--	--	(3,431)	98,740
Other expenses	3,922	3,075	2,056	1,673	1,899	5,868	--	704	2,038	2,414	--	--	--	--	--	(29,923)	204,211
Interest	215	2	315	332	789	11	--	4	129	11	--	--	--	--	--	(1,164)	8,672
Provider tax	277	718	--	--	--	585	--	--	--	--	--	--	--	--	--	--	22,800
Depreciation	819	214	766	650	892	140	84	439	441	298	--	--	--	--	--	(3,585)	22,277
Total operating expenses	15,792	12,135	7,259	6,715	4,129	9,533	84	4,691	4,867	7,725	--	--	--	--	--	(69,217)	760,456
Loss (income) from continuing operations	(2,661)	77	(184)	1,020	2,489	(1,506)	(84)	158	771	715	(1,114)	59	--	1,340	--	951	(3,616)
Net periodic pension cost	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	(26)
Nonoperating gains (losses), net:																	
Dividend and interest income	221	15	81	478	--	--	--	819	39	403	--	(21)	57	1,890	4,301	(4,240)	7,439
Realized gain (loss) from investments	314	11	96	258	--	--	--	--	--	33	--	389	701	(46)	5,266	(5,766)	5,087
(Unrealized) gain (loss) from investments	1,029	52	(465)	(2,111)	--	(2)	--	200	14	71	--	665	(318)	(304)	14,677	(17,122)	10,685
Gain (loss) on sale of assets	--	--	--	--	--	--	--	--	--	--	--	--	15,895	--	--	--	15,904
Other nonoperating income	--	--	--	--	--	--	--	--	(5)	--	--	--	1,643	--	--	--	1,064
Other nonoperating expense	--	--	--	(21)	--	--	--	--	(3)	--	(13)	(331)	(432)	(436)	--	--	(2,263)
Total nonoperating gains (losses), net	1,564	78	(298)	(1,396)	--	(2)	--	1,104	45	507	(12)	664	16,946	1,101	24,244	(26,756)	35,916
Excess (deficiency) of revenue over expenses from continuing operations	(1,097)	155	(472)	(376)	2,489	(1,510)	(84)	1,262	816	1,222	1,102	723	16,946	2,344	24,244	(25,867)	32,274
Discontinued operations	--	--	--	--	--	--	--	--	(4,869)	--	--	--	--	--	--	--	(851)
Excess (deficiency) of revenue over expenses	(1,097)	155	(472)	(376)	2,489	(1,510)	(84)	1,262	(3,244)	1,222	1,102	723	16,946	2,344	24,244	(26,738)	38,930
Other changes in net assets without donor restrictions:																	
Net assets released from restrictions on property, plant and equipment	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1,064
Transfer among affiliates	--	--	--	--	--	--	--	(1,213)	2,513	(7,284)	(1,084)	(7,587)	(22,354)	(8,000)	(29,385)	37,385	1,408
Increase (decrease) in net assets without donor restrictions	\$ (1,097)	\$ 155	\$ (472)	\$ (376)	\$ 2,489	\$ (1,510)	\$ (84)	\$ 50	\$ 269	\$ (6,062)	\$ 18	\$ (6,864)	\$ (45,688)	\$ (5,556)	\$ (4,741)	\$ 10,447	\$ 22,293

St. Joseph Hospital of Nashua, NH
Consolidating Balance Sheet
December 31, 2024
(In thousands)

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Assets									
Current assets:									
Cash and cash equivalents	\$ 6,930	\$ 5	\$ 500	\$ 517	\$ 294	\$ -	\$ -	\$ -	\$ 8,246
Patient accounts receivable	41,323	-	-	-	-	-	-	-	41,323
Investments	-	-	-	-	-	-	-	-	-
Inventories	5,061	-	-	-	-	-	-	-	5,061
Prepaid expenses and other current assets	3,266	-	-	94	51	-	-	-	3,411
Amounts receivable from third-party payors	-	-	-	-	-	-	-	-	-
Current portion of assets whose use is limited or restricted	-	-	-	-	-	-	-	-	-
Current portion of due from affiliates	2,693	-	-	2	7,204	-	-	(7,204)	2,695
Total current assets	59,273	5	500	613	7,549	-	-	(7,204)	60,736
Assets whose use is limited or restricted:									
Funds held by trustees, less current portion	-	-	-	-	-	-	-	-	-
Deferred compensation	426	-	338	-	11,501	-	-	-	12,265
Board designated funds and other long-term investments	99,450	1,120	-	-	-	-	-	-	100,570
Replacement reserve	-	-	-	-	-	-	-	-	-
Donor-restricted funds	2,566	718	-	-	-	-	-	-	3,284
Total assets whose use is limited or restricted	102,442	1,838	338	-	11,501	-	-	-	116,119
Other assets:									
Other assets	15,627	-	15,350	10	-	(15,350)	(1,125)	(14,382)	130
Due from affiliates, less current portion	1,863	-	-	-	-	-	-	-	1,863
Investments in joint ventures	2,504	-	-	-	1,384	-	-	-	3,888
Total other assets	19,994	-	15,350	10	1,384	(15,350)	(1,125)	(14,382)	5,881
Property, plant and equipment									
Land and improvements	3,852	-	-	1,615	-	-	-	-	5,467
Buildings and improvements	117,317	40	-	11,823	-	-	-	-	129,180
Equipment	69,987	15	-	90	-	-	-	-	70,092
Construction in progress	7,220	-	-	-	-	-	-	-	7,220
Right-of-use assets	4,861	-	-	588	-	-	-	-	5,449
	203,237	55	-	14,116	-	-	-	-	217,408
Less accumulated depreciation	(128,530)	(55)	-	(7,114)	-	-	-	-	(135,699)
Less accumulated depreciation – right-of-use assets	(3,130)	-	-	(531)	-	-	-	-	(3,661)
Total property, plant and equipment	71,577	-	-	6,471	-	-	-	-	78,048
Total assets	\$ 253,286	\$ 1,843	\$ 16,188	\$ 7,094	\$ 20,434	\$ (15,350)	\$ (1,125)	\$ (21,586)	\$ 260,784

St. Joseph Hospital of Nashua, NH
Consolidating Balance Sheet
December 31, 2024
(In thousands)

