



STATE OF NEW HAMPSHIRE

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OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Deanna Jurius
Executive Director

OFFICE OF THE EXECUTIVE DIRECTOR

Heather A. Kelley
Director

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February 23, 2026

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

REQUESTED ACTION

Authorize the Office of Professional Licensure and Certification (OPLC) to enter into a **Sole Source** contract with New Hampshire Professionals Health Program (VC#175105), Concord, New Hampshire in the amount of \$1,616,340.00 to administer the professionals' health program (PHP), with the option to renew for up to an additional two-year period, effective upon Governor and Executive Council approval for the period May 1, 2026 through June 30, 2028. 100% Agency Funds.

Funds are anticipated to be available in Fiscal Year (FY) 2026, FY 2027, and FY 2028 upon the availability of continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, if needed and justified:

| | | | |
|---|----------------------|----------------------|----------------------|
| 01-21-21-211010-240400000 Division of Administration | <u>FY2026</u> | <u>FY2027</u> | <u>FY2028</u> |
| 531-500372 – Impaired Programs (Boards) | \$119,260.00 | \$736,463.00 | \$760,617.00 |

EXPLANATION

This contract is **Sole Source** because New Hampshire Professionals Health Program is the only vendor able to provide the statutorily obligated services; outlined below, in accordance with current administrative regulations.

OPLC is statutorily obligated to administer the PHP for various health professions in accordance with RSAs 310:5, 318:29-a, 326-B:36-a, and 329:13-b. The program is funded by a fee charged to licensees at the time of initial licensure, renewal of licensure, and reinstatement of licensure for thirteen licensing bodies: the Board of Medicine, Board of Dental Examiners, Pharmacy Board, Board of Nursing, Board of Veterinary Medicine, Board of Psychologists, Board of Chiropractic Examiners, Board of Mental Health Practice, Midwifery Council, Board of Registration in Optometry, Board of Podiatry, Board of Licensed Dietitians, and Board of Licensing for Alcohol and Other Drug Use Professionals.

These licensing boards may require licensees whose ability to practice safely is impaired, or could reasonably be expected to become impaired, by a mental or physical illness, including by substance abuse or disruptive behavior, to participate in a PHP as a condition of continued licensure. The PHP administrator develops, administers, and monitors treatment plan contracts with licensees. The PHP administrator monitors the licensee's recovery process and assists them with intervention, diagnosis, and treatment as an alternative to board discipline. The PHP administrator identifies treatment resources for licensees which may include body fluid monitoring, participation in support groups, individual therapy sessions, regular check-ins with sponsors, and other related programs.

In addition to those licensees referred by their licensing board, the PHP offers a voluntary enrollment pathway for healthcare professionals who recognize the need to self-report and seek assistance while avoiding the perceived implications or penalties of board involvement. If a licensee violates the terms of the monitoring treatment plans, whether board-referred or self-reported, the PHP administrator will report the licensee to the respective licensing board for possible disciplinary action.

In consideration of the current contract's expiration on May 1, 2026, OPLC requests approval of this **Sole Source** contract to continue the uninterrupted delivery of the PHP for the licensees of the above identified boards and prevent a lapse in services for those licensees who are currently enrolled in monitoring agreements.

In the event that Agency funds become no longer available, General Funds will not be requested to support this program.

Based on the foregoing, I respectfully request and recommend approval of the **Sole Source** contract with New Hampshire Professionals Health Program.

Respectfully submitted,



Deanna E. Jurius
Executive Director

Subject: Healthcare Professional Monitoring Program

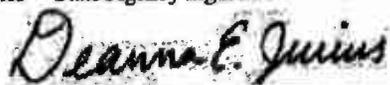
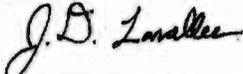
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

| | | | |
|---|--|---|--|
| 1.1 State Agency Name Office of Professional Licensure and Certification | | 1.2 State Agency Address 7 Eagle Square Concord, NH 03301 | |
| 1.3 Contractor Name New Hampshire Professionals Health Program | | 1.4 Contractor Address 125 Airport Road, Concord, NH 03301 | |
| 1.5 Contractor Phone Number (603) 223-0990 | 1.6 Account Unit and Class 24040000-531 | 1.7 Completion Date June 30, 2028 | 1.8 Price Limitation \$1,616,340.00 |
| 1.9 Contracting Officer for State Agency Steven H. Burgess, Contracts Administrator | | 1.10 State Agency Telephone Number (603) 271-9369 | |
| 1.11 Contractor Signature  Date: 2/22/26 | | 1.12 Name and Title of Contractor Signatory Molly Rossignol Medical Director | |
| 1.13 State Agency Signature  Date: 2/23/2026 | | 1.14 Name and Title of State Agency Signatory Deanna E. Jurius, Executive Director | |
| 1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____ | | | |
| 1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 3/5/2026 | | | |
| 1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____ | | | |

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

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

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

9. TERMINATION.

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

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

10. PROPERTY OWNERSHIP/DISCLOSURE.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CHOICE OF LAW AND FORUM.

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

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

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

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

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

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

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

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

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



EXHIBIT A – SPECIAL PROVISIONS

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date: Completion of Project, is amended by adding subparagraph 3.4 as follows:

3.4 The parties may extend the Agreement for up to two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

2. Special Provisions:

2.1. Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided in Exhibit B, Performance Measures and Scope of Services and, in furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2.1.1. Compliance with Federal and State Laws: Once the Contractor is permitted to determine an individual's eligibility for monitoring, the eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

2.1.2. Documentation: The Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Boards request.

2.1.3. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

2.1.3.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the OPLC, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the State.



EXHIBIT A – SPECIAL PROVISIONS

- 2.1.3.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding provision of services and all invoices submitted to the OPLC to obtain payment for such services.
- 2.1.3.3. Participant Records: Where appropriate and as prescribed by State and Federal regulations, the Contractor shall retain a participant file on each recipient of services.
- 2.1.4. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract, shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to State laws and regulations regarding the use and disclosure of such information, disclosure may be made to the professional's licensing board requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a Healthcare Professional for any purpose not directly connected with the administration of the boards or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the Healthcare Professional, his or her attorney, or guardian. The detailed reports of services conducted pursuant to this section shall be confidential and not subject to RSA 91-A. Notwithstanding anything to the contrary contained herein the covenants and conditions contained in this paragraph shall survive the applicable effective date/completion of services of the Contract.



EXHIBIT B – SCOPE OF SERVICE

1. Statement of Work

- 1.1. The purpose of this Agreement is to specify the framework and terms, conditions, safeguards, and procedures under which New Hampshire Professionals Health Program ("the Contractor") agrees to provide a comprehensive Professionals' Health Program which monitors and treats any impairment from alcohol or substance abuse/dependence, mental or physical illness, behavioral issues, and/or burnout and/or behavior and physical conditions to the Office of Professional Licensure and Certification ("Agency") and applicable boards in accordance with Revised Statute Annotated (RSA) 310:5, III.
- 1.2. The Contractor shall maintain records that provide the information needed to compile an evaluative report and provide quarterly evaluative reports to the agency's executive director and the director of operations for review and distribution to the boards.
- 1.3. The Contractor shall ensure that there are staff at its New Hampshire location who have a working knowledge of insurance and self-pay treatment options locally, regionally, and nationally, for the types of treatment likely to be required in its agreements.
- 1.4. The Contractor shall have in place a policy and procedure for periodic systematic evaluation of the services it offers that requires review of, and modifications to, as necessary:
 - 1.4.1. Its program agreements as a whole.
 - 1.4.2. Individual components of program agreements, including but not limited to the treatment programs to which participants are referred.
 - 1.4.3. The non-therapeutic goals and objectives of facilitated meetings and the extent to which they are being met.
 - 1.4.4. Participation in and attendee reviews of any continuing education courses offered.
 - 1.4.5. What services are being requested by licensees.
 - 1.4.6. Any other services or resources made available to participants and potential participants.
- 1.5. The Contractor shall have a conflict of interest policy for officers, directors, committee members, executive staff, and volunteers acting on behalf of the provider to ensure that those in positions of responsibility or influence have no personal or outside financial, business, or professional interests or responsibilities that conflict with their duties to the provider that could create a bias or predisposition on an issue that may compromise the interests of the provider or unduly influence the treatment or monitoring of a participant.
- 1.6. The Contractor shall require, to the maximum extent possible, that participants:
 - 1.6.1. Make full disclosure of all relevant facts to the program director;



EXHIBIT B – SCOPE OF SERVICE

- 1.6.2. Provide the program director with continuing, unrestricted access to any of the participant's medical or other records that are relevant to the condition or conduct being addressed by the program agreement, exclusive of records pertaining to the participant's clients or patients that contain protected health information .
- 1.7. The contractor shall not include in any advertising, informational website or brochure, or program agreement any language or representations to any person that explicitly or implicitly indicates that:
 - 1.7.1. The contractor's program director is an agent of the applicable board or is performing functions of the applicable board.
 - 1.7.2. Participation in the approved program will protect the participant against disciplinary action being taken by the applicable board.
 - 1.7.3. The applicable board is financially or otherwise responsible for any aspect of the participant's involvement in the program.
- 1.8. The contractor shall keep a list of Known to the Board (KTB) participants, and Not Known to the Board (NKTB) participants.
 - 1.8.1. KTB participants are licensees the applicable board has ordered or agreed to a licensee's participation in a program agreement as an alternative to discipline or a condition of discipline.
 - 1.8.2. NKTB participants are licensees seeking guidance on, or assistance with , treatment for an impairment or potential impairment from the Contractor without the knowledge of the applicable board or any other regulatory authority. The term includes full participation in a program agreement without the knowledge of the applicable board.
 - 1.8.3. The Contractor shall assign a unique identified (UID) to each NKTB participant so that the Contractor may track participant numbers accurately and report these numbers to the Agency. The UID shall not be the participant's social security number, license number, or other identifiable number that is known to the Agency.

