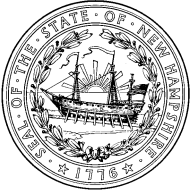


101 - 6/3/26



Lori A. Weaver  
Commissioner

Katja S. Fox  
Director

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

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

April 30, 2026

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend an existing contract with Elliot Health System (VC#177179-P001), Manchester, NH, to continue operating a single point of entry Doorway for individuals seeking access to substance use-related services and supports, by exercising a contract renewal option increasing the total price limitation by \$6,925,096 from \$5,475,000 to \$12,400,096, which includes increasing the individual price limitation by \$1,986,112 from \$2,325,000 to \$4,311,112 and increasing the shared price limitation by \$4,938,984, from \$3,150,000 to \$8,088,984 for unmet and flexible needs funding among all nine (9) Doorway Contractors and extending the completion date from September 29, 2026 through September 29, 2027, effective upon Governor and Council approval. 92.06% Federal Funds. 7.94% General Funds.

The original contract was approved by Governor and Council on June 4, 2025, Item #135.

Funds are available in the following accounts for State Fiscal Years 2026 and 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**See attached fiscal details.**

**EXPLANATION**

The purpose of this request is to continue the operation of a Doorway to provide a single point of entry in the Greater Manchester area for individuals who are seeking access to substance-use-related care, services, and supports.

The Contractor will continue to provide the resources and supports necessary to strengthen existing prevention, treatment, and recovery services. This includes promoting sustained engagement in the recovery process and ensuring individuals have timely access and referral to critical services that reduce substance use disorders, opioid- and stimulant-related harms, overdoses, and deaths. The Contractor will also continue delivering immediate screening and assessment services to determine the appropriate level of care; maintaining mechanisms for the rapid transport of individuals to safe interim housing when treatment is not immediately available; and administering facilitated referrals and case management to help individuals navigate the prevention, treatment, and recovery system. Third-party billing will continue to be

used whenever allowable, while grant funds will remain the payor of last resort to support non-billable but essential services.

Shared pool funding will continue to address and remove barriers that often prevent individuals from accessing needed care. This funding supports emergent needs such as resources for individuals awaiting treatment or recovery services when capacity is limited; peer recovery support services; expenses associated with securing or maintaining safe housing; childcare that enables parents and caregivers to participate in treatment and recovery programming; and coordination of transportation to and from recovery-related medical appointments. These supports are critical to maintaining continuity of care and ensuring individuals can fully engage in treatment and recovery services

Approximately 1,331 individuals will be served annually.

The Department will monitor services through the review of monthly data reports and federal reporting requirements submitted by the Contractor, and through regularly scheduled meetings with the Contractor to ensure deliverables are being met and to determine quality improvement needs.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the four (4) years available.

Should the Governor and Council not authorize this request, individuals seeking substance-use-related supports and services may experience difficulty navigating the complex treatment and recovery system, may not receive the needed supports and services, and may experience delays in receiving care.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN H79TI087843.

Respectfully submitted,



For:

Lori A. Weaver  
Commissioner

Fiscal Details

**05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	074-500589	Welfare Assistance	92057070	\$500,000.00	\$0	\$500,000.00
2026	074-500589	Welfare Assistance	92057076	\$1,275,000.00	\$30,556.00	\$1,305,556.00
2026	074-500589	Welfare Assistance	92057072	\$0	\$50,000.00	\$50,000.00
2027	074-500589	Welfare Assistance	92057076	\$550,000.00	\$0	\$550,000.00
2027	074-500589	Welfare Assistance	92057072	\$0	\$50,000.00	\$50,000.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$1,305,556.00	\$1,305,556.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$550,000.00	\$550,000.00
			<b>Subtotal</b>	<b>\$2,325,000.00</b>	<b>\$1,986,112.00</b>	<b>\$4,311,112.00</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	102-500731	Contracts for Prog Svc	92058501	\$162,000.00	\$0	\$162,000.00
2026	102-500731	Contracts for Prog Svc	92058501	\$488,000.00	\$0	\$488,000.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$137,500.00	\$137,500.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$412,500.00	\$412,500.00
			<b>Subtotal</b>	<b>\$650,000.00</b>	<b>\$550,000.00</b>	<b>\$1,200,000.00</b>

**05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	074-500589	Welfare Assistance	92057070	\$500,000.00	\$0	\$500,000.00
2026	074-500589	Welfare Assistance	92057076	\$1,500,000.00	\$500,000.00	\$2,000,000.00
2027	074-500589	Welfare Assistance	92057076	\$500,000.00	\$444,492.00	\$944,492.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$2,583,369.00	\$2,583,369.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$861,123.00	\$861,123.00
			<b>Subtotal</b>	<b>\$2,500,000.00</b>	<b>\$4,388,984.00</b>	<b>\$6,888,984.00</b>

<b>Overall Total</b>	<b>\$5,475,000.00</b>	<b>\$6,925,096.00</b>	<b>\$12,400,096.00</b>
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**State of New Hampshire  
Department of Health and Human Services  
Amendment #1**

This Amendment to the Doorway for Substance Use-Related Supports and Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Elliot Health System ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 4, 2025 (Item #135), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:  
September 29, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:  
\$12,400,096
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.4., to read:
  - 1.4. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
    - 6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services, Section 1.1.3., to read:
  - 1.1.3. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA;
5. Modify Exhibit B, Scope of Services, Section 1.2.2., to read:
  - 1.2.2. A minimum of one (1) physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department for approval, no later than 30 business days prior to the requested move. The Contractor may:
    - 1.2.2.1. Operate additional physical locations, as approved by the Department, based on demand for services and community need. The operation of additional physical location must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.
6. Modify Exhibit B, Scope of Services, Section 1.4., lead-in paragraph only to read:
  - 1.4. The Contractor must ensure Doorway services are available to all individuals identified in Section 1.1. without limitation, including, but not limited to, individuals who may be considered members of any of the following communities:

7. Modify Exhibit B, Scope of Services, Section 1.5.2.3., to read:

1.5.2.3. Treatment options, including same day access to medications for substance use disorders. The Contractor may:

1.5.2.3.1. Implement and operate a Recovery Enhancement Program (REP) to enhance current outpatient Substance Use Disorder (SUD) treatment services; with the goal of reducing substance use and improving engagement in treatment, as approved by the Department, based on demand for services and community need. The operation of a REP must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.

8. Modify Exhibit B, Scope of Services, Section 1.5.2.11.4., to read:

1.5.2.11.4. Ongoing follow-up and support of individuals engaged in services, in collaboration or consultation with the individual's external service provider(s), until a discharge SUPRT interview, detailed in Section 1.24 is completed;

9. Modify Exhibit B, Scope of Services, Section 1.5.3.1., to read:

1.5.3.1. Is person-centered, based on the clinical evaluation identified above, meets the specific needs of individuals described in Section 1.4., and is written in simple, easy to understand language.

10. Modify Exhibit B, Scope of Services, Section 1.23., by adding Section 1.23.11., to read:

1.23.11. The Contractor must conduct a comprehensive review of Doorway billing processes, procedures, and service designations by September 29, 2026. This review must include an assessment of alignment across the organization's health system to ensure consistency, accuracy, and compliance with program requirements. The assessment must identify opportunities to optimize the use of grant funding and enhance overall operational efficiency.

11. Modify Exhibit B, Scope of Services, Section 1.24., to read:

1.24. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA

1.24.1. The Contractor must administer or coordinate the completion of SUPRT A and C baseline tool entries and associated re-assessments at six (6) months, one year, and discharge for all individuals receiving program services.

1.24.2. The Contractor must provide individuals served with clear guidance about the uses and disclosures of the information provided to complete the SUPRT, the tools required to complete the SUPRT-C, and the use and disclosure of the Part 2 information or other PHI required in order to complete the SUPRT. The Contractor must also provide staff training regarding the confidentiality of the identifiable information included in the SUPRT.