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Liabilities and Net Assets									
Current liabilities:									
Accounts payable	\$ 13,671	\$ —	\$ —	\$ 64	\$ —	\$ —	\$ —	\$ —	\$ 13,735
Accrued expenses and other liabilities	28,298	—	194	23	239	—	—	—	28,754
Other current liabilities	5	—	—	5	—	—	—	—	10
Estimated third-party payor settlements	2,223	—	—	—	—	—	—	—	2,223
Current portion of due to affiliates	10,092	—	—	—	—	—	—	(7,204)	2,888
Current portion of lease liability	1,344	—	—	57	—	—	—	—	1,401
Current portion of long-term debt	—	—	—	—	—	—	—	—	—
Total current liabilities	55,633	—	194	149	239	—	—	(7,204)	49,011
Long-term debt, less current portion	(2,566)	—	—	—	—	—	—	—	(2,566)
Long-term lease liability, less current portion	1,883	—	—	—	—	—	—	—	1,883
Due to affiliates, less current portion	66,838	—	—	—	—	—	—	—	66,838
Other liabilities	6,650	—	158	—	11,732	—	—	—	18,540
Professional liability loss reserves	1,337	—	—	—	1,548	—	—	—	2,885
Total liabilities	129,775	—	352	149	13,519	—	—	(7,204)	136,591
Net assets:									
Without donor restriction	120,945	1,125	15,836	6,945	6,915	(15,350)	(1,125)	(14,382)	120,909
With donor restriction	2,566	718	—	—	—	—	—	—	3,284
Total net assets	123,511	1,843	15,836	6,945	6,915	(15,350)	(1,125)	(14,382)	124,193
Total liabilities and net assets	\$ 253,286	\$ 1,843	\$ 16,188	\$ 7,094	\$ 20,434	\$ (15,350)	\$ (1,125)	\$ (21,586)	\$ 260,784

St. Joseph Hospital of Nashua, NH
Consolidating Statement of Operations
December 31, 2022
(In thousands)

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Operating revenue:									
Patient service revenue	\$ 290,023	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 290,023
Other revenue	7,388	—	—	1,163	3,686	—	—	(4,573)	7,664
Net assets released from restrictions for operations	423	—	—	—	—	—	—	—	423
Total operating revenue	297,834	—	—	1,163	3,686	—	—	(4,573)	298,110
Operating expenses:									
Salaries and wages	115,686	—	—	—	2,911	—	—	—	118,597
Employee benefits	26,861	—	—	—	627	—	—	—	27,488
Supplies	42,724	—	—	—	2	—	—	—	42,726
Other expenses	97,846	—	—	562	146	—	—	(4,573)	93,981
Interest	2,738	—	—	4	—	—	—	—	2,742
Provider tax	13,383	—	—	—	—	—	—	—	13,383
Depreciation	5,292	—	—	439	—	—	—	—	5,731
Total operating expenses	304,530	—	—	1,005	3,686	—	—	(4,573)	304,648
(Loss) income from continuing operations	(6,696)	—	—	158	—	—	—	—	(6,538)
Net periodic pension cost	(26)	—	—	—	—	—	—	—	(26)
Nonoperating gains (losses), net:									
Dividend and interest income	1,695	—	31	—	788	—	—	61	2,575
Realized gain (loss) from investments	1,662	—	—	—	—	—	—	—	1,662
Unrealized gain (loss) from investments	6,055	—	(7)	—	207	—	—	—	6,255
Gain (loss) on sale of assets	2	—	—	—	—	—	—	—	2
Other nonoperating income	111	—	—	—	—	—	—	(111)	—
Other nonoperating expense	(415)	85	—	—	—	—	—	—	(330)
Total nonoperating (losses) gains, net	9,110	85	24	—	995	—	—	(50)	10,164
Excess (deficiency) of revenue over expenses from continuing operations	2,388	85	24	158	995	—	—	(50)	3,600
Discontinued operations	—	—	—	—	—	—	—	—	—
Excess (deficiency) of revenue over expenses	2,388	85	24	158	995	—	—	(50)	3,600
Other changes in net asset without donor restriction:									
Net assets released from restrictions for property, plant and equipment	65	—	—	—	—	—	—	—	65
Transfer among affiliates	575	26	—	(600)	(638)	—	—	—	(637)
Increase (decrease) in net assets without donor restriction	\$ 3,028	\$ 111	\$ 24	\$ (442)	\$ 357	\$ —	\$ —	\$ (50)	\$ 3,028

St. Mary's Health System
Consolidating Balance Sheet
December 31, 2024
(In thousands)

Assets

Current assets:

Cash and cash equivalents
Patient accounts receivable
Investments
Inventories
Prepaid expenses and other current assets
Amounts receivable from third-party payors
Current portion of assets whose use is limited or restricted
Current portion of due from affiliates
Total current assets

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
Cash and cash equivalents	\$ 14,490	\$ (2,511)	\$ 2,337	\$ —	\$ 14,316
Patient accounts receivable	22,686	(7)	—	—	22,679
Investments	4,195	—	54	—	4,249
Inventories	2,681	—	—	—	2,681
Prepaid expenses and other current assets	2,285	185	106	—	2,576
Amounts receivable from third-party payors	5,290	—	—	—	5,290
Current portion of assets whose use is limited or restricted	—	—	—	—	—
Current portion of due from affiliates	14,949	107	—	(11,743)	3,313
Total current assets	66,576	(2,226)	2,497	(11,743)	55,104

Assets whose use is limited or restricted:

Funds held by trustees, less current portion
Deferred compensation
Board designated funds and other long-term investments
Replacement reserve
Donor-restricted funds
Total assets whose use is limited or restricted

Funds held by trustees, less current portion	—	—	—	—	—
Deferred compensation	—	—	—	—	—
Board designated funds and other long-term investments	65	1,444	9	—	1,518
Replacement reserve	—	—	636	—	636
Donor-restricted funds	6,722	1,936	32	922	9,612
Total assets whose use is limited or restricted	6,787	3,380	677	922	11,766

Other assets:

Other assets
Due from affiliates, less current portion
Investments in joint ventures
Total other assets

Other assets	—	120	129	—	249
Due from affiliates, less current portion	—	—	—	—	—
Investments in joint ventures	2,113	555	—	—	2,668
Total other assets	2,113	675	129	—	2,917

Property, plant and equipment

Land and improvements
Buildings and improvements
Equipment
Construction in progress
Right-of-use assets

Land and improvements	2,856	2,038	81	—	4,975
Buildings and improvements	87,151	6,634	3,014	—	96,799
Equipment	46,336	297	504	—	47,137
Construction in progress	4,777	—	—	—	4,777
Right-of-use assets	1,945	—	—	—	1,945
	143,065	8,969	3,599	—	155,633

Less accumulated depreciation
Less accumulated depreciation — right-of-use assets

Less accumulated depreciation	(82,011)	(5,344)	(2,739)	—	(90,094)
Less accumulated depreciation — right-of-use assets	(854)	—	—	—	(854)
Total property, plant and equipment	60,200	3,625	860	—	64,685