2. Program Agreements Standards

- 2.1. The Contractor shall develop a program agreement for each participant based on the participant's specific conditions and circumstances that contain specific and objectively determinable requirements to be met by the participant that are designed to ensure safe practice and public safety.
- 2.2. Each program agreement and any amendments or modifications thereto shall be in writing and signed by the participant and the Contractor's program director.



EXHIBIT B – SCOPE OF SERVICE

2.3. Each program agreement shall:

2.3.1. Require the Contractor’s program director to keep detailed records of the participant’s involvement in all aspects of the program agreement.

2.3.1.1. For KTB participants, Require the Contractor’s program director to inform the applicable board within two (2) working days of receiving verification of a participant’s non-compliance with any of the requirements contained in the participant’s program agreement.

2.3.2. For NKTB participants, clearly inform the participant that the Contractor shall report noncompliance by the participant with the terms of a program agreement to the applicable board only if the Contractor determines there is clear and convincing evidence that not reporting the participant would jeopardize the health and safety of the public.

2.3.3. Authorize and require the Contractor’s program director to maintain the confidentiality of records concerning the participant’s involvement in the program agreement except to the extent the records are released by the participant, provided that in cases where the participant’s noncompliance with one or more terms of the program agreement has been reported to the applicable board, only the confirmation of noncompliance documentation shall be released to the applicable board if requested by the applicable board.

2.3.4. Require the Contractor’s program director to:

2.3.4.1. Provide, except for NKTB participants, information regarding the participant’s compliance with the program agreement to the applicable board if requested for purposes of a pending or potential disciplinary proceeding.

2.3.4.2. Notify the board administrator assigned to the board, director of enforcement, and director of licensing and board administration.

2.3.4.3. Cooperate, except as relating to NKTB participants, with the applicable board in any disciplinary action undertaken by the applicable board that relates to the condition or conduct addressed by the participant’s program agreement.

2.3.5. If the program agreement for a specific participant addresses a treatable or modifiable (T/M) condition of the participant, include a detailed T/M plan that contains the elements listed in paragraph 3 below.

3. Necessary Elements for T/M Plan:

3.1. For all participants with a treatable or modifiable condition, the Contractor shall create and include a T/M plan in the program agreement. The T/M plan shall contain the following:

3.1.1. Identification of the assessment made, and the condition diagnosed.



EXHIBIT B – SCOPE OF SERVICE

- 3.1.2. A clear statement of the treatment required, including the frequency of treatment and the licensing requirements for each treatment provider.
- 3.1.3. A clear statement of the details of any practice limitations that the participant has agreed to observe, independent of any license restrictions imposed by the applicable board, as well as:
 - 3.1.3.1. The circumstances under which the limitations will be removed.
 - 3.1.3.2. The circumstances, such as a relapse, that will extend the limitations and the program agreement.
- 3.1.4. For KTB participants, a requirement for the program director to report relapse or other noncompliance with the program agreement to the applicable board by notifying the Board Administrator assigned to the Board, Director of Enforcement, and Director of Licensing and Board Administration.
- 3.1.5. Details of any required physical monitoring, such as testing for drugs or alcohol, included in the plan, the participant's obligations thereunder, and the consequences of positive test results or refusing to engage in testing.
- 3.1.6. A clear statement of any continuing education requirements and, if applicable, the specific topics to be covered.
- 3.1.7. A requirement for the participant to abstain from psychoactive substances that are not prescribed by the participant's health care provider and preapproved by the program director.
- 3.1.8. A requirement for the participant to participate in a monthly facilitated meeting with the approved program and other participants with emphasis on work stress mitigation and recovery topics.
- 3.1.9. A requirement for the participant to submit a monthly self-assessment report.
- 3.1.10. Identification of a community-based support group requirement based on diagnosis.
- 3.1.11. Language that:
 - 3.1.11.1. Specifically describes any applicable employment requirements or limitations relative to hours, duties, and work settings.
 - 3.1.11.2. Identifies the workplace monitor(s) and requires the monitor(s) to submit 30-day and quarterly reports to the program director.
 - 3.1.11.3. Requires full collaboration and discussion between the program director and treatment providers and workplace monitors at all times.
 - 3.1.11.4. Provides avenues for grievance if a participant disagrees with the terms or implementation of the program agreement.



EXHIBIT B – SCOPE OF SERVICE

3.2. A notification that any healthcare professionals seeking enrollment in the monitoring services, that if the healthcare professionals holds a multi-state compact license under a multi-state compact agreement, the healthcare professionals may be disqualified from a multi-state license due to enrollment in the monitoring program.

4. Personnel-Related Criteria

4.1. The Contractor's program director shall:

4.1.1. Be a licensee in a profession regulated by any of the following New Hampshire boards:

- 4.1.1.1. Board of licensing for alcohol and other drug use professionals;
- 4.1.1.2. Board of medicine;
- 4.1.1.3. Board of nursing;
- 4.1.1.4. Board of mental health practice; or
- 4.1.1.5. Board of psychology.

4.1.2. Carry professional liability coverage for the types of work to be done,

4.1.3. Fully disclose in writing any disciplinary action, including reprimand or restriction, taken against them by any licensing, certifying, or credentialing agency or professional society in any jurisdiction.

4.1.4. Have experience working with professionals in one or more of the professions to be served by the Contractor regarding drug and alcohol issues, behavioral health impairment, physical impairment, random testing, use and expertise with biologic specimen and toxicology testing, and intervention, interviewing, and monitoring.

4.1.5. Adhere to applicable professional standards and ethical obligations at all times; and

4.1.6. Be accessible to participants at all reasonable times, wherein "reasonable" shall be determined in relation to the participant's reason(s) for being subject to a program agreement.

4.2. The Contractor shall have in place policies and practices that, at a minimum:

4.2.1. Do not allow the Contractor's program director or any treatment provider to be assigned to a participant's case if there is any question of that individual's objectivity, dependability, or commitment.

4.2.2. Require program directors to verify that any treatment provider who is included in a T/M plan meets the same standards as those established for program directors in 4.2.1.



EXHIBIT B – SCOPE OF SERVICE

4.2.3. Disqualify an individual from serving as a program director or treatment provider for a particular program agreement if any discipline was for conduct similar in nature to the issues being monitored, if the discipline occurred within 5 years of the date the individual would provide services to the participant under the treatment and monitoring program.

5. **Establish a NKTB Path**

5.1. The Contractor shall develop an NKTB path for individuals who wish to obtain guidance on, or assistance with, treatment for an impairment or potential impairment without the knowledge of the applicable board.

5.2. The Contractor shall ensure no records or reports relative to an NKTB participant's involvement in a program agreement are provided to the applicable board by the Contractor or anyone associated with the Contractor, except as provided in the program agreement pursuant to N.H. Admin. R. Plc 503.06(c)(3) and in 5.3. below.

5.3. The Contractor shall ensure all applicable board are notified of an NKTB participant's noncompliance with the terms of a program agreement only if the approved program determines there is clear and convincing evidence that not notifying the board would jeopardize the health and safety of the public.

6. **General Requirements**

6.1. At least once a year, the Contractor shall provide two (2) hours of continuing education programs in New Hampshire to all eligible healthcare professionals concerning substance abuse and wellness, at no cost to licensees.

6.2. On an annual basis, the Contractor shall make available information to eligible healthcare professionals notifying them of the availability of the program, the dangers of substance abuse, occupational stressors, and behavioral, mental and/or physical health issues that may impact their ability to function at work.

6.3. The Contractor is responsible for all recordkeeping for healthcare professionals enrolled in the program, as well as all other communications necessary to keep the Agency informed of the referred healthcare professionals and the program.