1.24.3. The Contractor must ensure the SUPRT reporting tools are attempted at a minimum of the following intervals:

1.24.3.1. Baseline: Within 30 days of initial grant-covered service;

1.24.3.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

1.24.3.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services;

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receiving services; and

1.24.3.4. Closeout: Upon discharge from the initially referred service.

1.24.4. The Contractor must ensure completed SUPRT data is entered into the Department-approved system, at a minimum of the following intervals:

1.24.4.1. Baseline: Within 30 days of initial grant-covered service;

1.24.4.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

1.24.4.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and

1.24.4.4. Closeout: Upon discharge from the initially referred service. The Contractor must document any loss of contact with participants in the Department-approved system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

12. Modify Exhibit B, Scope of Services, Section 1.25.9., to read:

1.25.9. The Contractor must collaborate with the Department and other SOR funded vendors, as requested and directed by the Department, to improve SUPRT data collection.

13. Modify Exhibit C, Payment Terms; Section 1., to read:

1. This Agreement is funded by:

1.1. 90.32% Federal funds, State Opioid Response (SOR), by the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.788, as awarded on:

1.1.1. September 24, 2024, FAIN H79TI087843.

1.1.2. September 20, 2025, FAIN H79TI087843.

1.1.3. Date TBD, FAIN H79TI087843.

1.2. 5.24% Other funds (Governor's Commission).

1.3. 4.44% General funds.

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

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Doorway Services Budget through Exhibit C-3, Doorway Services Budget – Amendment #1.

15. Modify Exhibit C, Payment Terms; Section 5. through Section 5.1.2. only, to read:

5. The Contractor may be eligible to receive reimbursement for expenses incurred in the fulfillment of this Agreement and in accordance with Exhibit B, Scope of Services, Sections 1.9, 1.10, and 1.11. This Agreement is one (1) of multiple individual Agreements with Contractors providing Doorway services with a total shared price limitation that shall not exceed \$8,088,984. No maximum or minimum funding amount per Contractor is guaranteed.

5.1. The statewide total shared price limitation across all individual Doorway Agreements is:

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- 5.1.1. \$6,888,984 Flexible Needs Funds, as funded by SOR. SOR funding is available only for individuals with a history, current diagnosis, or who are at risk of developing an opioid and/or stimulant use disorder (O/StimUD), as follows:
  - 5.1.1.1. \$500,000 from July 1, 2025 through September 29, 2025;
  - 5.1.1.2. \$2,944,492 from September 30, 2025 through September 29, 2026; and
  - 5.1.1.3. \$3,444,492 from September 30, 2026 through September 29, 2027.
- 5.1.2. \$1,200,000 Unmet Needs Funds, as funded by the Governor's Commission on Addiction, Treatment, and Prevention, are available only for individuals with a history, current diagnosis, or who are at risk of developing substance use disorders, including alcohol use disorder, and excluding O/StimUD and is not available for services otherwise covered through SOR federal grant funding administered through SAMHSA, as follows:
  - 5.1.2.1. \$162,000 from July 1, 2025 through September 29, 2025;
  - 5.1.2.2. \$625,500 from September 30, 2025 through September 29, 2026; and
  - 5.1.2.3. \$412,500 from September 30, 2026 through June 30, 2027.
- 16. Modify Exhibit C-1, Doorway Services Budget, by replacing it in its entirety with Exhibit C-1, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.
- 17. Add Exhibit C-3, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire  
Department of Health and Human Services

5/5/2026  
\_\_\_\_\_  
Date

DocuSigned by:  
*Katja S. Fox*  
\_\_\_\_\_  
Name: Katja S. Fox  
Title: Director

Elliot Health System

5/5/2026  
\_\_\_\_\_  
Date


Signed by:  
*W. Gregory Baxter, MD*  
\_\_\_\_\_  
Name: W. Gregory Baxter, MD  
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/5/2026

Date

DocuSigned by:  
  
748734824941460  
 Name: Robyn Guarino  
 Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:  
Title:

New Hampshire Department of Health and Human Services Contractor Name: <i>ELLIOT HEALTH SYSTEM</i> Budget Request for: <i>DOORWAY SERVICES: July 1, 2025 - September 29, 2026</i> Indirect Cost Rate (if applicable) 13.33%									
Line Item	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$224,327	\$35,764	\$188,563	\$705,199	\$29,483	\$675,716	\$260,543	\$45,131	\$215,412
2. Fringe Benefits	\$56,569	\$0	\$56,569	\$193,870	\$0	\$193,870	\$64,623	\$0	\$64,623
3. Consultants	\$7,500	\$0	\$7,500	\$11,250	\$0	\$11,250	\$3,750	\$0	\$3,750
4. Equipment									
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$27,940	\$0	\$27,940	\$1,630	\$0	\$1,630	\$1,900	\$0	\$1,900
5.(a) Supplies - Educational	\$5,400	\$0	\$5,400	\$1,800	\$0	\$1,800	\$5,400	\$0	\$5,400
5.(b) Supplies - Lab	\$3,000	\$0	\$3,000	\$1,250	\$0	\$1,250	\$3,000	\$0	\$3,000
5.(c) Supplies - Pharmacy	\$25,000	\$0	\$25,000	\$4,000	\$0	\$4,000	\$25,000	\$0	\$25,000
5.(d) Supplies - Medical	\$370	\$0	\$370	\$610	\$0	\$610	\$370	\$0	\$370
5.(e) Supplies - Office	\$5,040	\$0	\$5,040	\$2,500	\$0	\$2,500	\$500	\$0	\$500
6. Travel	\$1,638	\$0	\$1,638	\$1,630	\$0	\$1,630	\$1,562	\$0	\$1,562
7. Software	\$500	\$0	\$500	\$31,056	\$0	\$31,056	\$500	\$0	\$500
8. (a) Other - Marketing/Communications	\$5,499	\$0	\$5,499	\$4,500	\$0	\$4,500	\$2,000	\$0	\$2,000
8. (b) Other - Education and Training	\$11,740	\$0	\$11,740	\$2,500	\$0	\$2,500	\$4,500	\$0	\$4,500
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other-Cell Phones</i>	\$7,920	\$0	\$7,920	\$8,760	\$0	\$8,760	\$7,920	\$0	\$7,920
<i>Other-Contingency Management</i>	\$46,750	\$0	\$46,750	\$0	\$0	\$0	\$23,650	\$0	\$23,650
<i>Other-Occupancy</i>	\$5,850	\$0	\$5,850	\$29,550	\$0	\$29,550	\$6,900	\$0	\$6,900
<i>Other- Onboarding</i>	\$4,800	\$0	\$4,800	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other - Sustainability review - Do NOT Move</i>	\$0	\$0	\$0	\$50,000	\$0	\$50,000	\$50,000	\$0	\$50,000
<i>Other -</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts- NHADACA Fusion Health	\$5,000	\$0	\$5,000	\$0	\$0	\$0	\$10,000	\$0	\$10,000
	\$30,000	\$0	\$30,000	\$70,500	\$0	\$70,500	\$63,000	\$0	\$63,000
<b>Total Direct Costs</b>	<b>\$474,843</b>	<b>\$35,764</b>	<b>\$439,079</b>	<b>\$1,120,605</b>	<b>\$29,483</b>	<b>\$1,091,122</b>	<b>\$535,118</b>	<b>\$45,131</b>	<b>\$489,987</b>
<b>Total Indirect Costs</b>	<b>\$66,285</b>	<b>\$0</b>	<b>\$60,921</b>	<b>\$143,917</b>	<b>\$0</b>	<b>\$143,917</b>	<b>\$74,283</b>	<b>\$0</b>	<b>\$60,013</b>
<b>Subtotals</b>	<b>\$541,128</b>	<b>\$35,764</b>	<b>\$500,000</b>	<b>\$1,264,522</b>	<b>\$29,483</b>	<b>\$1,205,556</b>	<b>\$609,401</b>	<b>\$45,131</b>	<b>\$550,000</b>
						<b>TOTAL</b>			<b>\$2,255,556</b>