Total assets

Total assets	\$ 135,676	\$ 5,154	\$ 4,163	\$ (10,821)	\$ 134,472
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St. Mary's Health System
Consolidating Balance Sheets
December 31, 2024
(In thousands)

Liabilities and Net Assets

Current liabilities:

Accounts payable
Accrued expenses and other liabilities
Other current liabilities
Estimated third-party payor settlements
Current portion of due to affiliates
Current portion of lease liability
Current portion of long-term debt
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction
With donor restriction
Total net assets

Total liabilities and net assets

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
	\$ 5,666	\$ 2	\$ 1	\$ -	\$ 5,669
	13,264	149	14	-	13,427
	4,035	-	46	-	4,081
	-	-	-	-	-
	109,553	14,490	53	(11,050)	113,046
	758	-	-	-	758
	-	-	148	-	148
	<u>133,276</u>	<u>14,641</u>	<u>262</u>	<u>(11,050)</u>	<u>137,129</u>
	(1,361)	-	1,369	-	8
	371	-	-	-	371
	33,213	1,881	-	229	35,323
	145	270	14	-	429
	<u>2,223</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,223</u>
	<u>167,867</u>	<u>16,792</u>	<u>1,645</u>	<u>(10,821)</u>	<u>175,483</u>
	(38,048)	(12,102)	2,486	-	(47,664)
	5,857	764	32	-	6,653
	<u>(32,191)</u>	<u>(11,338)</u>	<u>2,518</u>	<u>-</u>	<u>(41,011)</u>
	<u>\$ 135,676</u>	<u>\$ 5,454</u>	<u>\$ 4,163</u>	<u>\$ (10,821)</u>	<u>\$ 134,472</u>

St. Mary's Health System
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
Operating revenue:					
Patient service revenue	\$ 202,304	\$ —	\$ —	\$ —	\$ 202,304
Other revenue	20,869	3,694	1,944	(4,920)	21,587
Net assets released from restrictions for operations	1,575	—	—	—	1,575
Total operating revenue	224,748	3,694	1,944	(4,920)	225,466
Operating expenses:					
Salaries and wages	89,512	1,072	—	—	90,584
Employee benefits	20,838	1,057	—	(1,427)	20,468
Supplies	24,329	122	8	(211)	24,248
Other expenses	83,861	627	1,411	(3,282)	82,617
Interest	1,256	—	129	—	1,385
Provider tax	5,415	—	—	—	5,415
Depreciation	4,587	323	118	—	5,028
Total operating expenses	229,798	3,201	1,666	(4,920)	229,745
(Loss) income from continuing operations	(5,050)	493	278	—	(4,279)
Net periodic pension cost	—	—	—	—	—
Nonoperating gains (losses), net:					
Dividend and interest income	297	—	39	—	336
Realized gain (loss) from investments	286	—	—	—	286
Unrealized gain (loss) from investments	302	14	—	—	316
Gain (loss) on sale of assets	2	—	—	—	2
Other nonoperating income	—	(5)	—	—	(5)
Other nonoperating expense	(301)	(3)	—	—	(304)
Total nonoperating (losses) gains, net	586	6	39	—	631
Excess (deficiency) of revenue over expenses from continuing operations	(4,464)	499	317	—	(3,648)
Discontinued operations	—	(4,060)	—	—	(4,060)
Excess (deficiency) of revenue over expenses	(4,464)	(3,561)	317	—	(7,708)
Other changes in net asset without donor restriction:					
Net assets released from restrictions for property, plant and equipment	—	—	—	—	—
Transfer among affiliates	(911)	3,513	—	—	2,602
Increase (decrease) in net assets without donor restriction	\$ (5,375)	\$ (48)	\$ 317	\$ —	\$ (5,106)

St. Joseph Healthcare Foundation
Consolidating Balance Sheet
December 31, 2024
(In thousands)

	St. Joseph Hospital	St. Joseph Health Care	M&J Company	Ambulatory Care, Inc.	Alternative Health Services	Nonobligated Eliminations	Consolidated
Assets							
Current assets:							
Cash and cash equivalents	\$ 4,832	\$ 1,274	\$ 3,796	\$ 26	\$ 25	\$ —	\$ 9,953
Patient accounts receivable	23,359	—	—	(103)	753	—	24,009
Investments	61	5,724	—	—	—	—	5,785
Inventories	3,216	—	5	—	—	—	3,221
Prepaid expenses and other current assets	1,467	—	9	309	—	—	1,785
Amounts receivable from third-party payors	3,670	—	—	—	—	—	3,670
Current portion of assets whose use is limited or restricted	—	—	—	—	—	—	—
Current portion of due from affiliates	7,078	1	—	74	169	(6,866)	456
Total current assets	43,683	6,999	3,810	306	947	(6,866)	48,879
Assets whose use is limited or restricted:							
Funds held by trustees, less current portion	—	—	—	—	—	—	—
Deferred compensation	—	—	—	—	—	—	—
Board designated funds and other long-term investments	2,913	—	—	—	—	—	2,913
Replacement reserve	—	—	—	—	—	—	—
Donor-restricted funds	2,815	6,395	—	—	—	—	9,210
Total assets whose use is limited or restricted	5,728	6,395	—	—	—	—	12,123
Other assets:							
Other assets	—	—	—	—	—	—	—
Due from affiliates, less current portion	90	—	—	—	—	—	90
Investments in joint ventures	632	53	—	—	—	1	686
Total other assets	722	53	—	—	—	1	776
Property, plant and equipment							
Land and improvements	2,148	—	2,807	—	—	—	4,955
Buildings and improvements	51,932	—	8,126	—	—	—	60,058
Equipment	36,474	—	385	759	124	—	37,742
Construction in progress	7,360	—	80	—	—	—	7,440
Right-of-use assets	430	—	—	—	—	—	430
	98,344	—	11,398	759	124	—	110,625
Less accumulated depreciation	(61,865)	—	(8,418)	(742)	(124)	—	(71,149)
Less accumulated depreciation — right-of-use assets	(98)	—	—	—	—	—	(98)
Total property, plant and equipment	36,381	—	2,980	17	—	—	39,378
Total assets	\$ 86,514	\$ 13,447	\$ 6,790	\$ 323	\$ 947	\$ (6,865)	\$ 101,156

St. Joseph Healthcare Foundation
Consolidating Balance Sheet
December 31, 2024
(In thousands)