6.4. The Contractor shall meet with the Executive Director, Director of Operations, Director of Enforcement, and the Director of Licensing and Board Administration, on a quarterly basis, or as requested, to discuss and assess progress towards performance measures, clinical quality and, if necessary, administrative function.



EXHIBIT B – SCOPE OF SERVICE

6.5. The Contractor shall notify the Agency in writing, within 30 days of hire, when a new Medical Director or Assistant Director is hired to work in the program. If the new hire is a licensed physician in NH or any other state, notification from the licensee's state shall be obtained stating that the professional's license is current and in good standing. If the health professional is not licensed in NH, an application shall be completed and the license approved by the Agency prior to the start of employment. The Agency shall be provided with a resume from the newly hired individual.

7. Performance Measures

7.1. The Contractor shall provide a quality improvement (QI) report with relapse statistics and performance measures. This QI report shall be developed and submitted on a quarterly basis.

7.2. The Contractor shall provide the following:

7.2.1. The number of professionals receiving services, known and not known to the board.

7.2.1.1. Report shall be broken down by overall program and then by board.

7.2.1.2. The report shall identify treatment program type (e.g., mental or physical illness, behavioral issues, etc.).

7.2.1.3. Total professionals' eligible number to determine percentage of licensees receiving services shall be the number of licensees identified in the agency's annual report.

7.2.2. Number of newly enrolled professionals from the last reporting period.

7.2.2.1. The report shall identify, number of board referred professionals and self-referred professionals.

7.2.2.2. Report shall be broken down by board.

7.2.2.3. Total professionals' eligible number to determine percentage of licensees enrolled shall be the number of licensees identified in the agency's annual report.

7.2.3. Number of relapses and monitoring contract violations.

7.2.3.1. Report shall identify relapsed into addictive behavior versus other contract violations.

7.2.3.2. Report shall include total number of violations for the month and year to date.

7.2.3.3. Report shall identify the percentage of licensees with violations year to date, for the overall program and by board.

7.2.3.4. Report shall identify the percentage of licensees with violations for the month, for the overall program and by the board.

7.2.4. Number of missed monitoring activities by enrolled professionals.

7.2.4.1. Report shall be broken down by board referred and self-referred licensees, by board.



EXHIBIT B – SCOPE OF SERVICE

- 7.2.4.2. Report shall identify the percentage of missed monitoring activities with violations year to date, for the overall program and by board.
- 7.2.4.3. Report shall identify the percentage of missed monitoring activities with violations for the month, for the overall program and by the board.
- 7.2.5. Number of professionals that successfully completed the program.
 - 7.2.5.1. Report shall be broken out by overall program and then by those referred by the board and those that self-reported.
 - 7.2.5.2. Report shall provide monthly, quarterly, and year to date success rate by overall program and by board.
- 7.2.6. Number of closures (discharges/unsuccessful completions)
 - 7.2.6.1. Report shall be broken out by overall program and then by those referred by the board and those that self-reported.
 - 7.2.6.2. Report shall provide monthly, quarterly, and year to date number of closures by overall program and by board.

8. Reporting

- 8.1.1. The Contractor shall provide monthly reports to the Agency’s Director of Operations, separating participants by participating professions, containing the metrics listed in the Performance Measures above, and any other mutually agreeable metrics.
- 8.1.2. The Contractor shall provide quarterly reports to the Agency’s Executive Director and Director of Operations, which will then be distributed to the applicable boards.
- 8.1.3. The Contractor shall submit a work plan/summary of activity reporting form on a quarterly basis that accurately details activities, educational presentations, clinical outcomes, and continuous quality improvement plans that monitor and evaluate the Agency’s progress towards achieved strategic goals.

MR

2/22/26



EXHIBIT C – METHOD OF PAYMENT

1. Contract Price

1.1. The Agency shall pay the Contractor an amount up to and not to exceed the P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit B, Scope of Services.

1.2. This Agreement is funded with 100% Agency Funds.

1.3. The Contractor agrees to provide the services in EXHIBIT B, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the Contractor’s funding.

2. Pricing Structure

2.1. Payment shall be made as described in the table below:

| Professionals' Health Program | State Fiscal Year 2026 | State Fiscal Year 2027 | State Fiscal Year 2028 |
|-------------------------------|------------------------|------------------------|------------------------|
| | \$119,260.00 | \$736,463.00 | \$760,617.00 |

3. Invoicing

3.1. The Contractor shall submit an invoice in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall:

3.1.1. Ensure each invoice is completed, dated, and returned to the Agency in order to initiate payment.

3.1.2. Keep detailed records of activities related to contract services.

3.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.

3.3. The final invoice is due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

3.4. In lieu of hard copies, all invoices may be electronically signed and emailed to finance@oplc.nh.gov; hard copy invoices may be mailed to:

Director of Operations
Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301



EXHIBIT C – METHOD OF PAYMENT

3.5. Payments may be withheld pending receipt of required reports or documentation as identified in EXHIBIT B, Scope of Services and this EXHIBIT C.

Contractor Initials MR
Date 2/22/26

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 2007. 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: **577394**

Certificate Number: **0007201720**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of June A.D. 2025.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Pamela DiNapoli, PhD RN CNL hereby certify that:

1. I am a duly elected officer of New Hampshire Professionals Health Program (NHPHP)
2. The following is a true copy of an electronic vote taken by the NHPHP Board of Directors, duly called and held on 2/18/2026, at which a quorum of the Directors were present and voting.

VOTED: That Molly Rossignol, DO FASAM Medical Director is duly authorized on behalf of NHPHP to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for sixty (60) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: Feb 19, 2026

Signature of Elected Officer: *Pamela P DiNapoli*

Name: Pamela DiNapoli, PhD RN
Title: President of NHPHP BOD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2025

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

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

| | | | |
|--|--|------------------------------------|------------------------|
| PRODUCER Eaton & Berube Insurance Agency, Inc. 11 Concord St Nashua NH 03064 | CONTACT NAME: Debbie Rioux PHONE (A/C No, Ext): 603-882-2766 E-MAIL ADDRESS: drioux@eatonberube.com | FAX (A/C, No): 603-886-4230 | |
| | INSURER(S) AFFORDING COVERAGE | | |
| INSURED New Hampshire Professionals Health Program 125 Airport Road Concord NH 03301 | INSURER A: Liberty Mutual Insurance Company | | NAIC # 23043 |
| | INSURER B: Travelers Casualty Insurance Company of America | | 19046 |
| | INSURER C: Sequoia Insurance Company | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER: 1243084965

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | BZS57426320 | 7/15/2025 | 7/15/2026 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | MED EXP (Any one person) | \$ 15,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE | \$ |
| | | | | | | AGGREGATE | \$ |
| | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | QWS1481518 | 9/14/2025 | 9/14/2026 | X PER STATUTE | OTH-ER |
| | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| B | Directors & Officers Liability | | 107147719 | 9/14/2025 | 9/14/2026 | Limit Retention Continuity Date | \$ 1,000,000 \$5,000 09/14/2010 |

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

CERTIFICATE HOLDER**CANCELLATION**

New Hampshire Office of Professional Licensure and Certification
 7 Eagle Square
 Concord NH 03301

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

AUTHORIZED REPRESENTATIVE

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State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Division of Licensing and Board Administration

7 Eagle Square, Concord, N.H. 03301-2412

Telephone 603-271-2152

DEANNA E. JURIUS
Executive Director

ERICA E. LAMY
Director



December 15, 2025

This Letter is to certify that the licensure/certification/registration for the individual listed below is a true and accurate report directly from the New Hampshire Office of Professional Licensure and Certification database. This Letter of Verification further certifies that the undersigned is under the guidance of the keeper of the records and duly certifies this information is accurate and complete as of the date listed above. In order to expedite the processing of license verifications, this form letter has been created and is used for all verifications requested from the New Hampshire Office of Professional Licensure and Certification.

| | |
|--|-------------------|
| License/Permit Holder Name | MOLLY E ROSSIGNOL |
| Profession | Medicine |
| License Type | Physician |
| License/Certificate/Registration Number | 10880 |
| Issue Date | April 5, 2000 |
| Expiration Date | June 30, 2026 |
| License/Certificate/Registration Status | Active |
| Obtained By: | Conversion |



American Board of Family Medicine, Inc.

Quality Health Care, Public Trust ... Setting the Standards in Family Medicine

December 13, 2025

To Whom It May Concern:

This letter verifies Molly Rossignol, D.O. (NPI: 1780687145) is currently certified with the American Board of Family Medicine (ABFM).