Initial  
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Contractor Initials:

Date: 5/5/2026

New Hampshire Department of Health and Human Services						
Contractor Name: ELLIOT HEALTH SYSTEM						
Budget Request for: DOORWAY SERVICES: September 30, 2026 - September 29, 2027						
Indirect Cost Rate (if applicable) 14.59%						
Line Item	9/30/26-6/30/27			7/1/27-9/29/27		
	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$883,224	\$125,000	\$758,224	\$343,415	\$50,000	\$293,415
2. Fringe Benefits	\$208,488	\$0	\$208,488	\$89,361	\$0	\$89,361
3. Consultants	\$9,000	\$0	\$9,000	\$4,500	\$0	\$4,500
4. Equipment						
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$1,500	\$0	\$1,500	\$1,500	\$0	\$1,500
5.(a) Supplies - Educational	\$720	\$0	\$720	\$720	\$0	\$720
5.(b) Supplies - Lab	\$1,250	\$0	\$1,250	\$1,250	\$0	\$1,250
5.(c) Supplies - Pharmacy	\$5,000	\$0	\$5,000	\$10,000	\$0	\$10,000
5.(d) Supplies - Medical	\$600	\$0	\$600	\$450	\$0	\$450
5.(e) Supplies - Office	\$2,500	\$0	\$2,500	\$3,500	\$0	\$3,500
6. Travel	\$1,890	\$0	\$1,890	\$1,562	\$0	\$1,562
7. Software	\$32,000	\$0	\$32,000	\$1,500	\$0	\$1,500
8. (a) Other - Marketing/Communications	\$3,500	\$0	\$3,500	\$6,000	\$0	\$6,000
8. (b) Other - Education and Training	\$0	\$0	\$0	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other- Cell Phones</i>	\$4,500	\$0	\$4,500	\$5,500	\$0	\$5,500
<i>Other- Occupancy</i>	\$38,899	\$0	\$38,899	\$26,003	\$0	\$26,003
<i>Other- (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other - (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0	\$0	\$0
Fusion Health	\$70,000	\$0	\$70,000	\$38,624	\$0	\$38,624
<b>Total Direct Costs</b>	<b>\$1,263,071</b>	<b>\$0</b>	<b>\$1,138,071</b>	<b>\$533,885</b>	<b>\$0</b>	<b>\$483,885</b>
<b>Total Indirect Costs</b>	<b>\$189,461</b>	<b>\$0</b>	<b>\$167,486</b>	<b>\$80,083</b>	<b>\$0</b>	<b>\$66,114</b>
<b>Subtotals</b>	<b>\$1,452,531</b>	<b>\$125,000</b>	<b>\$1,305,556</b>	<b>\$613,968</b>	<b>\$50,000</b>	<b>\$550,000</b>
				<b>TOTAL</b>	<b>\$</b>	<b>1,855,556</b>

Contractor Initials: 

Date: 5/5/2026

# State of New Hampshire

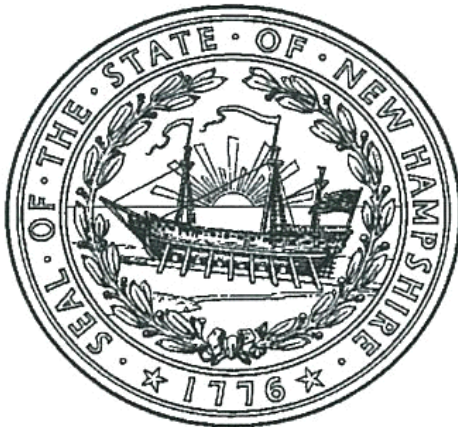
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ELLIOT HEALTH SYSTEM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 25, 1999. 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: **320130**

Certificate Number: **0007906642**



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of April A.D. 2026.

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

David M. Scanlan  
Secretary of State

**CERTIFICATE OF AUTHORITY**

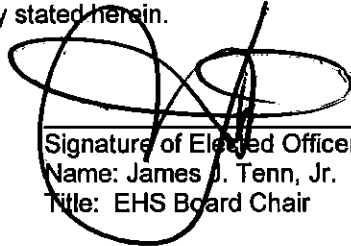
I, James J. Tenn, Jr., hereby certify that:

1. I am a duly elected Officer of Elliot Health System.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on January 19, 2023 at which a quorum of the Directors were present and voting.

**VOTED:** That W. Gregory Baxter, MD, is duly authorized on behalf of Elliot Health System, including its subsidiary, Elliot Hospital of the City of Manchester, to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **was valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently 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: May 1, 2026



Signature of Elected Officer  
Name: James J. Tenn, Jr.  
Title: EHS Board Chair



# NONPROFIT COVER SHEET

**A. Entity Name: Elliot Health System**

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

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

Name / Phone / Email: Kelli Rafferty 603-663-3091 Kelli.Rafferty@elliott-hs.org

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

Name:

Signature: *Kelli Rafferty*

Title:

*VP + Chief Philanthropy Officer*

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

Name (Identify any additional role(s) in Parentheses) E.g., John Doe (President)	Affiliations
<b>W. Gregory Baxter, MD (President)</b>	
<b>David Bellman</b>	Community member
<b>David Cuzzi</b>	Community Member
<b>Marina Feldman, MD</b>	Elliot Health System
<b>Carl Fier, MD</b>	Elliot Health System
<b>Richard Fisher</b>	Community Member
<b>Robert Fremeau, DMD, Vice Chair</b>	Community Member
<b>John Friberg, Esq.</b>	SolutionHealth
<b>Charles Goodwin</b>	Community Member
<b>Jeff Guerette</b>	Community Member
<b>James Hood, Esq., Emeritus</b>	Community Member
<b>Linda Lasonde, APRN</b>	Community Member
<b>Andrew MacWilliam</b>	Community Member
<b>Eva Martel, Treasurer</b>	Elliot Hospital Associates
<b>Selma Naccach-Hoff</b>	Community Member
<b>Eric Pound, MD</b>	Elliot Health System
<b>Charles Rolecek</b>	Community Member
<b>Philip Taub, Esq.</b>	Community Member
<b>James J. Tenn, Jr., Esq., Board Chair</b>	Community Member
<b>Karen Van Der Beken, Secretary</b>	Community Member
<b>W. Gregory Baxter, MD (President)</b>	Elliot Health System

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

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
<b>W. Gregory Baxter, MD</b>	President/CEO	\$1,220,647	\$0

**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).

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**CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION**

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

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

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

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

14126	Elliot Health System	1070 Holt Avenue, Unit 1, Suite 2100	Manchester	NH	03109	G	5/15/2026
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**FINANCIAL DISCLOSURES**

**G. Check one the following:**

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

**1. INCOME STATEMENT**

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

## 2. BALANCE SHEET

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



### **The Mission of Elliot Health System**

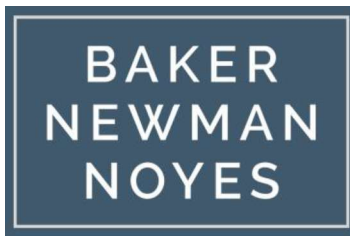
Elliot Health System strives to: INSPIRE wellness HEAL our patients SERVE with compassion in every interaction.

### **Our Vision**

To our community's first choice to give and receive care.