Liabilities and Net Assets

Current liabilities

	St. Joseph Hospital	St. Joseph Health Care	M&J Company	Ambulatory Care, Inc.	Alternative Health Services	Nonobligated Eliminations	Consolidated
Accounts payable	\$ 3,758	\$ —	\$ 13	\$ 43	\$ 89	\$ —	\$ 3,903
Accrued expenses and other liabilities	13,722	2	—	59	312	—	14,095
Other current liabilities	48	—	—	—	54	—	102
Estimated third-party payor settlements	—	—	—	—	—	—	—
Current portion of due to affiliates	11,976	101	—	3,517	3,172	(6,866)	11,900
Current portion of lease liability	504	—	—	—	—	—	504
Current portion of long-term debt	—	—	33	—	—	—	33
Total current liabilities	30,008	103	46	3,619	3,627	(6,866)	30,537
Long-term debt, less current portion	(609)	—	84	—	—	—	(525)
Long-term lease liability, less current portion	1,886	—	—	—	—	—	1,886
Due to affiliates, less current portion	14,769	—	—	—	—	—	14,769
Other liabilities	—	—	—	—	—	—	—
Professional liability loss reserves	1,429	—	—	—	—	—	1,429
Total liabilities	47,483	103	130	3,619	3,627	(6,866)	48,096
Net assets:							
Without donor restriction	36,126	6,949	6,660	(3,296)	(2,680)	1	43,760
With donor restriction	2,905	6,395	—	—	—	—	9,300
Total net assets	39,031	13,344	6,660	(3,296)	(2,680)	1	53,060
Total liabilities and net assets	\$ 86,514	\$ 13,447	\$ 6,790	\$ 323	\$ 947	\$ (6,865)	\$ 101,156

St. Joseph Healthcare Foundation
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	St. Joseph Hospital	St. Joseph Health Care	M&J Company	Ambulatory Care, Inc.	Alternative Health Services	Nonobligated Eliminations	Consolidated
Operating revenue:							
Patient service revenue	\$ 214,475	\$ —	\$ —	\$ 16	\$ 5,064	\$ —	\$ 219,555
Other revenue	8,989	800	939	1,616	—	(1,580)	10,764
Net assets released from restrictions for operations	465	—	—	—	5	—	470
Total operating revenue	223,929	800	939	1,632	5,069	(1,580)	230,789
Operating expenses:							
Salaries and wages	94,774	—	—	1,305	2,644	—	98,723
Employee benefits	21,778	—	—	193	560	—	22,531
Supplies	31,523	—	—	69	234	—	31,826
Other expenses	65,616	2	242	279	1,891	(1,580)	66,450
Interest	606	—	11	—	—	—	617
Provider tax	3,202	—	—	—	—	—	3,202
Depreciation	2,807	—	292	3	—	—	3,102
Total operating expenses	220,306	2	545	1,849	5,329	(1,580)	226,451
(Loss) income from continuing operations	3,623	798	394	(217)	(260)	—	4,338
Net periodic pension cost	—	—	—	—	—	—	—
Nonoperating gains (losses), net:							
Dividend and interest income	297	403	—	—	—	—	700
Realized gain (loss) from investments	47	33	—	—	—	—	80
Unrealized gain (loss) from investments	511	70	—	—	—	—	582
Gain (loss) on sale of assets	5	—	—	—	—	—	5
Other nonoperating income	—	—	—	—	—	—	—
Other nonoperating expense	(367)	—	—	—	—	—	(367)
Total nonoperating (losses) gains, net	493	506	—	—	—	—	1,000
Excess (deficiency) of revenue over expenses from continuing operations	4,116	1,304	394	(217)	(259)	—	5,338
Discontinued operations	—	—	—	—	—	—	—
Excess (deficiency) of revenue over expenses	4,116	1,304	394	(217)	(259)	—	5,338
Other changes in net asset without donor restriction:							
Net assets released from restrictions for property, plant and equipment	1,799	—	—	—	—	—	1,799
Transfer among affiliates	7,284	(7,284)	—	—	—	—	—
Increase (decrease) in net assets without donor restriction	\$ 13,199	\$ (5,980)	\$ 394	\$ (217)	\$ (259)	\$ —	\$ 7,137

Mary Immaculate Health Care Services, Inc.
Consolidating Balance Sheet
December 31, 2024
(In thousands)

	Mary Immaculate Nursing	Mary Immaculate Management	Mary Immaculate Guild	Mary Immaculate Obligated Group	Mary Immaculate Residential	Mary Immaculate Eliminations	Consolidated
Assets							
Current assets:							
Cash and cash equivalents	\$ 888	\$ 1,124	\$ 20	\$ 2,032	\$ 4,124	\$ -	\$ 6,156
Patient accounts receivable	2,187	213	-	2,400	178	-	2,578
Investments	-	-	-	-	-	-	-
Inventories	58	-	-	58	-	-	58
Prepaid expenses and other current assets	486	-	-	486	55	-	541
Amounts receivable from third-party payors	-	-	-	-	-	-	-
Current portion of assets whose use is limited or restricted	-	-	-	-	-	-	-
Current portion of due from affiliates	642	-	-	642	-	-	642
Total current assets	4,261	1,337	20	5,618	4,357	-	9,975
Assets whose use is limited or restricted:							
Funds held by trustees, less current portion	-	-	-	-	157	-	157
Deferred compensation	-	-	-	-	-	-	-
Board designated funds and other long-term investments	43,404	7,514	-	50,918	-	-	50,918
Replacement reserve	-	-	-	-	9,324	-	9,324
Donor-restricted funds	46	5	-	51	81	-	132
Total assets whose use is limited or restricted	43,450	7,519	-	50,969	9,562	-	60,531
Other assets:							
Other assets	-	-	-	-	-	-	-
Due from affiliates, less current portion	-	-	-	-	-	-	-
Investments in joint ventures	-	-	-	-	-	-	-
Total other assets	-	-	-	-	-	-	-
Property, plant and equipment							
Land and improvements	641	-	-	641	106	-	747
Buildings and improvements	14,701	438	-	15,139	34,941	-	50,080
Equipment	4,053	500	-	4,553	1,572	-	6,125
Construction in progress	-	178	-	178	76	-	254
Right-of-use assets	-	-	-	-	-	-	-
	19,395	1,116	-	20,511	36,695	-	57,206
Less accumulated depreciation	(13,023)	(441)	-	(13,464)	(28,424)	-	(41,888)
Less accumulated depreciation – right-of-use assets	-	-	-	-	-	-	-
Total property, plant and equipment	6,372	675	-	7,047	8,271	-	15,318
Total assets	\$ 54,083	\$ 9,531	\$ 20	\$ 63,634	\$ 22,190	\$ -	\$ 85,824

Mary Immaculate Health Care Services, Inc.
Consolidating Balance Sheet
December 31, 2024
(In thousands)