Family Medicine Certification

Current Status:



Meeting Requirements

Certification History:

Jul 09, 1999 - Jul 26, 2006

Jul 27, 2006 - Nov 13, 2016

Nov 14, 2016 - *

Certification Number: 1071591485

*Certification is continuous as long as Family Medicine Certification Requirements are maintained.

Clinical Status:

Clinical Status:

Clinically Active

Clinical Status History:

Jun 28, 2018 -

Clinically Active

Initial display of clinical status began June 2018 and history is only shown for certified periods.

Beginning in 2011 certification by the American Board of Family Medicine is maintained through successful completion of the Family Medicine Certification process. The Family Medicine Certification process is a continuous process that requires being in compliance with Guidelines for Professionalism Licensure and Personal Conduct including maintaining a currently valid, full, and unrestricted license to practice medicine in the United States or Canada, completing certification activities in a timely fashion, and being current in meeting the Family Medicine Certification Examination requirement. Failure to maintain any of these requirements will result in the loss of certification status with the ABFM. Based upon the continuous nature of Family Medicine Certification, no end date for certification is presented above.

Certification in Family Medicine was for a period of seven years. From 1970 through 2002, certification was renewed by completion of requirements for Recertification. Each physician (Diplomate) fulfilled these requirements by maintaining a medical license to practice medicine in the United States or Canada, earning 300 hours of continuing medical education (CME), completing a computerized office record review, and performing successfully on the recertification examination.

In 2003 family physicians who performed successfully on the Certification and Recertification examinations began a gradual transition from Recertification to MC-FP. MC-FP was designed to transition all Diplomates into the program by 2010, enrolling all physicians who certified or recertified as they successfully passed the examination.



American Board of Family Medicine, Inc.

Quality Health Care, Public Trust ... Setting the Standards in Family Medicine

The ABFM website serves as primary source verification. Details of the Family Medicine Certification process are available online at www.theabfm.org.

Sincerely,

Salena C. Nelson

Verifications Coordinator and Professionalism Coordinator

NONPROFIT COVER SHEET

A. Entity Name: New Hampshire Professionals Health Program

B. Entity's Contact Information:

Person responsible for Accuracy and Completeness of information provided:

Name: Molly Rossignol

Title: Executive Medical Director NHPHP

Signature:  _____

Additional Contact:

Name / Phone / Email: Pam Sweezy/603-223-0990/psweezy@nhphp.org

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> |
|--|----------------------------|
| Pamela DiNapoli, PhD RN | NH Nursing Association |
| John Gallagher, MD | retired |
| Briana Matuszko, JD | Nixon Peabody, LLP |
| Jennifer Pitts | Longwood Advisors |
| Tom Schell, DMD | Private dentistry practice |
| Robert O'Donnel, LICSW | DHMC Neurology Dept |
| | |
| | |
| | |
| | |
| | |

D. List Key Personnel (Resumes should be attached for each key personnel listed)

| <u>Name</u> | <u>Role</u> | <u>Annual Salary</u> | <u>Amount Paid From This Contract</u> |
|-----------------|------------------------|----------------------|---------------------------------------|
| Molly Rossignol | Executive/Med Director | 250000 | 250000 |
| Pam Sweezy | Program Manager | 70000 | 70000 |
| Kathleen Russo | Clinical Case Manager | 70000 | 70000 |
| Andrew Seefeld | Assoc Medical Director | 50000 | 50000 |
| Mary Behnke | Nurse Advocate | 28000 | 28000 |
| | | | |
| | | | |
| | | | |
| | | | |

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

E. Check one of the following:

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

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following (and attach applicable document):

- 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: If registered with DOJ, attach screen shot from the Registered Charities List found at:

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

FINANCIAL DISCLOSURES

G. Check one the following (and attach applicable financial documentation):

- 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 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> | |

FINANCIAL DISCLOSURES (cont.)

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> | |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

October 27, 2025

New Hampshire Professionals
Health Program
125 Airport Road
Concord, NH 03301

Dear Dr. Rossignol,

Enclosed is the 2024 exempt organization return, as follows...

2024 Form 990

The enclosed Form 3115 should be signed by the appropriate filer.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Sheila McNeil
Certified Public Accountant

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM

EIN or SSN 20-8986771

Name and title of officer or person subject to tax DR. MOLLY ROSSIGNOL MEDICAL DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 4 columns: Line number, Form type, Box checked, and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 836,715.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) ... (EIN) ... and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize WIPFLI ADVISORY LLC to enter my PIN 13328 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

***** THIS IS NOT A FILEABLE COPY *****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

02267554403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SHEILA MCNEIL

Date 10/27/25

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

LHA 402521 12-26-24

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 125 AIRPORT ROAD City or town, state or province, country, and ZIP or foreign postal code CONCORD, NH 03301 | D Employer identification number 20-8986771 E Telephone number 603-223-0990 |
| F Name and address of principal officer: DR. MOLLY ROSSIGNOL SAME AS C ABOVE | | G Gross receipts \$ 836,715. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.NHPHP.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2007 M State of legal domicile: NH |

| Part I Summary | | | | | |
|------------------------------------|--|---|---|---------------------|----------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM (NHPHP) IS TO SERVE CONTRACTED | | | |
| | 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 8 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 8 | | |
| | 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 7 | | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 8 | | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. | | |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b 0. | | |
| Revenue | | | Prior Year | Current Year | |
| | 8 | Contributions and grants (Part VIII, line 1h) | 823,360. | 817,996. | |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 16,982. | 18,719. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 840,342. | 836,715. | |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 9,064. |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 732,513. | 652,947. |
| | | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. | |
| 17 | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 92,958. | 72,143. | |
| 18 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 825,471. | 734,154. | |
| 19 | | Revenue less expenses. Subtract line 18 from line 12 | 14,871. | 102,561. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year | |
| | 20 | Total assets (Part X, line 16) | 574,420. | 750,194. | |
| | 21 | Total liabilities (Part X, line 26) | 2,363. | 8,921. | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 572,057. | 741,273. | | |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer DR. MOLLY ROSSIGNOL, MEDICAL DIRECTOR | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Preparer's name SHEILA MCNEIL | Preparer's signature SHEILA MCNEIL |
| | Date 10/27/25 | Check if self-employed <input type="checkbox"/> PTIN P01282590 |
| | Firm's name WIPFLI ADVISORY LLC | Firm's EIN 39-3647910 |
| | Firm's address 43 CONSTITUTION DRIVE, SUITE 100 BEDFORD, NH 03110 | Phone no. 603.627.3838 |

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM (NHPHP) IS TO SERVE CONTRACTED PROFESSIONAL HEALTHCARE BOARDS IN THE EVALUATION AND DETERMINATION OF TREATMENT RECOMMENDATIONS AND MONITORING FOR INDIVIDUAL HEALTHCARE PROFESSIONALS WHO HAVE OR MAY

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

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

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

4a (Code:) (Expenses \$ 444,132. including grants of \$ 9,064.) (Revenue \$ 0.)
THE ORGANIZATION ASSISTED HEALTH CARE PROFESSIONALS WHO WERE AT RISK OR AFFECTED BY SUBSTANCE USE DISORDERS, BEHAVIORAL/MENTAL HEALTH CONDITIONS, OR OTHER ISSUES IMPACTING THEIR HEALTH AND WELL-BEING. THE PROGRAM INVOLVED ASSESSMENT FOLLOWED WHEN APPROPRIATE BY CONTRACTED TREATMENT AND MONITORING. SERVICES WERE AVAILABLE TO ALL LICENSED MEDICAL PROFESSIONALS AND RESIDENTS OF THE FOLLOWING PROFESSIONS WHO PRACTICE IN NH OR SEEK LICENSURE IN NH REGARDLESS OF THEIR LOCATION: CHIROPRACTORS, DENTISTS, DIETICIANS, LICENSED ALCOHOL AND DRUG COUNSELORS, MENTAL HEALTH PRACTITIONERS, MIDWIVES, NURSE LICENSEES, OPTOMETRISTS, PHARMACISTS, PHYSICIANS, PHYSICIAN ASSISTANTS, PODIATRISTS, PSYCHOLOGISTS AND VETERINARIANS.