### **Our Values**

The Elliot is firmly rooted in our community and trusted for generations, a truly compassionate team of health care professionals relentlessly dedicated to providing innovative, life-changing, and life-saving health care every day to every individual.



# **Elliot Health System and Affiliates**

**Consolidated Financial Statements  
and Other Financial Information**

*For the Years Ended June 30, 2024 and 2023  
With Independent Auditors' Report*

Baker Newman & Noyes LLC  
MAINE | MASSACHUSETTS | NEW HAMPSHIRE  
800.244.7444 | [www.bnn CPA.com](http://www.bnn CPA.com)



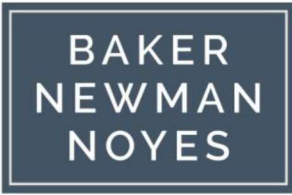
## ELLIOT HEALTH SYSTEM AND AFFILIATES

### CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

For the Years Ended June 30, 2024 and 2023

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Elliot Health System

### Opinion

We have audited the consolidated financial statements of Elliot Health System and Affiliates (the System), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of June 30, 2024 and 2023, and the results of its operations, changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Consolidated Financial Statements

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

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

Board of Directors  
Elliot Health System

### **Auditors' Responsibilities for the Audit of the Consolidated Financial Statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

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

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

*Baku Newman & Noyes LLC*

Manchester, New Hampshire  
October 22, 2024

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**CONSOLIDATED BALANCE SHEETS**

June 30, 2024 and 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Current assets:		
Cash and cash equivalents	\$ 91,838,472	\$106,526,157
Accounts receivable (notes 2, 5 and 11)	78,889,410	60,577,742
Inventories	8,572,937	7,441,219
Amounts due from affiliates (note 1)	352,847	514,108
Amounts due from SolutionHealth, Inc. (note 1)	—	3,200,093
Other current assets (notes 2 and 15)	<u>13,228,943</u>	<u>12,991,414</u>
Total current assets	192,882,609	191,250,733
Property, plant and equipment, less accumulated depreciation (notes 4, 5 and 12)	231,512,577	226,790,869
Operating lease right-of-use assets, net (note 12)	53,423,763	56,645,979
Investments (notes 6 and 13)	175,683,210	156,344,991
Other assets (notes 2 and 15)	7,724,330	7,620,197
Assets whose use is limited (notes 6 and 13):		
Board designated and donor restricted investments	182,640,328	161,233,364
Employee benefit plans and other (note 2)	35,727,408	30,560,330
Beneficial interest in perpetual trusts (note 2)	<u>8,863,627</u>	<u>8,126,140</u>
	<u>227,231,363</u>	<u>199,919,834</u>
Total assets	<u>\$888,457,852</u>	<u>\$838,572,603</u>

LIABILITIES AND NET ASSETS

	<u>2024</u>	<u>2023</u>
Current liabilities:		
Accounts payable and accrued expenses (note 2)	\$ 34,528,767	\$ 30,126,346
Accrued salaries, wages and related accounts	33,825,075	39,406,639
Accrued interest	1,443,755	1,516,694
Amounts payable to third-party payors (notes 2 and 3)	26,421,174	30,179,816
Amounts due to SolutionHealth, Inc. (note 1)	15,802,746	9,686,566
Current portion of operating lease liabilities (note 12)	6,024,057	5,859,395
Current portion of long-term debt and finance lease liabilities (notes 5 and 12)	<u>9,172,674</u>	<u>8,737,498</u>
Total current liabilities	127,218,248	125,512,954
Accrued pension (note 8)	14,500,826	22,190,156
Self-insurance reserves and other liabilities (note 2)	55,398,166	46,964,023
Operating lease liabilities, less current portion (note 12)	47,532,347	50,919,220
Long-term debt and finance lease liabilities, less current portion (note 5)	<u>135,162,506</u>	<u>143,957,103</u>
Total liabilities	379,812,093	389,543,456
Net assets:		
Without donor restrictions	470,347,623	415,336,729
With donor restrictions (note 7)	<u>38,298,136</u>	<u>33,692,418</u>
Total net assets	<u>508,645,759</u>	<u>449,029,147</u>
Total liabilities and net assets	<u>\$888,457,852</u>	<u>\$838,572,603</u>

See accompanying notes.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Operating revenues:		
Patient service revenues (notes 3 and 14)	\$ 759,344,044	\$ 705,547,699
Investment income (note 6)	8,056,230	5,955,720
Other revenues (note 2)	<u>66,939,627</u>	<u>52,778,533</u>
Total operating revenues	834,339,901	764,281,952
Expenses (note 10):		
Salaries, wages and fringe benefits (notes 2 and 8)	408,263,340	385,951,219
Supplies and other expenses (notes 1 and 12)	338,043,903	278,753,310
Depreciation and amortization	21,797,281	21,894,451
New Hampshire Medicaid Enhancement Tax (note 14)	30,422,378	28,595,535
Interest	<u>5,291,155</u>	<u>5,664,405</u>
Total expenses	<u>803,818,057</u>	<u>720,858,920</u>
Income from operations	30,521,844	43,423,032
Nonoperating gains (losses), net:		
Investment gain, net (notes 2 and 6)	30,863,796	14,024,283
Other (notes 2 and 9)	2,188,885	(1,097,977)
Net periodic pension gain, net of service cost (note 8)	<u>1,657,468</u>	<u>2,450,367</u>
Nonoperating gains, net	<u>34,710,149</u>	<u>15,376,673</u>
Excess of revenues and nonoperating gains over expenses	65,231,993	58,799,705
Net transfers to SolutionHealth, Inc.	(8,000,000)	(10,106,389)
Pension adjustment (note 8)	<u>(2,221,099)</u>	<u>6,209,866</u>
Increase in net assets without donor restrictions	<u>\$ 55,010,894</u>	<u>\$ 54,903,182</u>

See accompanying notes.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS**

Years Ended June 30, 2024 and 2023

	<u>Net Assets Without Donor Restrictions</u>	<u>Net Assets With Donor Restrictions</u>	<u>Total Net Assets</u>
Balances at July 1, 2022	\$360,433,547	\$32,580,526	\$393,014,073
Excess of revenues and nonoperating gains over expenses	58,799,705	–	58,799,705
Restricted gifts and bequests	–	64,432	64,432
Investment gain, net (note 6)	–	502,523	502,523
Net unrealized gain on investments (notes 2 and 6)	–	544,937	544,937
Net transfers to SolutionHealth, Inc.	(10,106,389)	–	(10,106,389)
Pension adjustment (note 8)	<u>6,209,866</u>	<u>–</u>	<u>6,209,866</u>
Increase in net assets	<u>54,903,182</u>	<u>1,111,892</u>	<u>56,015,074</u>
Balances at June 30, 2023	415,336,729	33,692,418	449,029,147
Excess of revenues and nonoperating gains over expenses	65,231,993	–	65,231,993
Restricted gifts and bequests	–	41,366	41,366
Investment gain, net (note 6)	–	996,820	996,820
Net unrealized gain on investments (notes 2 and 6)	–	3,567,532	3,567,532
Net transfers to SolutionHealth, Inc.	(8,000,000)	–	(8,000,000)
Pension adjustment (note 8)	<u>(2,221,099)</u>	<u>–</u>	<u>(2,221,099)</u>
Increase in net assets	<u>55,010,894</u>	<u>4,605,718</u>	<u>59,616,612</u>
Balances at June 30, 2024	<u>\$470,347,623</u>	<u>\$38,298,136</u>	<u>\$508,645,759</u>