	Mary Immaculate Nursing	Mary Immaculate Management	Mary Immaculate Guild	Mary Immaculate Obligated Group	Mary Immaculate Residential	Mary Immaculate Elimi- nations	Consolidated
Liabilities and Net Assets							
Current liabilities:							
Accounts payable	\$ 464	\$ —	\$ —	\$ 464	\$ 4	\$ —	\$ 468
Accrued expenses and other liabilities	1,333	118	—	1,451	95	—	1,546
Other current liabilities	34	—	—	34	110	—	144
Estimated third-party payor settlements	129	—	—	129	—	—	129
Current portion of due to affiliates	(34)	320	3	289	319	—	608
Current portion of lease liability	—	—	—	—	—	—	—
Current portion of long-term debt	—	—	—	—	134	—	134
Total current liabilities	1,926	438	3	2,367	662	—	3,029
Long-term debt, less current portion	—	—	—	—	6,569	—	6,569
Long-term lease liability, less current portion	—	—	—	—	—	—	—
Due to affiliates, less current portion	—	—	—	—	—	—	—
Other liabilities	537	5	—	542	81	—	623
Professional liability loss reserves	95	—	—	95	—	—	95
Total liabilities	2,558	443	3	3,004	7,312	—	10,316
Net assets:							
Without donor restriction	51,460	9,082	17	60,559	8,831	—	69,390
With donor restriction	65	6	—	71	6,047	—	6,118
Total net assets	51,525	9,088	17	60,630	14,878	—	75,508
Total liabilities and net assets	\$ 54,083	\$ 9,531	\$ 20	\$ 63,634	\$ 22,190	\$ —	\$ 85,824

Mary Immaculate Health Care Services, Inc.
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	Mary Immaculate Nursing	Mary Immaculate Management	Mary Immaculate Guild	Mary Immaculate Obligated Group	Mary Immaculate Residential	Mary Immaculate Eliminations	Consolidated
Operating revenue:							
Patient service revenue	\$ 20,100	\$ 3,031	\$ —	\$ 23,131	\$ —	\$ —	\$ 23,131
Other revenue	734	911	—	1,645	6,618	—	8,263
Net assets released from restrictions for operations	95	—	—	95	—	—	95
Total operating revenue	20,929	3,942	—	24,871	6,618	—	31,489
Operating expenses:							
Salaries and wages	12,894	2,263	—	15,157	812	—	15,969
Employee benefits	2,042	363	—	2,405	142	—	2,547
Supplies	1,476	71	—	1,547	95	—	1,642
Other expenses	4,871	962	—	5,833	1,899	—	7,732
Interest	—	—	—	—	289	—	289
Provider tax	478	—	—	478	—	—	478
Depreciation	678	68	—	746	892	—	1,638
Total operating expenses	22,439	3,727	—	26,166	4,129	—	30,295
(Loss) income from continuing operations	(1,510)	215	—	(1,295)	2,489	—	1,194
Net periodic pension cost	—	—	—	—	—	—	—
Nonoperating gains (losses), net:							
Dividend and interest income	671	136	—	807	—	—	807
Realized gain (loss) from investments	(164)	(28)	—	(192)	—	—	(192)
Unrealized gain (loss) from investments	3,125	588	—	3,713	—	—	3,713
Gain (loss) on sale of assets	—	—	—	—	—	—	—
Other nonoperating income	25	—	—	25	—	—	25
Other nonoperating expense	(29)	—	—	(29)	—	—	(29)
Total nonoperating (losses) gains, net	3,628	696	—	4,324	—	—	4,324
Excess (deficiency) of revenue over expenses from continuing operations	2,118	911	—	3,029	2,489	—	5,518
Discontinued operations	—	—	—	—	—	—	—
Excess (deficiency) of revenue over expenses	2,118	911	—	3,029	2,489	—	5,518
Other changes in net assets without donor restriction:							
Net assets released from restrictions for property, plant and equipment	—	—	—	—	—	—	—
Transfer among affiliates	—	—	—	—	—	—	—
Increase (decrease) in net assets without donor restriction	\$ 2,118	\$ 911	\$ —	\$ 3,029	\$ 2,489	\$ —	\$ 5,518

St. Mary's Villa Nursing Home, Inc.
Consolidating Balance Sheet
December 31, 2024
(In thousands)

Assets

Current assets:

Cash and cash equivalents
Patient accounts receivable
Investments
Inventories
Prepaid expenses and other current assets
Amounts receivable from third-party payors
Current portion of assets whose
use is limited or restricted
Current portion of due from affiliates
Total current assets

Assets whose use is limited or restricted:
Funds held by trustees, less current portion
Deferred compensation
Board designated funds and
other long-term investments
Replacement reserve
Donor-restricted funds
Total assets whose use is limited
or restricted

Other assets:

Other assets
Due from affiliates, less current portion
Investments in joint ventures
Total other assets

Property, plant and equipment

Land and improvements
Buildings and improvements
Equipment
Construction in progress
Right-of-use assets

Less accumulated depreciation
Less accumulated depreciation –
right-of-use assets

Total property, plant and equipment

Total assets

	Primary Care	Skilled Nursing Facility	St. Mary's Villa Nursing Home, Inc. Consolidated
	\$	\$	\$
Cash and cash equivalents	(266)	1,539	1,273
Patient accounts receivable	242	1,020	1,262
Investments	–	–	–
Inventories	–	58	58
Prepaid expenses and other current assets	6	(82)	(76)
Amounts receivable from third-party payors	–	–	–
Current portion of assets whose use is limited or restricted	361	164	525
Current portion of due from affiliates	2,113	(1,727)	386
Total current assets	2,456	972	3,428
Assets whose use is limited or restricted:			
Funds held by trustees, less current portion	26	–	26
Deferred compensation	–	–	–
Board designated funds and other long-term investments	6,590	8,925	15,515
Replacement reserve	–	–	–
Donor-restricted funds	–	(205)	(205)
Total assets whose use is limited or restricted	6,616	8,720	15,336
Other assets:			
Other assets	21	69	90
Due from affiliates, less current portion	–	–	–
Investments in joint ventures	–	–	–
Total other assets	21	69	90
Property, plant and equipment			
Land and improvements	219	80	299
Buildings and improvements	6,029	10,756	16,785
Equipment	1,026	3,852	4,878
Construction in progress	–	–	–
Right-of-use assets	–	–	–
	7,274	14,688	21,962
Less accumulated depreciation	(4,984)	(10,346)	(15,330)
Less accumulated depreciation – right-of-use assets	–	–	–
Total property, plant and equipment	2,290	4,342	6,632
Total assets	\$ 11,383	\$ 14,103	\$ 25,486

St. Mary's Villa Nursing Home, Inc.
Consolidating Balance Sheet
December 31, 2024
(In thousands)