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

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

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

4e Total program service expenses **444,132.**

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

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 <i>Schedule B, Schedule of Contributors</i> ? 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? | | |
| 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 |

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

Form 990 (2024)

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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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| 28a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | 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 | | 8 |
| 1b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | 0 |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

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

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

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

Form 990 (2024)

20-8986771 Page **6**

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 | 8 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 8 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | | X |

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

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

Section C. Disclosure

| |
|---|
| 17 List the states with which a copy of this Form 990 is required to be filed <u>NH</u> |
| 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other <i>(explain on Schedule O)</i> |
| 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 <u>ULTRAPRECISE BOOKKEEPING - 315-920-7930</u> <u>5001 ALEXIS DRIVE, LIVERPOOL, NY 13090</u> |

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Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|--|--|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | 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 | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 806,856. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 11,140. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | 817,996. | | | | |
| Program Service Revenue | 2 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 18,719. | | | 18,719. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| | c | Gain or (loss) | 7c | | | | | |
| d | Net gain or (loss) | | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 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 | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 836,715. | 0. | 0. | 18,719. | |

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 9,064. | 9,064. | | |
| 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 | 329,830. | 230,881. | 98,949. | |
| 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 | 255,380. | 151,751. | 103,629. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 12,544. | 8,154. | 4,390. | |
| 9 Other employee benefits | 20,502. | 13,327. | 7,175. | |
| 10 Payroll taxes | 34,691. | 22,551. | 12,140. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 7,000. | | 7,000. | |
| 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.) | 11,717. | 8,273. | 3,444. | |
| 12 Advertising and promotion | 2,169. | | 2,169. | |
| 13 Office expenses | 8,123. | | 8,123. | |
| 14 Information technology | 7,708. | | 7,708. | |
| 15 Royalties | | | | |
| 16 Occupancy | 9,919. | | 9,919. | |
| 17 Travel | 1,602. | | 1,602. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,919. | | 1,919. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 462. | | 462. | |
| 23 Insurance | 17,828. | | 17,828. | |
| 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 CONTINUING EDUCATION | 3,243. | | 3,243. | |
| b OTHER | 322. | | 322. | |
| c DRUG TESTING | 131. | 131. | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 734,154. | 444,132. | 290,022. | 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) | | | | |

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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 | 573,103. | 1 | 676,412. | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | | 3 | | |
| | 4 Accounts receivable, net | | 4 | 67,238. | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | | | 9 | 5,689. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 2,628. | | | |
| | b Less: accumulated depreciation | 1,773. | 1,317. | 10c | 855. |
| | 11 Investments - publicly traded securities | | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 Intangible assets | | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 574,420. | 16 | 750,194. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,363. | 17 | 8,921. | |
| | 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 | | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 2,363. | 26 | 8,921. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 Net assets without donor restrictions | | | 27 | |
| | 28 Net assets with donor restrictions | | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 Capital stock or trust principal, or current funds | | 0. | 29 | 0. |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 0. | 30 | 0. |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 572,057. | 31 | 741,273. |
| | 32 Total net assets or fund balances | | 572,057. | 32 | 741,273. |
| 33 Total liabilities and net assets/fund balances | | 574,420. | 33 | 750,194. | |

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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 | 836,715. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 734,154. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 102,561. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 572,057. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 66,655. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 741,273. |

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 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. | | |
| 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 | | |

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NEW HAMPSHIRE PROFESSIONALS

Schedule A (Form 990) 2024

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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.") | 517,345. | 792,362. | 833,576. | 823,360. | 817,996. | 3784639. |
| 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 | 517,345. | 792,362. | 833,576. | 823,360. | 817,996. | 3784639. |
| 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 | | | | | | 3784639. |

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 | 517,345. | 792,362. | 833,576. | 823,360. | 817,996. | 3784639. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | 1,033. | 16,982. | 18,719. | 36,734. |
| 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 | | | | | | 3821373. |
| 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 | 99.04 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.41 | % |
| 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 checked="" 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"/> |

Schedule A (Form 990) 2024

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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

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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? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <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? <i>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.</i> | | |
| 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? <i>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.</i> | | |
| 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? <i>If "Yes" or "No," provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

NEW HAMPSHIRE PROFESSIONALS

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 (<i>explain in detail in Part VI</i>): | | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

**NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

Schedule A (Form 990) 2024

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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 - <i>provide details in Part VI</i>) | 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 (<i>provide details in Part VI</i>). 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 - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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 | | | |

Schedule A (Form 990) 2024

**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 NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM | Employer identification number 20-8986771 |
|---|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM | Employer identification number 20-8986771 |
|---|---|

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 | NH BOARD OF PROFESSIONAL LICENSURE AND CERTIFICATION 7 EAGLE SQUARE CONCORD, NH 03301 | \$ <u>806,856.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM | Employer identification number 20-8986771 |
|---|---|

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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|---|---|
| Name of organization NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM | Employer identification number 20-8986771 |
|---|---|

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 | |
| | | | |

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.

OMB No. 1545-0047

**Open to Public
 Inspection**

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

Name of the organization **NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM** Employer identification number **20-8986771**

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).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing 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)

NEW HAMPSHIRE PROFESSIONALS

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

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

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

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

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,628. | 1,773. | 855. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 855. |

NEW HAMPSHIRE PROFESSIONALS

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM**

Employer identification number
20-8986771

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| | | | | | | | |
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| | | | | | | | |

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

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

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

NEW HAMPSHIRE PROFESSIONALS

Schedule I (Form 990) (Rev. 12-2024) HEALTH PROGRAM

20-8986771

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| FINANCIAL ASSISTANCE | 20 | 9,064. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

OUR PROGRAM COVERS THE COST OF ANY REQUIRED TESTING AT THE INITIAL APPOINTMENT TO DETERMINE NEXT STEPS FOR THE INDIVIDUAL. WE HAVE A BENEVOLENCE FUND WHICH PROVIDES FINANCIAL ASSISTANCE FOR ONGOING TESTING FOR A LIMITED AMOUNT OF TIME AND IS AWARDED TO THOSE PARTICIPANTS WHO MEET FINANCIAL ASSISTANCE CRITERIA AS DETERMINED BY A BENEVOLENCE FUND COMMITTEE. THIS COMMITTEE REVIEWS THE PARTICIPANTS FINANCIAL DOCUMENTS AND CURRENT SITUATION IN DETERMINING THE ASSISTANCE PROVIDED.

**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 **NEW HAMPSHIRE PROFESSIONALS
HEALTH PROGRAM** Employer identification number **20-8986771**

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

| | Yes | No |
|----|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

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

NEW HAMPSHIRE PROFESSIONALS

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

20-8986771

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) MOLLY ROSSIGNOL MEDICAL DIRECTOR | (i) | 275,085. | 0. | 0. | 26,887. | 17,510. | 319,482. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (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 7:

SCHEDULE J, PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.

Lined area for supplemental information.

**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 NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM | Employer identification number 20-8986771 |
|---|---|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 PROFESSIONAL HEALTHCARE BOARDS IN THE EVALUATION AND DETERMINATION OF
 TREATMENT RECOMMENDATIONS AND MONITORING FOR INDIVIDUAL HEALTHCARE
 PROFESSIONALS WHO HAVE OR MAY HAVE POTENTIALLY IMPAIRING CONDITIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 HAVE POTENTIALLY IMPAIRING CONDITIONS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
 THE ORGANIZATION IMPLEMENTED A SERIES CALLED EMOTIONAL SOBRIETY, WHICH
 IS TARGETED AT ALL PARTICIPANTS, REGARDLESS OF THE REASON FOR REFERRAL.
 THIS PROGRAM SUPPORTS ALL HEALTHCARE PROFESSIONALS BY HELPING THEM
 EVALUATE HOW THEIR THOUGHTS, EMOTIONS, AND BEHAVIORS ARE RELATED TO
 THEIR EXPERIENCES. IN EFFECT AN OPPORTUNITY TO APPLY STRATEGIES TO
 MANAGE BEHAVIORS BY GOING 'UPSTREAM'. THIS SERVICE IS A RECURRING GROUP
 FACILITATED MEETING AND HAS HAD RESOUNDING POSITIVE FEEDBACK.

FORM 990, PART VI, SECTION B, LINE 11B:
 ALL OF THE OFFICERS OF THE ORGANIZATION REVIEW THE FORM 990 PRIOR TO
 SIGNING AND FILING. THE BOARD IS PROVIDED A COPY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:
 THE EXECUTIVE COMMITTEE MEMBERS REVIEW NON-PROFIT COMPARIBILITY DATA TO
 DETERMINE COMPENSATION FOR TOP MANAGEMENT OFFICIALS.

COMPARIBILITY DATA WAS USED IN DETERMINATION OF COMPENSATION AND THE
 EXECUTIVE COMMITTEE MEMBERS AND MEDICAL DIRECTOR REVIEWED THESE FIGURES.
 DISCUSSIONS TOOK PLACE AMONG THESE INDIVIDUALS.