See accompanying notes.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Operating activities and net gains and losses:		
Increase in net assets	\$ 59,616,612	\$ 56,015,074
Adjustments to reconcile increase in net assets to net cash provided by operating activities and net gains and losses:		
Depreciation and amortization	21,797,281	21,894,451
Loss on disposal of property, plant and equipment	—	289,487
Restricted investment income and net gain on investments	(996,820)	(502,523)
Restricted gifts and bequests	(41,366)	(64,432)
Net transfers to SolutionHealth, Inc.	8,000,000	10,106,389
Pension adjustment	2,221,099	(6,209,866)
Net realized and unrealized gains on investments	(33,391,899)	(13,840,438)
Changes in operating assets and liabilities:		
Accounts receivable	(18,311,668)	(10,116,396)
Inventories	(1,131,718)	(245,048)
Amounts due from affiliates	161,261	(514,108)
Other current and noncurrent assets	(341,662)	(2,278,225)
Accounts payable and accrued expenses	4,672,920	(9,876,986)
Amounts due to/from SolutionHealth, Inc.	9,316,273	29,880,321
Accrued salaries, wages and related accounts	(5,581,564)	(2,639,699)
Accrued interest	(72,939)	(84,077)
Accrued pension	(9,910,429)	(5,860,152)
Self-insurance reserves and other liabilities	8,434,143	902,925
Amounts payable to third-party payors	<u>(3,758,642)</u>	<u>(12,705,753)</u>
Net cash provided by operating activities and net gains and losses	40,680,882	54,150,944
Investing activities:		
Acquisition of property, plant and equipment	(26,443,169)	(33,292,947)
Proceeds from the sale of property, plant and equipment	—	1,280,000
Net change in assets whose use is limited	(12,138,979)	(5,178,426)
Net change in investments	<u>(1,118,870)</u>	<u>(40,367,977)</u>
Net cash used by investing activities	(39,701,018)	(77,559,350)
Financing activities:		
Repayment of long-term debt and finance lease liabilities	(8,705,735)	(8,826,347)
Restricted investment income and net gain on investments	996,820	502,523
Net transfers to SolutionHealth, Inc.	(8,000,000)	(10,106,389)
Restricted gifts and bequests	<u>41,366</u>	<u>64,432</u>
Net cash used by financing activities	<u>(15,667,549)</u>	<u>(18,365,781)</u>
Decrease in cash and cash equivalents	(14,687,685)	(41,774,187)
Cash and cash equivalents at beginning of year	<u>106,526,157</u>	<u>148,300,344</u>
Cash and cash equivalents at end of year	\$ <u>91,838,472</u>	\$ <u>106,526,157</u>
Supplemental disclosure for noncash transactions:		
Equipment purchases included in accounts payable at end of year	\$ <u>105,011</u>	\$ <u>375,510</u>
See note 12 with respect to certain noncash activities related to leases.		

See accompanying notes.

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**1. Organization**

Elliot Health System and Affiliates (the System) consists of Elliot Health System (EHS), a not-for-profit corporation which functions as a parent company to several not-for-profit and for-profit health care entities, and its wholly-owned subsidiaries. EHS is the sole member of the following not-for-profit entities: Elliot Hospital, a provider of health care services whose affiliates also include Elliot Physician Network (EPN), a network of primary care physicians, and Elliot Professional Services (EPS), a network of specialty care physicians (collectively referred to as the Hospital); Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates (the VNA), a provider of home health care and hospice services; and Mary and John Elliot Charitable Foundation, a charitable foundation which supports the System. EHS is also the sole stockholder of Elliot Health System Holdings, Inc. and Subsidiaries, a for-profit corporation which owns interests in health care related and real estate development partnerships and provides real estate and business management services.

Elliot Hospital (excluding EPN and EPS) and EHS comprise the Obligated Group as defined under a Master Trust Indenture dated November 1, 2016 (as amended) under the 2016 bond offering. See note 5.

The sole corporate member of the System is SolutionHealth, Inc. SolutionHealth, Inc. performs certain administrative services on behalf of the System such as marketing, human resource functions, information technology services, finance and accounting, and materials management. These services are allocated and billed to the System on a monthly basis. For the years ended June 30, 2024 and 2023, allocated amounts totaled \$98,710,759 and \$85,618,892, respectively, which were comprised of expenses related to the administrative services noted above, as well as supplies and other expenses. Net amounts due to SolutionHealth, Inc. for these services total \$15,802,746 and \$6,486,473 as of June 30, 2024 and 2023, respectively, and are included in amounts due to/from SolutionHealth, Inc. on the accompanying consolidated balance sheets.

The System also participates in certain other strategic affiliation and joint operating agreements with outside entities. Amounts due from other affiliated entities as of June 30, 2024 and 2023 total \$352,847 and \$514,108, respectively, and are included within amounts due from affiliates in the accompanying consolidated balance sheets.

**2. Significant Accounting Policies**

The accounting policies that affect the more significant elements of the consolidated financial statements of the System are summarized below:

**Principles of Consolidation**

The consolidated financial statements include the accounts of EHS and its wholly-owned subsidiaries. All significant intercompany balances and transactions have been eliminated in the consolidation.

## ELLIOT HEALTH SYSTEM AND AFFILIATES

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

#### 2. **Significant Accounting Policies (Continued)**

##### Charity Care

The System's patient acceptance policy is based on its mission and its community service responsibilities. Accordingly, the System accepts patients in immediate need of care, regardless of their ability to pay. It does not pursue collection of amounts determined to qualify as charity care based on established policies. These policies define charity care as those services for which no payment is due for all or a portion of the patient's bill. For financial reporting purposes, charity care is excluded from patient service revenues.

In estimating the cost of providing charity care, the System uses the ratio of average patient care cost to gross charges and then applies that ratio to the gross uncompensated charges associated with providing charity care.

##### Cash and Cash Equivalents

Cash and cash equivalents include short-term investments and secured repurchase agreements which have an original maturity of three months or less when purchased.

The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

##### Accounts Receivable

Under the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*, when an unconditional right to payment exists, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)***Patient Service Revenues*

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

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectibility of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provide reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations. At June 30, 2024 and 2023, estimated implicit price concessions of \$25,889,757 and \$16,209,598, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)***Income Taxes*

The System and all related entities, with the exception of Elliot Health System Holdings, Inc. and Subsidiaries, are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to the consolidated financial statements. Elliot Health System Holdings, Inc. is a holding company and its subsidiaries are for-profit companies subject to federal and state taxation. Income taxes are recorded based upon the asset and liability method.

At June 30, 2024 and 2023, the System has recorded \$176,867 and \$203,785 of federal and state income taxes payable in accounts payable and accrued expenses, respectively. The total provision for federal and state current tax expense is recorded in other nonoperating gains (losses) and is \$1,092,765 and \$836,823 for the years ended June 30, 2024 and 2023, respectively. At June 30, 2024 and 2023, the System has a deferred tax asset of \$3,315,963 and \$3,083,871 with a corresponding valuation allowance of \$896,769 and \$864,973, respectively, which is included in other assets, mainly relating to depreciation differences between book and tax on property, plant and equipment.

Elliot Health System Holdings, Inc. believes that it has appropriate support for the income tax positions taken and to be taken on tax returns, and that their accruals for tax liabilities are adequate for all open tax years based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. Elliot Health System Holdings, Inc. has concluded there are no significant uncertain tax positions requiring disclosure and there is no material liability for unrecognized tax benefits.

*Performance Indicator*

For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenues and expenses. Peripheral transactions are reported as nonoperating gains or losses.

The consolidated statements of operations also include excess of revenues and nonoperating gains over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues and nonoperating gains over expenses, consistent with industry practice, include pension adjustments and net transfers to affiliates.