Liabilities and Net Assets

Current liabilities:

Accounts payable
Accrued expenses and other liabilities
Other current liabilities
Estimated third-party payor settlements
Current portion of due to affiliates
Current portion of lease liability
Current portion of long-term debt
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

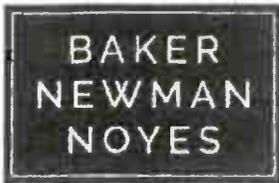
Without donor restriction
With donor restriction
Total net assets

Total liabilities and net assets

	Primary Care	Skilled Nursing Facility	St. Mary's Villa Nursing Home, Inc. Consolidated
	\$ 42	\$ 214	\$ 256
	354	1,619	1,973
	202	2	204
	—	145	145
	18	74	92
	—	—	—
	121	—	121
	<u>737</u>	<u>2,054</u>	<u>2,791</u>
	—	—	—
	—	—	—
	594	2,289	2,883
	—	321	321
	8	52	60
	<u>1,339</u>	<u>4,716</u>	<u>6,055</u>
	9,695	8,974	18,669
	349	413	762
	<u>10,044</u>	<u>9,387</u>	<u>19,431</u>
	<u>\$ 11,383</u>	<u>\$ 14,103</u>	<u>\$ 25,486</u>

St. Mary's Villa Nursing Home, Inc.
Consolidating Statement of Operations
December 31, 2024
(In thousands)

	Primary Care	Skilled Nursing Facility	St. Mary's Villa Nursing Home, Inc. Consolidated
Operating revenue:			
Patient service revenue	\$ 2,444	\$ 10,569	\$ 13,013
Other revenue	112	6	118
Net assets released from restrictions for operations	—	—	—
Total operating revenue	<u>2,556</u>	<u>10,575</u>	<u>13,131</u>
Operating expenses:			
Salaries and wages	1,595	6,471	8,066
Employee benefits	431	1,189	1,620
Supplies	140	733	873
Other expenses	543	3,379	3,922
Interest	26	189	215
Provider tax	2	275	277
Depreciation	265	554	819
Total operating expenses	<u>3,002</u>	<u>12,790</u>	<u>15,792</u>
(Loss) income from continuing operations	(446)	(2,215)	(2,661)
Net periodic pension cost	—	—	—
Nonoperating gains (losses), net:			
Dividend and interest income	99	122	221
Realized gain (loss) from investments	127	187	314
Unrealized gain (loss) from investments	418	611	1,029
Gain (loss) on sale of assets	—	—	—
Other nonoperating income	—	—	—
Other nonoperating expense	—	—	—
Total nonoperating (losses) gains, net	<u>644</u>	<u>920</u>	<u>1,564</u>
Excess (deficiency) of revenue over expenses from continuing operations	198	(1,295)	(1,097)
Discontinued operations	—	—	—
Excess (deficiency) of revenue over expenses	198	(1,295)	(1,097)
Other changes in net assets without donor restriction:			
Net assets released from restrictions for property, plant and equipment	—	—	—
Adjustment to defined benefit pension obligation	—	—	—
Transfer among affiliates	—	—	—
Increase (decrease) in net assets without donor restriction	<u>\$ 198</u>	<u>\$ (1,295)</u>	<u>\$ (1,097)</u>



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**INDEPENDENT AUDITORS' REPORT
ON SUPPLEMENTAL INFORMATION**

The Board of Directors
Covenant Health, Inc.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as of and for the year ended December 31, 2024, as a whole. The accompanying Financial Responsibility Supplemental Schedule (the Schedule), prepared in accordance with the U.S. Department of Education's financial regulations, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The Schedule as of and for the year ended December 31, 2024, has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information as of and for the year ended December 31, 2024 is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Newman Noyes LLC

Portland, Maine
April 25, 2025

COVENANT HEALTH, INC. AND SUBSIDIARIES
FINANCIAL RESPONSIBILITY SUPPLEMENTAL SCHEDULE

As of and for the Year Ended December 31, 2024
(In thousands)

<u>Source</u>	<u>Expendable Net Assets</u>	
Consolidated balance sheet, pg. 4	Net assets without donor restrictions	\$ <u>398,864</u>
Consolidated balance sheet, pg. 4	Net assets with donor restrictions	\$ <u>65,427</u>
N/A	Secured and unsecured related party receivable	\$ <u>—</u>
N/A	Property and equipment pre-implementation (amount of property, plant and equipment reported in last submission less subsequent depreciation and gain on disposal)	\$ —
See Note A, pg. 58	Property and equipment post-implementation with outstanding debt for original purchase	—
See Note A, pg. 58	Property and equipment post-implementation without outstanding debt for original purchase	287,053
N/A	Construction in progress (CIP)	<u>20,824</u>
See Note A, pg. 58	Property and equipment, net (includes CIP) – total	\$ <u>307,877</u>
N/A	Lease right-of-use asset, pre-implementation	\$ <u>—</u>
See Note A, pg. 58	Lease right-of-use asset, post-implementation lease right-of-use asset, net – total	\$ <u>3,665</u>
N/A	Intangible assets	\$ <u>—</u>
Footnote 2, pg. 15	Post-employment and pension liabilities	\$ <u>12,317</u>
N/A	Long-term debt – for long-term purposes pre implementation	\$ <u>—</u>
See Note B, pg. 59	Long-term debt – for long-term purposes post-implementation	\$ <u>221,368</u>
N/A	Line of credit for CIP – long-term debt – for long-term purposes – total	\$ <u>—</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES

FINANCIAL RESPONSIBILITY SUPPLEMENTAL SCHEDULE (CONTINUED)

**As of and for the Year Ended December 31, 2024
(In thousands)**

<u>Source</u>	<u>Expendable Net Assets (Continued)</u>	
N/A	Pre-implementation right-of-use asset liability	\$ <u> —</u>
Consolidated balance sheet, pg. 4 (current and long-term)	Post-implementation right-of-use asset liability	\$ <u> 7,256</u>
	Lease right-of-use asset liability – total	\$ <u> 7,256</u>
N/A	Annuities with donor restrictions	\$ <u> —</u>
N/A	Term endowments with donor restrictions	\$ <u> —</u>
N/A	Life income funds with donor restrictions, annuities, term endowments and life income with donor restrictions – total	\$ <u> —</u>
Footnote 7, pg. 26, donor-restricted funds to be maintained in perpetuity	Net assets with donor restrictions, restricted in perpetuity	\$ <u> 41,697</u>
	<u>Expenses and Losses</u>	
Consolidated statement of operations and changes in net assets, pg. 5	Total expenses without donor restrictions – taken directly from statement of activities	\$ <u> 760,456</u>
Consolidated statement of operations and changes in net assets, pg. 5	Total nonoperating and investment gains without donor restriction	\$ <u> 35,916</u>
Consolidated statement of operations and changes in net assets, pg. 5	Pension-related changes other than net periodic costs with donor restriction	\$ <u> (26)</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES

FINANCIAL RESPONSIBILITY SUPPLEMENTAL SCHEDULE (CONTINUED)

As of and for the Year Ended December 31, 2024
(In thousands)

<u>Source</u>	<u>EQUITY RATIO</u>	
	<u>Modified Net Assets</u>	
Consolidated balance sheet, pg. 4	Net assets without donor restrictions	\$ <u>398,864</u>
Consolidated balance sheet, pg. 4	Net assets with donor restrictions	\$ <u>65,427</u>
N/A	Intangible assets	\$ <u>-</u>
N/A	Secured and unsecured related party receivables	\$ <u>-</u>
Consolidated balance sheet, pg. 3	Total assets	\$ <u>878,632</u>
N/A	Lease right-of-use asset pre-implementation	\$ <u>-</u>
N/A	Pre-implementation right-of-use asset liability	\$ <u>-</u>
N/A	Intangible assets	\$ <u>-</u>
Statement of financial position	Secured and unsecured related party receivables	\$ <u>-</u>
	NET INCOME RATIO	
Consolidated statement of operations and changes in net assets, pg. 6	Change in net assets without donor restrictions	\$ <u>25,272</u>
Consolidated statement of operations and changes in net assets, pg. 5	Total revenues and losses without donor restriction (excess of revenues over expenses)	\$ <u>21,910</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES
FINANCIAL RESPONSIBILITY SUPPLEMENTAL SCHEDULE (CONTINUED)

As of and for the Year Ended December 31, 2024
(In thousands)

<u>Source</u>	<u>Note A for Property and Equipment, Net</u>	
Pre-implementation and equipment, net:		
Consolidated balance sheet - December 31, 2023	Ending balance of last financial statement to the Department of Education	\$ -
Statement of cash flows – depreciation, net of amortization expense	Less subsequent depreciation, net of gain on sale of property, plant and equipment	<u>-</u>
	Balance post-implementation property, plant and equipment, net	-
Included in statement of cash flows - purchases of property plant and equipment	Construction in progress – acquired subsequent to December 31, 2023	26,119
Included in statement of cash flows - purchases of property plant and equipment	Post-implementation property and equipment, net acquired without debt subsequent to December 31, 2023	<u>745,958</u>
	Total property and equipment, net – December 31, 2024	\$ <u>772,077</u>
	Reconciliation to consolidated balance sheet – December 31, 2024:	
	Property plant and equipment	\$ 772,077
	Right-of-use asset	<u>(8,410)</u>
	Adjusted property, plant and equipment	763,667
	Accumulated depreciation	<u>(459,455)</u>
	Net property, plant and equipment	304,212
	Net right-of-use assets	<u>3,665</u>
	Total property, plant and equipment	\$ <u>307,877</u>

COVENANT HEALTH, INC. AND SUBSIDIARIES

FINANCIAL RESPONSIBILITY SUPPLEMENTAL SCHEDULE (CONTINUED)

As of and for the Year Ended December 31, 2024
(In thousands)

<u>Source</u>	<u>Note B for Long-Term Debt for Long-Term Purposes</u>	
Pre-implementation debt:		
Consolidated balance sheet - December 31, 2023	Ending balance of last financial statement submitted to the Department of Education	\$ 221,298
Statement of cash flows	Loss on debt refinance	-
Statement of cash flows – repayment of long-term debt plus amortization of bond premium and debt issuance costs	Less subsequent debt repayments	70
Statement of cash flows - proceeds from long-term debt less amounts paid to refinance	Proceeds from issuance of long-term debt, net	-
	Balance post-implementation debt	<u>\$ 221,368</u>
Per balance sheet:	ST – current portion of long-term debt	\$ 619
	LT – long-term debt, less current portion	<u>220,749</u>
		<u>\$ 221,368</u>

Karen E. Bradshaw

Work History

2024-present: *Director of Grants Administration* (Covenant Health, Andover, MA)

- Leadership role and Grants Manager supervision for all grants-related activity at 3 acute hospitals and 11 post-acute/skilled nursing facilities; maintain primary grant activity for St. Joseph Hospital, Nashua and all post-acute sites
- Work with all senior and director-level leadership to identify system priorities and funding opportunities
- System point person on federal appropriations grant funding and related construction/equipment projects. To date >\$20M awarded for multiple projects at multiple sites in Maine and New Hampshire

2018-2024: *Grants Manager*, St. Joseph Hospital, Nashua, NH (Covenant Health, Andover, MA)

- Responsible for full cycle of grant administration for non-profit hospital and system's 11 post-acute sites
- Research and prepare grant and funding opportunities across organization with senior leadership, clinicians, Finance, Facilities, Marketing, service line directors and community partners
- On a part-time basis, authored and awarded:
 - >\$750,000 in private and corporate foundation grants for Hospital, plus \$3M in Congressional Directed Spending FY23 from Sen. Shaheen (D-NH).
 - Awarded >\$1.5M in private and corporate foundation grants for system's skilled nursing sites
 - Submitted >\$5M CDS FY24 grants to Sen. Shaheen (D-NH), Sen. Collins (R-ME) and Sen. King (I-ME) for multiple projects at the Hospital and two nursing facilities in ME.

2015-2018: *Director of Development*, Mystic & Noank Library, Mystic, CT

- Responsible for all charitable giving including stewardship, board relations and donor communications
- Raised \$200,000 year-to-year in Annual Fund, Memorial Gifts and Events
- Grant writing, reporting and coordination with library staff and external partners
- Produced annual library fundraising and outreach events, including 200-person gala and concerts
- Coordinated marketing efforts with local media, Chambers, non-profits and businesses

2014-15: *Grant Coordinator*, Literacy Volunteers Valley Shore, Westbrook, CT

- Researched, wrote, and submitted successful grants for new and ongoing initiatives

2012: *English Language Instructor*, United Nations Language Programme, New York City, NY

- Developed and taught *Pronunciation* and *Reading Comprehension* classes for diplomatic staff

2007: *Project Coordinator*, International Bicycle Tours, Essex, CT

- Managed international and domestic tours, including registration, budgeting, program payables and communication with vendors, program staff and participants

2005: *Education Consultant*, Women's Wealth Network, Sand Hill Advisors, Palo Alto, CA

- Produced suite of financial seminars for high-net worth clients, including 400-person event at the *Four Seasons Hotel*, San Francisco