FORM 990, PART VI, SECTION C, LINE 19:
 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIALS
 STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
 MOLLY ROSSIGNOL - 81 WARREN STREET, CONCORD, NH 03301
 PAMELA DINAPOLI - 344 ASH STREET, MANCHESTER, NH 03104
 ROBERT GREENE - 21 SPENCER STREET APT 219, LEBANON, NH 03766
 SARAH PROCTOR - 1 DESTINY WAY, DEERFIELD, NH 03037
 JOHN GALLAGHER - 289 GOOSE POND ROAD, LYME, NH 03768
 SKIP JENKYN - 7 FERN LANE, HANOVER, NH 03755
 BRIANA MATUSZKO - 11 SETTLEMENT DR UNIT 204, DOVER, NH 03820
 JENNIFER PITTS - PO BOX 1485, GRANTHAM, NH 03753
 TOM SCHELL - PO BOX 127, MERIDEN, NH 03770

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 CHANGE IN ACCOUNTING METHOD 66,655.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | FURNITURE & FIXTURES | | | | | | | | | | | | | | |
| 1 | CELL PHONE | 12/10/21 | SL | 3.00 | | 16 | 1,060. | | | | 1,060. | 912. | | 148. | 1,060. |
| 2 | COMPUTERS | 10/14/22 | SL | 5.00 | | 16 | 819. | | | | 819. | 287. | | 164. | 451. |
| 3 | COMPUTERS | 09/19/23 | SL | 5.00 | | 16 | 749. | | | | 749. | 112. | | 150. | 262. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | 2,628. | | | | 2,628. | 1,311. | | 462. | 1,773. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 2,628. | | | | 2,628. | 1,311. | | 462. | 1,773. |

Application for Change in Accounting Method

OMB No. 1545-2070

Attachment
Sequence No. **315**

Go to www.irs.gov/Form3115 for instructions and the latest information.

| | |
|--|---|
| Name of filer (name of parent corporation if a consolidated group) (see instructions) NEW HAMPSHIRE PROFESSIONALS HEALTH PROGRAM Number, street, and room or suite no. If a P.O. box, see the instructions. 125 AIRPORT ROAD City or town, state, and ZIP code CONCORD, NH 03301 | Identification number (see instructions) 20-8986771 Principal business activity code number (see instructions) 541990 Tax year of change begins (MM/DD/YYYY) 07/01/2024 Tax year of change ends (MM/DD/YYYY) 06/30/2025 Name of contact person (see instructions) DR. MOLLY ROSSIGNOL Contact person's telephone number 603-223-0990 |
| Name of applicant(s) (if different than filer) and identification number(s) (see instructions) | |

Does the filer want to receive a copy of the change in method of accounting letter ruling or other correspondence related to this Form 3115 by fax or encrypted email attachment? If "Yes," see instructions Yes No

If the applicant is a member of a consolidated group, check this box

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

| | |
|---|---|
| Check the box to indicate the type of applicant. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section: 501(C)(3) | Check the appropriate box to indicate the type of accounting method change being requested. See instructions. <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify): CASH TO ACCRUAL |
| <input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Insurance co. (Sec. 816(a)) <input type="checkbox"/> Insurance co. (Sec. 831) <input type="checkbox"/> Other (specify): _____ | |

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

| Part I Information for Automatic Change Request | Yes | No |
|--|-----|----|
| 1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions. a (1) DCN: <u>122</u> (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____ b Other <input type="checkbox"/> Description: _____ | | |
| 2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation _____ | | X |
| 3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions _____ | X | |

Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.

| Part II Information for All Requests | Yes | No |
|--|-----|----|
| 4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions. _____ | | X |
| 5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)? _____ If "No," go to line 6a. If "Yes," the applicant cannot file a Form 3115 for this change. See instructions. | | X |

| | | | |
|--|---|-------------------------------|--|
| Sign Here | Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge. | | |
| | Signature of filer (and spouse, if joint return) _____ | Date _____ | Name and title (print or type) DR. MOLLY ROSSIGNOL |
| Preparer (other than filer/applicant) | Print/Type preparer's name SHEILA MCNEIL Firm's name WIPFLI ADVISORY LLC | Preparer's signature _____ | Date _____ |

| Part II Information for All Requests <i>(continued)</i> | Yes | No |
|--|-----|----|
| 6a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? _____ If "No," go to line 7a. | X | |
| b Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions _____ | | |
| c Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name _____ Telephone no. _____ Tax year(s) _____ | | |
| d Has a copy of this Form 3115 been provided to the examining agent identified on line 6c? _____ | X | |
| 7a Does audit protection apply to the applicant's requested change in method of accounting? See instructions _____ If "No," attach an explanation. | | |
| b If "Yes," check the applicable box and attach the required statement. <input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended _____ <input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group _____ <input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other | | |
| 8a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? _____ If "No," go to line 9. | | X |
| b Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions _____ If "Yes," attach an explanation. | | |
| c If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name _____ Telephone no. _____ Tax year(s) _____ | | |
| d Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c? _____ | | |
| 9 If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court. | | |
| 10 If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity? _____ | | X |
| 11a Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the 5 tax years ending with the tax year of change? _____ If "No," go to line 12. | | X |
| b If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent. | | |
| c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation. | | |
| 12 Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? _____ If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s). | | X |
| 13 Is the applicant requesting to change its overall method of accounting? _____ If "Yes," complete Schedule A on page 4 of the form. | X | |

Part II Information for All Requests *(continued)* Yes No

14 If the applicant is either **(i) not** changing its overall method of accounting, or **(ii)** changing its overall method of accounting **and** changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions):

- a** The item(s) being changed.
- b** The applicant's present method for the item(s) being changed.
- c** The applicant's proposed method for the item(s) being changed.
- d** The applicant's present overall method of accounting (cash, accrual, or hybrid).

15a Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d).

- b** If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe **(i)** whether each trade or business is accounted for separately; **(ii)** the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; **(iii)** the overall method of accounting for each trade or business; and **(iv)** which trade or business is requesting to change its accounting method as part of this application or a separate application. **SEE STATEMENT 1**

Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete lines 16a-16c.

16a Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method.

- b** Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.
- c** Include either a discussion of the contrary authorities or a statement that no contrary authority exists.

17 Will the proposed method of accounting be used for the applicant's books and records and financial statements?
For insurance companies, see the instructions _____
If "No," attach an explanation. X

18 Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response? X

19a If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 471 or 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.

| | | |
|--|--|--|
| 1st preceding year ended: mo. 06 yr. 2024 | 2nd preceding year ended: mo. 06 yr. 2023 | 3rd preceding year ended: mo. 06 yr. 2022 |
| \$ 840,342. | \$ 834,609. | \$ 792,362. |

b If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:
4th preceding year ended: mo. _____ yr. _____ \$ _____

Part III Information for Non-Automatic Change Request Yes No

20 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? _____
If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.

21 Attach a copy of all documents related to the proposed change (see instructions).

22 Attach a statement of the applicant's reasons for the proposed change.

23 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? _____
If "No," attach an explanation.

24a Enter the amount of **user fee** attached to this application (see instructions) _____ \$ _____

b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).

| Part IV Section 481(a) Adjustment | | Yes | No |
|--|---|------------|-----------|
| 25 | Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, 28, and 29 below. | | X |
| 26 | Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. \$ + 66,655 Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If the applicant waived any deductions with respect to the method of accounting pursuant to Regulations section 1.59A-3(c)(6)(i), include a summary of the waived deductions. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) STMT 2 identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. | | |
| 27 | Is the applicant required to take into account in the year of change any remaining portion of a section 481(a) adjustment from a prior change (see instructions)? If "Yes," enter the amount. \$ _____ | | X |
| 28 | Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). <input type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election | | |
| 29 | Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation. | | X |

Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

- Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.
Present method: Cash Accrual Hybrid (attach description)
Proposed method: Cash Accrual Hybrid (attach description)
- Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.

- Income accrued but not received (such as accounts receivable) _____
- Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method _____
- Expenses accrued but not paid (such as accounts payable) _____
- Prepaid expenses previously deducted _____
- Supplies on hand previously deducted and/or not previously reported _____
- Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II _____
- Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. _____
- Net section 481(a) adjustment** (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26 _____

| Amount | |
|---------------|----------------|
| \$ | 67,238. |
| | NONE |
| | -9,555. |
| | 8,972. |
| | NONE |
| | NONE |
| | NONE |
| \$ | 66,655. |

- Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No
- Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on the balance sheet, attach a statement explaining the differences.
- Is the applicant making a change to the overall cash method or to a method in which a taxpayer uses an accrual method for purchases and sales of inventory and uses the cash method for computing all other items of income and expense (see instructions)? Yes No

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- An explanation as to whether the applicant is required to use an accrual method under any section of the Code or regulations.

Schedule B - Changes Related to the Deferral Method for Advance Payments, Cost Offset Methods, and/or the Applicable Financial Statement Income Inclusion Rule (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments under Regulations section 1.451-8(c) or (d), as described in the instructions, attach the information specified in the instructions.
- 2 If the applicant is requesting to change to or within a cost offset method under Regulations section 1.451-3(c) and/or Regulations section 1.451-8(e), as described in the instructions, attach the information specified in the instructions.
- 3 If the applicant is requesting to change to or within a method to conform to the applicable financial statement (AFS) income inclusion rule under section 451(b) and Regulations section 1.451-3, as described in the instructions, attach a detailed description of the proposed method including the information specified in the instructions.