*Net Assets With Donor Restrictions*

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

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)**

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

**Investments and Investment Income**

Investments are measured at fair value in the consolidated balance sheets. The fair value of debt securities and marketable equity securities are based on quoted market prices. The System carries alternative investments at net asset value (NAV), which estimates fair value as determined by management based upon valuations provided by the respective fund managers or general partners. Alternative investments include private equity, venture capital, hedge funds, and real estate. The System's investments are subject to various risks, such as interest rate, credit, and overall market volatility, which may substantially impact the value of such investments at any given time. Interest and dividend income on unlimited use investments and operating cash is reported within operating revenues. Investment income or loss on assets whose use is limited (including realized and unrealized gains and losses on investments, and interest and dividends) is reported as nonoperating gains (losses). The System has elected to reflect changes in the fair value of investments and assets whose use is limited, including both increases and decreases in value whether realized or unrealized in nonoperating gains or losses.

**Beneficial Interest in Perpetual Trusts**

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are restricted by the donor for use in nursing education and women's and children's services. The System's interest in the fair value of the trust assets is included in assets whose use is limited. Changes in the market value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions and is included within investment gain (loss) on the accompanying consolidated statements of changes in net assets.

**Investment Policies**

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Net assets with donor restrictions are restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Directors.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)**

Management of these assets is designed to maximize total return while preserving the capital values of the funds, protecting the funds from inflation and providing liquidity as needed. The objective is to maximize returns over the long-term with prudent levels of risk, while providing the liquidity necessary to carry out capital replacement and improvement initiatives.

The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

*Spending Policy for Appropriation of Assets for Expenditure*

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System currently has a policy allowing interest and dividend income earned on investments to be used for operations with the goal of keeping principal intact. From time to time, certain net assets and donor restrictions may have fair values less than the amount required to be maintained by donors or by law (underwater donor restricted net assets). The System has interpreted UPMIFA to permit spending from underwater donor restricted net assets in accordance with prudent measures required under the law. At June 30, 2024 and 2023, there were no underwater donor restricted net assets.

*Inventories*

Inventories of supplies and pharmaceuticals are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

*Bond Issuance Costs/Original Issue Premium or Discount*

The bond issuance costs incurred to obtain financing for construction and renovation programs and the original issue premium or discount are being amortized over the life of the bonds. The original issue premium or discount and bond issuance costs are presented as a component of the face amount of bonds payable.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)***Property, Plant and Equipment*

Property, plant and equipment is stated at cost at time of purchase, or fair market value at time of donation, less reductions in carrying value based upon impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs for expenditures which do not extend the lives of the related assets. The provision for depreciation is computed on the straight-line method at rates intended to amortize the cost of the related assets over their estimated useful lives. Assets which have been purchased but not yet placed in service are included in construction and projects in progress and no depreciation expense is recorded.

*Federal Grant Revenue and Expenditures*

Revenues and expenses under federal grant programs are recognized after the grants are formally awarded and as the related expenditure is incurred.

*Retirement Benefits*

The System maintains a defined benefit pension plan that prior to December 31, 2019 covered qualifying employees, the Elliot Health System Pension Plan (the Plan). The benefits were based on years of service and the employee's compensation during the period of employment.

The System's funding policy is to contribute amounts to the Plan sufficient to meet minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974, plus such additional amounts as might be determined to be appropriate from time to time. The Plan is intended to constitute a plan described in Section 414(k) of the Internal Revenue Code, under which benefits derived from employer contributions are based on the separate account balances of participants in addition to the defined benefits under the Plan.

The System provides a defined contribution program. Under this program, eligible employees may receive annual employer contributions to a System sponsored 403(b) plan or 401(k) plan. In September 2020, the Board of Directors of the System voted to change the employer contribution from a fixed 3% of annual employee base pay to a yearly determined amount at the discretion of the Board of Directors of the System. For the years ended June 30, 2024 and 2023, annual employer contributions totaled 3%, of annual employee base pay.

The System also provides matching contributions at the discretion of the System to a 403(b) plan or 401(k) plan equal to up to one-half of the employee's contribution to a maximum of 4% of their annual base pay. Total expense incurred by the System was \$7,537,965 and \$8,077,124 under these defined contribution plans for the years ended June 30, 2024 and 2023, respectively.

The System sponsors deferred compensation plans for certain qualifying employees. The amounts ultimately due to employees are to be paid upon the employees attaining certain criteria, including age. At June 30, 2024 and 2023, \$35,727,408 and \$30,560,330, respectively, is reflected in assets whose use is limited and \$35,727,408 and \$30,560,330, respectively, in other long-term liabilities related to such agreements.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)***Workers' Compensation*

The System is self-insured for workers' compensation. The System has secured its obligation through a surety bond. The System maintains an excess insurance policy to limit its exposure on claims to \$650,000 per occurrence. Reserves for claims made and potential unreported claims have been established to provide for incurred but unpaid claims. The amount of the reserve has been determined by an actuarial consultant.

*Employee Health and Dental Insurance*

The System maintains its own self-insurance plan for employee health and dental. Under the terms of the plan, employees meeting certain eligibility requirements and their dependents are eligible for participation and, as such, the System is responsible for the administration of the plan and any resultant liability incurred. The System maintains individual stop-loss insurance coverage.

*Employee Fringe Benefits*

Most of the System's entities have an earned time plan. Under this plan, each qualifying employee earns paid leave for each pay period worked. These hours of paid leave may be used for vacations, holidays or illnesses. Hours earned but not used are vested with the employee and are paid to the employee upon termination subject to certain limits. The System accrues a liability for such paid leave as it is earned, which totaled approximately \$14,229,000 and \$14,669,000 at June 30, 2024 and 2023, respectively, and is recorded in accrued salaries, wages and related accounts on the accompanying consolidated balance sheets.

*Professional and General Liability Contingencies*

The System is insured against professional and general liability contingencies under claims-made insurance policies. A claims-made policy provides specific coverage for claims made during the policy period. The System maintains excess professional and general liability insurance policies to cover claims in excess of liability retention levels. At June 30, 2024, there were no known professional and general liability claims outstanding for the System which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which required specific loss accruals. The System has established reserves to cover professional liability exposures for incurred but unpaid or unreported claims. The amounts of the reserves have been determined by actuarial consultants. The possibility exists, as a normal risk of doing business, that professional and general liability claims in excess of insurance coverage may be asserted against the System.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)**

In 2001, the System created a self-insurance trust to fund the related actuarially-determined liability for incurred but unpaid claims. The trust fund and related liability are included in the accompanying consolidated balance sheets. In accordance with Accounting Standards Update (ASU) No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24), at June 30, 2024 and 2023, the System recorded a liability of \$15,738,011 and \$13,159,369, respectively, related to estimated professional liability losses relating to reported cases as well as potentially incurred but not reported claims which is included in self-insurance reserves and other liabilities on the consolidated balance sheets. At June 30, 2024 and 2023, the Hospital also recorded a receivable totaling \$345,128 in both years, related to estimated recoveries under insurance coverages provided by the self-insurance trust. Amounts are included in other assets on the accompanying consolidated balance sheets. The self-insurance trust is funded as necessary and is included within board designated and donor restricted investments in the accompanying consolidated balance sheets.

**Litigation**

The System is involved in litigation and regulatory reviews arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

**Fair Value of Financial Instruments**

The fair value of financial instruments is determined by reference to various market data and other valuation techniques as appropriate. Financial instruments consist of cash and cash equivalents, investments, accounts receivable, assets whose use is limited, accounts payable and amounts payable to third-party payors.

The fair value of all financial instruments approximates their relative book value as these financial instruments have short-term maturities or are recorded at fair value as disclosed in note 13.

**Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Estimates are used in the areas of accounts receivable, insurance costs, alternative investment funds, employee benefit plans, amounts payable to third-party payors and contingencies. It is reasonably possible that actual results could differ from those estimates. Adjustments made with respect to the use of estimates often relate to improved information not previously available.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)***Risks and Uncertainties*

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. Under the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act), the System was able to defer payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At June 30, 2022, the System had deferred balances of payroll taxes totaling \$4.8 million. Amounts were fully repaid during the year ended June 30, 2023.