2001-04: *Coordinator*, Summer and Continuing Studies, Brown University, Providence, RI

- Served as liaison to 125 University summer faculty members, managed faculty recruitment and compensation, all course scheduling and program evaluations

1998-01: *Coordinator*, Institute for Elementary and Secondary Education, Brown University

- Managed and marketed educational seminars between University faculty and local educators, submitted grant proposals, reports and monitored program budgets

1993-98: *International Resource Center Coordinator*, Clark University, Worcester, MA

- Administrative contact to all international University partners; Center representative at >15 international and domestic conferences

Education

2005: University of Cambridge, CELTA (Certificate in English Language Teaching to Adults),
St. Giles International, San Francisco, CA

2001: Tufts University, Medford, MA, Museum Studies Certificate

1997: Clark University, Worcester, MA, M.A.L.A., Thesis: *Multiple Perspectives in Museum Education*

1993: Clark University, Worcester, MA, B.A., Psychology with an Education concentration

Gerard F. Hadley



PROFESSIONAL EXPERIENCE:

ST. JOSEPH HOSPITAL OF NASHUA, N.H.
Vice President, Finance

August 2023 – PRESENT

MASSGENERAL BRIGHAM
Brigham and Women's Faulkner Hospital

March 1998 – March 2023

Vice President for Finance, Analysis and Planning (03/15 – 03/23)

- Lead financial operations and strategy of a \$370 million community hospital with direct oversight for Finance, Budget, Patient Access, Health Information Management, Real Estate and Data Analytics
- Led revenue cycle process improvement effort resulting in a 30% reduction in denial write-offs positively impacting operating margin performance by approximately \$2.4M annually.
- Led 340B implementation resulting in approximately \$10 million of annual expense savings
- Co-lead for clinical documentation initiative resulting in approximately \$6 million impact on operating margin
- Co-chair of the BWFH Enterprise Active Asset Management Committee
- Oversee creation of dashboards to track major Hospital initiatives
- Oversee lease administration for hospital owned office space
- Provide financial oversight for \$290 million campus expansion project
- Developed finance training curriculum for directors with emphasis on budgeting and reporting
- Member of CFO Roundtable
- Participated in executive leadership program at Harvard Business School

Newton-Wellesley Hospital, Newton, MA
Controller/Budget Director (10/14 – 02/15)

- Successfully negotiated new leases for on-campus medical office buildings
- Developed weekly flex FTE/volume reports
- Active participant in Hospital Strategic Planning process

Interim Vice President for Finance (01/13 – 09/14)

- Led financial operations and strategy of a \$450 million community hospital with direct oversight for Finance, Budget, Decision Support, Patient Access, Health Information Management and Real Estate
- Led revenue cycle process improvement effort resulting in a 70% reduction in un-coded accounts and a 42% reduction in rejections
- Implemented new policies to maintain strict adherence for timely completion of surgical notes, thereby reducing delinquent accounts by \$1 million
- Led operating budget process which resulted in a budgeted margin of 5.2%
- Co-executive sponsor for the Epic Revenue Cycle installation
- Established weekly status meetings for key leaders to ensure the Epic project remains on target
- Implemented internal physician advisor program resulting in annual cost savings of approx. \$200K
- Provided financial oversight for \$51 million building project
- Implemented clinical documentation initiative with expected annual savings of approximately \$3.5 million
- Implemented Navigant Labor Savings initiative with expected annual savings of approx. \$2 million
- Successfully negotiated lease for off-campus administrative space
- Successfully negotiated purchase of seven physician practice
- Staffed NWHCS Finance Committee
- Treasurer for NWHCS and Affiliates
- Served on various Partners Healthcare Committees
- Active participant in the CFO Healthcare Roundtable

Gerard F. Hadley

(Page 2)

Controller/Budget Director (02/98 – 01/13)

- Led operating and capital budget processes for 244 bed community hospital, with revenues of \$430 million
- Prepared multi-year forecasts in conjunction with Corporate Office
- Reduced the overtime run rate by greater than \$1 million by increasing the accountability of Department Directors
- Co-Chaired Cost Management Margin Enhancement Committee which was responsible for implementing over \$1 million of cost saving initiatives
- Prepared timely and accurate monthly financial statements and ensure compliance with GAAP
- Coordinated year-end audit by independent auditors
- Managed residential property holdings
- Responsible for the management of medical office space owned and leased by the Hospital
- Coordinated changes to the corporate structure including: elimination of MRI JV; mergers, eliminations and acquisition of entities
- Developed accounting procedures for LMR loan and grant program
- Assisted in the creation of the “New Member” program with CRICO for our community physicians
- Participated in multiple cross departmental committees including: Off-site Parking Task Force; Real Estate Committee; I.S. Steering Committee, Construction Finance Committee and Space Planning Committee
- Participated in the selection of the PHS wide capital management and operating budget systems
- Implemented PeopleSoft Projects capital accounting system for use with large projects
- Led the implementation of PeopleSoft Financials and supported Human Resource applications
- Participated in COMPASS implementation
- Improved reporting for unrelated business income tax
- Managed the General Accounting, Budget and Reimbursement, Accounts Payable and Payroll departments
- Interim Director of Security and Parking Operations
- Chaired Committee to determine criteria and departments for off-campus space
- Credentialed as a Healthcare Advisory Board Fellow
- Implemented customer satisfaction survey for Finance

LAWRENCE GENERAL REGIONAL HEALTH SYSTEM

January 1990 – February 1998

LGH Health Enterprises, Lawrence, MA

Controller (09/95 – 02/98)

- Managed the financial operations of five physician practices, a surgical day care clinic and a condominium association
- Converted manual general ledger and accounts payable system into single automated system
- Prepared monthly consolidated and practice specific financial statements; quarterly and annual state and federal tax returns including forms 1120, 1065 and 355
- Coordinated year-end audit by independent auditors and prepared audited financial statements
- Converted payroll from a PC based software package to ADP system
- Developed \$14 million operating and capital budgets

Lawrence General Hospital, Lawrence MA

Director of Accounting (01/90 – 09/95)

- Prepared monthly financial statements for the Hospital and its affiliates
- Coordinated year-end audit with independent auditors
- Prepared annual federal and state returns for tax-exempt and taxable entities including forms 990, PC, 1120, and 355A
- Automated the fixed asset accounting system
- Coordinated the implementation of accounting systems for newly acquired entities
- Supervised all payroll, accounts payable and general ledger functions including the supervision of six employees

CHOATE-SYMMES HEALTH SERVICES, Arlington, MA

May 1979 – January 1990

EDUCATION:

MERRIMACK COLLEGE, North Andover, MA

Bachelor of Science in Business Administration

Major: Accounting