Schedule C - Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (for example, unit method or dollar-value method).
 - b Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletions) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?
b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?
c Is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?
d If line 2c is "Yes," in computing the completion factor of a contract, will the applicant use the simplified cost-to-cost method described in Regulations section 1.460-5(c)?
e If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)?
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?
b If "Yes," attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
4a Does the applicant enter into cost-plus long-term contracts?
b Does the applicant enter into federal long-term contracts?

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

- 1 Attach a description of the inventory goods being changed.
2 Attach a description of the inventory goods (if any) NOT being changed.
3a Is the applicant subject to section 263A? If "No," go to line 4a
b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation

4a Check the appropriate boxes in the chart.

Identification methods:

- Specific identification
FIFO
LIFO
Other (attach explanation)

Valuation methods:

- Cost
Cost or market, whichever is lower
Retail cost
Retail, lower of cost or market
Other (attach explanation)

Table with 3 columns: Inventory Method Being Changed (Present method, Proposed method), Inventory Method Not Being Changed (Present method). Includes rows for identification and valuation methods, and a final row with dollar signs.

- b Enter the value at the end of the tax year preceding the year of change
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
a Copies of Form(s) 970 filed to adopt or expand the use of the method.
b Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
c Only for applicants requesting an automatic change. The statement required by section 23.01(5) of Rev. Proc. 2022-14 (or its successor).
6 Is the applicant presently using the AFS cost offset method as described in Regulations section 1.451-3(c) and/or the advance payment cost offset method described in Regulations section 1.451-8(e), or is the applicant changing to such methods for the same year of change as the requested change in inventory method? If "Yes," see the instructions for rules regarding concurrent changes

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, modified simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

| | Present method | Proposed method |
|--|----------------|-----------------|
| 1 Direct material | | |
| 2 Direct labor | | |
| 3 Indirect labor | | |
| 4 Officers' compensation (not including selling activities) | | |
| 5 Pension and other related costs | | |
| 6 Employee benefits | | |
| 7 Indirect materials and supplies | | |
| 8 Purchasing costs | | |
| 9 Handling, processing, assembly, and repackaging costs | | |
| 10 Offsite storage and warehousing costs | | |
| 11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle | | |
| 12 Depletion | | |
| 13 Rent | | |
| 14 Taxes other than state, local, and foreign income taxes | | |
| 15 Insurance | | |
| 16 Utilities | | |
| 17 Maintenance and repairs that relate to a production, resale, or long-term contract activity | | |
| 18 Engineering and design costs (not including section 174 research and experimental expenses) | | |
| 19 Rework labor, scrap, and spoilage | | |
| 20 Tools and equipment | | |
| 21 Quality control and inspection | | |
| 22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant | | |
| 23 Licensing and franchise costs | | |
| 24 Capitalizable service costs (including mixed service costs) | | |
| 25 Administrative costs (not including any costs of selling or any return on capital) | | |
| 26 Research and experimental expenses attributable to long-term contracts | | |
| 27 Interest | | |
| 28 Other costs (Attach a list of these costs.) | | |

Part III Method of Cost Allocation (continued) See instructions.

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

Table with 3 columns: Item number, Description, Present method, Proposed method. Rows include Marketing, selling, advertising, and distribution expenses; Research and experimental expenses; Bidding expenses; General and administrative costs; Income taxes; Cost of strikes; Warranty and product liability costs; Section 179 costs; On-site storage; Depreciation, amortization, and cost recovery allowance; Other costs.

Schedule E - Change in Depreciation or Amortization. (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants must provide this information for each item or class of property for which a change is requested.

Note: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, or 197, or former sections 168, 1400L, or 1400L. Do not file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?
2 Is any of the depreciation or amortization required to be capitalized under any Code section, such as section 263A?
3 Has a depreciation, amortization, expense, or disposition election been made for the property, such as the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?
4a Attach a statement describing the property subject to the change.
b If the property is residential rental property, did the applicant live in the property before renting it?
c Is the property public utility property?
5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method...
6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change...
7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
a The Code section under which the property is or will be depreciated or amortized...
b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674...
c The facts to support the asset class for the proposed method.
d The depreciation or amortization method of the property...
e The useful life, recovery period, or amortization period of the property.
f The applicable convention of the property.
g Whether the additional first-year special depreciation allowance...
h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Molly E. Rossignol, D.O. FASAM

EMPLOYMENT HISTORY

Medical Director, New Hampshire Professionals Health Program 2/2021-present
Medical Director Substance Use Disorders New Hampshire Healthy Families 8/2019 – 2/2021
Addiction Medicine Physician, Catholic Medical Center Manchester, NH 5/2018 – 5/2021
Addiction Medicine Physician, Concord Hospital 9/2015 – 5/2018
Urgent Care Physician (per diem), UW Health; Madison, WI 8/2014-7/2015
Family Physician, Elliot Family Medicine at Hooksett, NH 11/2007-7/2014
Preceptor, NH-Dartmouth Family Medicine Residency 8/2006-7/2014
Private Practice, Sanders Family Medicine 9/2006 – 11/2007
Osteopathic Director Medical Education 7/2003-7/2008
NH-Dartmouth Family Practice Residency
Faculty Physician, NH- Dartmouth Family Practice Residency Concord, NH 5/2000-8/2006

EDUCATION

Doctor of Osteopathy University of New England College of Osteopathic Medicine Biddeford, ME 8/1992-6/1996
Bachelor of Arts in Biology California State University at Dominguez Hills, Carson, CA 9/1989-5/1992 Magna Cum Laude
University of Delaware Newark, DE 9/1988-6/1989

RESIDENCY

Central Maine Medical Center Family Practice Residency
Lewiston, ME 7/1996-7/1999

FELLOWSHIP

Addiction Medicine, University of Wisconsin, Madison, WI 8/2014-8/2015
Osteopathic Manipulative Medicine Plus One Program, Bangor, ME 8/99-4/00

ACCREDITATIONS

Board Certified: American Board of Family Medicine 1999, 2006, 2016
Board Certified: American Board of Addiction Medicine 2015/American Board of Preventive Medicine 2018
Certified: Medical Review Officer 2012-2017; 2021

CERTIFICATIONS/LICENSE

NH STATE MEDICAL LICENSE #10880
WI STATE MEDICAL LICENSE # 62089-21
HI STATE MEDICAL LICNESE # DOS-2299
DEA: Buprenorphine waiver 2013

PROFESSIONAL MEMBERSHIPS

New Hampshire Medical Society
American Society of Addiction Medicine
Northern New England Society of Addiction Medicine
Federation of State Physicians Health Programs

Pam Sweezy

Program Manager, New Hampshire Professionals Health Program 4/17/2025-Present

All Office Management tasks and additional responsibilities related to participant non-clinical needs including communication, monitoring requirement satisfaction; works with Medical Director/Program Director and Executive Consultant to prepare and curate monthly, quarterly and annual reports.

Office Manager, New Hampshire Professionals Health Program 10/1/2023 to 4/17/2025

Manages daily operations and ensures organizational compliance. Experienced in schedules, communicates, and maintains accurate records. Organizes financial documentation, processes reimbursements, and supports accounts management. Conducts staff orientations, develops training materials, and addresses administrative issues with efficiency. Upholds regulatory standards and streamlines processes to enhance program effectiveness.