During the fourth quarter of fiscal 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Since the declaration of the pandemic, the System had received approximately \$49.4 million from these accelerated Medicare payment requests. Recoupments totaling approximately \$38.6 million were made through fiscal 2022 and remaining amounts were repaid in full during the year ended June 30, 2023.

The System also received approximately \$15,600,000 and \$5,520,000 related to the *Federal Emergency Management Agency's* (FEMA) *Public Assistance* grant program during the years ended June 30, 2024 and 2023, respectively. These payments are accounted for as government grants and are not subject to repayment, provided the System is able to comply with the conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses attributable to COVID-19.

The System will continue to monitor compliance with the terms and conditions of the FEMA funds and other potential assistance programs and available grants, and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

*Leases*

At the inception of an arrangement, the System determines whether the arrangement is, or contains, a lease based on the unique facts and circumstances present in the arrangement. A lease is a contract, or part of a contract, that conveys the right to control the use of identified property, plant, or equipment (an identified asset) for a period of time in exchange for consideration. The System determines if the contract conveys the right to control the use of an identified asset for a period of time. The System assesses throughout the period of use whether the System has both of the following: (1) the right to obtain substantially all of the economic benefits from use of the identified asset, and (2) the right to direct the use of the identified asset. This determination is reassessed if the terms of the contract are changed.

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**2. Significant Accounting Policies (Continued)**

Leases are classified as operating or finance leases based on the terms of the lease agreement and certain characteristics of the identified asset. Leases with a term greater than one year are recognized on the balance sheet as right-of-use assets and lease obligations, as applicable.

The interest rate implicit in lease contracts is typically not readily determinable. As a result, the System has elected to utilize a risk-free rate as the rate to discount lease payments.

Lease liabilities are initially recorded based on the present value of lease payments over the expected remaining lease term. Lease payments are comprised of fixed and in-substance fixed contract consideration. The System has made a policy election not to separate lease components, nonlease components, and noncomponents. The right-of-use asset is based on the lease liability, adjusted for certain items such as lease prepayments or lease incentives received. Finance lease assets are amortized on a straight line basis, with interest costs reported separately, over the lesser of the useful life of the leased asset or lease term. Operating lease expense is recognized on a straight line basis. Variable lease payments are expensed as incurred.

The System assesses at the commencement of a lease any options to extend or terminate the lease agreement, and will include in the lease term any extensions or renewals which it determines it is reasonably certain to exercise. Assumptions made at the lease commencement date are re-evaluated upon the occurrence of certain events, including a lease modification. A lease modification results in a separate contract when the modification grants the lessee an additional right-of-use not included in the original lease and when lease payments increase commensurate with the standalone price for the additional right-of-use. When a lease modification results in a separate contract, it is accounted for in the same manner as a new lease.

**Reclassifications**

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

**Subsequent Events**

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through October 22, 2024 which is the date the consolidated financial statements were available to be issued.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**3. Patient Service Revenues**

An estimated breakdown of patient service revenue recognized from major payor sources, is as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Private payors (includes coinsurance and deductibles)	\$492,169,413	\$445,232,970
Medicaid	65,444,143	58,662,989
Medicare	190,388,946	193,162,025
Self-pay	<u>11,341,542</u>	<u>8,489,715</u>
	<u>\$759,344,044</u>	<u>\$705,547,699</u>

Various entities of the System maintain contracts with the Social Security Administration (Medicare) and the State of New Hampshire Department of Health and Human Services (Medicaid). The entities are paid a prospectively determined fixed price for Medicare and Medicaid inpatient acute care services depending on the type of illness or the patient's diagnostic related group classification. Reimbursement for Medicare for outpatient services is based upon a prospective standard rate for procedures performed or services rendered. Home health care and hospice services are reimbursed prospectively on a per episode or per diem basis. Physician services are reimbursed on established and/or negotiated fee schedules. Capital costs and certain Medicare and Medicaid outpatient services are also reimbursed on a prospectively determined fixed rate. The entities receive payment for other Medicare and Medicaid inpatient and outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost reports. The percentage of patient service revenue earned from the Medicare and Medicaid programs was 26% and 5%, respectively, in 2024 and 29% and 6% in 2023, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. The System believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. The differences between amounts previously estimated and amounts subsequently determined to be recoverable from third-party payors increased patient service revenues by approximately \$3,716,000 and \$6,839,000 in 2024 and 2023, respectively.

The various System entities also maintain contracts with Anthem Blue Cross, Cigna, Harvard Pilgrim Health Care, certain commercial carriers, managed care plans and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge and per day, discounts from established charges and fee schedules.

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**4. Property, Plant and Equipment**

The major categories of property, plant and equipment are as follows at June 30:

	<u>2024</u>	<u>2023</u>
Operating properties:		
Land and land improvements	\$ 10,470,365	\$ 10,470,365
Buildings and fixed equipment	286,355,036	277,811,310
Major movable equipment	273,380,275	261,301,533
Construction and projects in progress	<u>13,388,444</u>	<u>8,553,543</u>
	583,594,120	558,136,751
Less accumulated depreciation	<u>(385,049,386)</u>	<u>(364,191,559)</u>
	198,544,734	193,945,192
Rental properties:		
Land and land improvements	10,436,263	9,961,263
Buildings and fixed equipment	57,380,846	56,223,899
Major movable equipment	168,522	144,316
Construction and projects in progress	<u>328,717</u>	<u>674,577</u>
	68,314,348	67,004,055
Less accumulated depreciation	<u>(35,346,505)</u>	<u>(34,158,378)</u>
	<u>32,967,843</u>	<u>32,845,677</u>
Net property, plant and equipment	<u>\$ 231,512,577</u>	<u>\$ 226,790,869</u>

**5. Long-Term Debt and Finance Lease Liabilities**

Long-term debt and finance lease liabilities consist of the following at June 30:

	<u>2024</u>	<u>2023</u>
New Hampshire Health and Education Facilities Authority:		
Elliot Hospital Obligated Group Series 2016 Bonds with interest ranging from 2.00% to 5.00% per year. Principal payments commenced in October 2017 and are payable in annual installments ranging from \$5,370,000 to \$10,915,000 through October 2038	\$ 118,135,000	\$ 123,240,000
Plus unamortized original issue premium	<u>12,942,622</u>	<u>13,778,852</u>
	131,077,622	137,018,852
Equipment financing with a fixed interest rate of 1.92% with required monthly principal payments ranging from \$170,163 to \$187,594 through August 2029 and is secured by related equipment	11,251,720	13,102,707
Equipment lease financing with required monthly principal payments of \$5,833. Paid in full during 2024	—	140,000

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**5. Long-Term Debt and Finance Lease Liabilities (Continued)**

	<u>2024</u>	<u>2023</u>
Equipment lease financing with required monthly principal payments of \$21,210 through October 2027	\$ 791,348	\$ 1,026,440
Equipment lease financing with required annual principal payments through fiscal year 2026	642,436	947,202
Equipment lease financing with required monthly principal payments of \$8,274 through fiscal year 2026	177,771	—
Notes payable – see below	<u>750,000</u>	<u>850,000</u>
	144,690,897	153,085,201
Less current portion	(9,172,674)	(8,737,498)
Less net unamortized bond issuance costs	<u>(355,717)</u>	<u>(390,600)</u>
	<u>\$135,162,506</u>	<u>\$143,957,103</u>

On November 15, 2016, the Hospital refunded its existing 2009 Series Bonds outstanding of \$126,470,000 through the issuance of \$147,020,000 in fixed rate New Hampshire Health and Education Facilities Authority Revenue Bonds with interest rates ranging from 2.00% to 5.00%. As of June 30, 2024 and 2023, the balance of defeased 2009 Series Bonds payable not included in the accompanying consolidated balance sheets was \$115,305,000 and \$119,515,000, respectively.