Customer Service/Account Manager, 06/1989 to 09/2023
Swagelok Cambridge – Concord, NH

Education

06/1984

Merrimack Valley High School - Penacook, NH

M. KATHLEEN RUSSO, BS, LADC, LCS

Clinical Case Manager New Hampshire Professionals Health Program February 2025-present

Private Practice: Substance Abuse Counseling **2002-present**

Clinician: The Granite House, Baymark Health Systems: Derry, NH October 2024 to February 2025

SUT Outpatient Clinician, Farnum Outpatient Services: Manchester, NH **November 2021 to August 20, 2024**

Residential Counselor, Farnum North, Ray House: Franklin, NH **February 2021 to November 2021**

Clinical Director, HEADREST: Lebanon, NH; **July 2016 to October 2020**

Independent Contractor: **September 2006 to 2011**

Residential Therapist: Webster Place, **2007-2014**

Outpatient Therapist: RTT Associates, Concord, NH **January 2007 to February 2011.**

New Hampshire Technical Institute: Adjunct Instructor, **Spring 2007**

Clinical Supervisor: Keystone Hall Nashua, NH, **June 2006 – March 2007**

Director of Rehabilitation Services, Harmony First, Bedford, NH, **October 2000 to September 2006**

Outpatient Therapist, Birchwood Counseling, Nashua, NH **October 1998 to October 2001**

Clinical Supervisor: Roxie Avenue Rehabilitation Center and Treatment Alternatives to Street Crimes, Cumberland County Mental Health Center, and Fayetteville, NC – **1996-1997**

Chemical Dependency Counselor, Locked and Open Acute Psychiatric Units; Cape Fear Valley Medical Center, Fayetteville, NC **October 1992- March 1996**

Chemical Dependency Counselor: Tripler Army Medical Center, Department of Psychiatry, Department of Defense; Health Services Command, Schofield Barracks, HI **1988-1992**

Caseworker Supervisor: American Red Cross, Service to Armed Forces and Veterans; Ft. Sill, OK **1986-1988**

Program Development and Management

- ❖ Developed and Managed, Intensive Outpatient Treatment Program, Harmony First, 2000 to 2006
- ❖ Developed Family Education Program to enhance the Intensive Outpatient Program 2000 to 2006
- ❖ Developed group therapy program for DWI offenders in a private practice setting, 1998-2001
- ❖ Developed, designed and implemented Intensive Outpatient Treatment Program, Treatment Alternatives to Street Crimes, Day Reporting Center, Cumberland County Mental Health, Fayetteville, NC 1996-1997
- ❖ Developed and implemented Chemical Dependency Education for In-patient Adolescent Services, Cumberland Hospital, Fayetteville, NC –1994-1996
- ❖ Developed and implemented screening tools for acute In-patient psychiatric nursing for alcohol and drug dependent patients
- ❖ Designed and implemented Relapse Prevention Program for Inpatient Pain Management Program, Cape Fear Valley Medical Center, Fayetteville, NC- 1992-1996
- ❖ Designed and implemented Alcohol and Drug Treatment Program for U.S. Army's Regional Confinement Facility: Ft. Sill, OK – February 1992- June 1992
- ❖ Designed and implemented Intensive Outpatient Treatment Program for the U.S. Army's Alcohol and Drug Abuse Prevention and Control Program, Schofield Barracks, HI 1989-1992
- ❖ Designed Alcohol and Drug Prevention Program for the American Red Cross: Ft Sill, OK 1986-1988

Education

- ❖ B.S., Social Science Education: Plymouth State College, 1982
- ❖ 2-week Visiting Professional Course; Tripler Army Medical Center, TRI-SARF; Honolulu, HI 1989
- ❖ U.S. Army Alcohol and Drug Rehabilitation Training, Ft Sam Houston, TX: Individual course 14-days; Group Course, 14 -days; Advance Counseling Course, 7 days
- ❖ 1-year Internship program, U.S. Army, Schofield Barracks, HI 1989

Certification-Licensure

- ❖ New Hampshire, LADC #0445 - Current
- ❖ New Hampshire LCS #045-Current
- ❖ Qualified US. Department of Transportation Substance Abuse Professional, 2003-Current
- ❖ US Army, Health Services Command, CADC 1989

Professional Associations

NAADAC 1986- present
NHADACA Secretary 2002-2004
NHADACA- Current

Andrew William Seefeld, M.D.

EXPERIENCE

New Hampshire Professionals Health Program, Concord, NH - Associate Medical Director
MAY 2023 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Director of the Emergency Department
AUGUST 2020 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Director of Trauma Services
JULY 2018 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Director of Emergency Medical Services
MAY 2016 - PRESENT

University of New England College of Osteopathic Medicine - Assistant Professor of EM
APRIL 2022 - PRESENT

Franklin Pierce University - Physician Assistant Student Host
SEPTEMBER 2019 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Assistant Medical Director, Emergency Dept
MAY 2016 - JULY 2020

MedCheck Urgent Care, Plymouth, NH - Medical Director
JUNE 2017 - JULY 2020

Spears Memorial Hospital, Plymouth, NH - Emergency Department Physician
JUNE 2015 - CURRENT

Weatherby Healthcare - Locum Tenens Emergency Department Physician
MAY 2015 - JUNE 2016

Sonoma Valley Hospital, Sonoma, CA - Emergency Department Physician
AUGUST 2012 - APRIL 2014

Novato Community Hospital, Novato, CA - Emergency Department Physician
JANUARY 2012 - APRIL 2014

Watsonville Community Hospital - Emergency Department Physician
JANUARY 2012 - OCTOBER 2012

Palo Alto Medical Foundation, Santa Cruz, CA - Urgent Care Physician
DECEMBER 2009 - DECEMBER 2012

Twin Cities Community Hospital, Templeton, CA - Emergency Department Physician
DECEMBER 2008 - NOVEMBER 2009

Sierra Vista Regional Hospital, San Luis Obispo, CA - Emergency Department Physician
DECEMBER 2008 - NOVEMBER 2009

Medical Center of Aurora-South Campus, Aurora, CO - Emergency Department Tech
AUGUST 2000 - APRIL 2001

UCLA Emergency Medical Services, Los Angeles, CA - EMT-Basic
DECEMBER 1997 - JUNE 2000

EDUCATION

University of California, Los Angeles - Bachelor of Science

SEPTEMBER 1995 - JUNE 2000

- Major in psychobiology with a Minor in Sociocultural Anthropology

Pennsylvania State University College of Medicine - Doctor of Medicine

JULY 2001 - MAY 2005

Harbor-UCLA Medical Center - Transitional Year Internship

JUNE 2005 - JUNE 2006

University of California, Los Angeles Medical Center - Emergency Medicine Residency

JULY 2006 - JULY 2009

BOARD CERTIFICATION

American Board of Emergency Medicine (ABEM) - Emergency Medicine

JULY 2012 - CURRENT

American Board of Preventive Medicine (ABPM) - Addiction Medicine

JANUARY 2025 - CURRENT

MEDICAL LICENSES

New Hampshire Physician and Surgeon

AUGUST 2015-CURRENT

VOLUNTEER ACTIVITIES

Community for Alcohol & Drug-Free Youth (CADY) - Board Member

AUGUST 2023 - PRESENT

New Hampshire Medical Control Board - Voting Member

JANUARY 2017 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Critical Care/Code Review Committee Member

JULY 2018 - PRESENT

Spears Memorial Hospital, Plymouth, NH - Medical Staff Vice President

JULY 2019 - AUGUST 2020

Spears Memorial Hospital, Plymouth, NH - Infection Prevention Committee Co-Chairman

JULY 2019 - PRESENT

HONORS & AWARDS

- New Hampshire Magazine Top Doctor in Emergency Medicine (2025)
- Castle Connolly Top Doctor in Emergency Medicine (2024, 2025)
- Spears Spirit Award for Excellence (2024)
- Guardian Angel Award - Palo Alto Medical Foundation (2011)
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Mary F Behnke, BSN, RN, RxYT, CHTP

Experience

| | | |
|--------------|---|-------------------|
| 2020-Present | <u>New Hampshire Professionals Health Program</u> RN Clinical Advocate 10-15 hrs per week | Concord, NH |
| 2017-2019 | <u>Maxim HCS</u> Flu and Wellness Clinic RN | Manchester, NH |
| 2000-2017 | <u>VA Medical Center</u> Women Veterans Program Manager Geriatric and Extended Care Operations Manager RN Case Manager, Primary Care Staff RN, Intermediate Care Unit | Manchester, NH |
| 1997-2000 | <u>VA Medical Center</u> Staff RN, Telemetry Care Unit | Memphis, TN |
| 1995-1997 | <u>Lake County Health Department</u> Public Health/Community Health Nurse | Waukegan, IL |
| 1994-1995 | <u>Pediatric Partners</u> Pediatric Office RN | Highland Park, IL |

Education

| | | |
|---------------|---------------------------------------|----------------|
| May 1996 | Alverno College | Milwaukee, WI |
| | Bachelor of Science, Nursing | |
| December 1993 | College of Lake County | Grayslake, IL |
| | Associate of Applied Science, Nursing | |
| June 1968 | Kubasaki High School | Okinawa, Japan |

Community/ Volunteer

President-Elect New Hampshire Nurses Association, 2025-2029, NHNA
 Commission on Government Affairs, 2020-2025
 Seacoast Veterans Conference 2015- 2025 Provision of alternative modalities with fellow community practitioners of Healing Touch, Reiki, Acupressure and Cranio-Sacral at this yearly event.
 Yogacaps: 2015 – 2020 - Provision of Yogacaps instruction to outpatient oncology clients and Veterans one to three times monthly at the VA Medical Center, Catholic Medical Center, and Elliot Hospital.

Memberships

American Nurses Association, New Hampshire Nurses Association, American Holistic Nurses Association, Healing Touch Beyond Borders, Federation of State Physician Health Programs, National Association for Addiction Professionals, National Association of Peer Support for Nurses, New Hampshire Public Health Association.