In 2019, the Hospital entered into a ten year \$20,500,000 equipment financing agreement with Bank of America to acquire various property and equipment. Certain proceeds of the financing are held by a trustee, under the terms of an escrow agreement which allows for withdrawals only for approved purchases.

The Obligated Group's agreement with the New Hampshire Health and Education Facilities Authority for the 2016 Bond grants the Authority a security interest in the Hospital's gross receipts and a mortgage on the Hospital's existing and future facilities and equipment. In addition, under the terms of the master indenture, the Obligated Group is required to meet certain covenants requirements. For the years ended June 30, 2024 and 2023, the Hospital was in compliance with all required financial covenants.

The System has a note payable in the amount of \$750,000 and \$850,000 at June 30, 2024 and 2023, respectively, the proceeds of which were used for certain property improvements. Interest is payable annually at the fixed rate of 4.61% for the first 10 years, after which it will become variable. Principal and interest are payable annually through the maturity date of December 29, 2031.

Interest paid totaled \$5,364,094 and \$5,748,482 for the years ended June 30, 2024 and 2023, respectively.

Aggregate annual principal payments required under the bonds, finance lease agreements and note agreements for each of the five years ending June 30 are approximately as follows: 2025 - \$9,173,000; 2026 - \$9,540,000; 2027 - \$9,463,000; 2028 - \$9,608,000; and 2029 - \$9,920,000.

The System has entered into an unsecured line of credit agreement with a bank which is due on demand. Maximum available borrowings were increased from \$25,000,000 to \$50,000,000 effective June 15, 2023. The line of credit agreement bears interest at a variable rate as defined in the agreement (6.16% at June 30, 2024). At June 30, 2024 and 2023, there were no borrowings outstanding under this agreement. The agreement grants the bank a security interest in the System's securities, cash and deposit account balances to collateralize any future outstanding balances.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**6. Investments and Assets Whose Use is Limited**

Investments and assets whose use is limited at fair value are comprised of the following at June 30:

	<u>2024</u>	<u>2023</u>
Cash and equivalents	\$ 3,868,455	\$ 8,273,470
Marketable equity securities	120,111,364	102,376,255
Fixed income securities	79,457,130	72,489,632
Employee benefit plans and other	35,727,408	30,560,330
Beneficial interest in perpetual trusts	8,863,627	8,126,140
Alternative investments measured at NAV	153,987,541	134,438,998
Exchange traded funds and other	<u>899,048</u>	<u>—</u>
	<u>\$402,914,573</u>	<u>\$356,264,825</u>

Board designated and donor restricted investments of various System entities are pooled into the Elliot Common Trust Fund LLC, along with self-insured trust funds, and are comprised of the following at June 30:

	<u>2024</u>	<u>2023</u>
Board designated:		
Capital, working capital and community service	\$148,797,116	\$129,821,186
Self-insurance	<u>731,010</u>	<u>96,434</u>
	149,528,126	129,917,620
Donor restricted	<u>33,112,202</u>	<u>31,315,744</u>
	<u>\$182,640,328</u>	<u>\$161,233,364</u>

Investment income, and realized and unrealized gains on investments are summarized as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Unrestricted investment income and net gains and losses on investments are summarized as follows:		
Investment income	\$ 8,056,230	\$ 5,955,720
Nonoperating investment income	1,039,429	728,782
Realized gains on sale of investments, net	404,029	1,207,708
Net unrealized gains on investments	<u>29,420,338</u>	<u>12,087,793</u>
	38,920,026	19,980,003
Restricted investment income and net gains and losses on investments are summarized as follows:		
Investment income and net gain on investments	996,820	502,523
Net unrealized gains on investments	<u>3,567,532</u>	<u>544,937</u>
	<u>4,564,352</u>	<u>1,047,460</u>
Total restricted and unrestricted	<u>\$43,484,378</u>	<u>\$21,027,463</u>

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**7. Net Assets With Donor Restrictions**

Net assets with donor restrictions are available for the following purposes at June 30:

	<u>2024</u>	<u>2023</u>
Purpose restriction:		
Health care services	\$20,111,650	\$17,444,392
Equipment and capital improvements	2,206,536	1,219,142
Education and scholarships	<u>101,449</u>	<u>56,052</u>
	22,419,635	18,719,586
Perpetual in nature:		
Investments, gains and income from which is donor restricted	11,227,661	10,321,992
Investments, gains and income from which is released to net assets without donor restrictions	<u>4,650,840</u>	<u>4,650,840</u>
	<u>15,878,501</u>	<u>14,972,832</u>
Total net assets with donor restrictions	<u>\$38,298,136</u>	<u>\$33,692,418</u>

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

**8. Retirement Benefits**

A reconciliation of the changes in the Elliot Health System Pension Plan's projected benefit obligation and the fair value of plan assets and a statement of funded status of the plan are as follows as of and for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Changes in benefit obligation:		
Projected benefit obligations, beginning of year	\$(299,825,753)	\$(333,899,160)
Service cost	(1,747,703)	(1,590,213)
Interest cost	(14,551,700)	(15,141,880)
Benefits paid	11,821,328	12,952,821
Purchase of annuity contract	15,145,308	15,277,619
Actuarial gain	7,629,928	21,022,009
Administrative expenses paid	<u>1,787,872</u>	<u>1,553,051</u>
Projected benefit obligations, end of year	<u>\$(279,740,720)</u>	<u>\$(299,825,753)</u>
Changes in plan assets:		
Fair value of plan assets, beginning of year	\$ 277,635,597	\$ 299,638,986
Actual gain (loss) on plan assets	6,358,805	2,780,102
Contributions by plan sponsor	10,000,000	5,000,000
Benefits paid	(11,821,328)	(12,952,821)
Purchase of annuity contract	(15,145,308)	(15,277,619)
Actual administrative expense paid	<u>(1,787,872)</u>	<u>(1,553,051)</u>
Fair value of plan assets, end of year	<u>\$ 265,239,894</u>	<u>\$ 277,635,597</u>

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**8. Retirement Benefits (Continued)**

	<u>2024</u>	<u>2023</u>
Funded status:		
Fair value of plan assets	\$ 265,239,894	\$ 277,635,597
Projected benefit obligations	<u>(279,740,720)</u>	<u>(299,825,753)</u>
Funded status of the plan	<u>\$ (14,500,826)</u>	<u>\$ (22,190,156)</u>

In June 2023, the System entered into an agreement with an insurance company to purchase a single-premium nonparticipating group annuity contract totaling \$15,277,619. In July 2023, the System entered into a second agreement with an insurance company to purchase an additional single-premium nonparticipating group annuity contract totaling \$15,145,308.

The accumulated benefit obligation at June 30, 2024 and 2023 was \$279,740,720 and \$299,825,753, respectively.

Amounts recognized in the consolidated balance sheets consist of the following at June 30:

	<u>2024</u>	<u>2023</u>
Net liability recognized	<u>\$(14,500,826)</u>	<u>\$ (22,190,156)</u>

The weighted-average assumptions used to develop the projected benefit obligation are as follows as of June 30:

	<u>2024</u>	<u>2023</u>
Discount rate	5.49%	5.22%

Amounts recognized in net assets without donor restrictions consist of the following at June 30:

	<u>2024</u>	<u>2023</u>
Net actuarial gain	<u>\$17,687,085</u>	<u>\$ 15,465,986</u>

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**8. Retirement Benefits (Continued)**

*Pension Plan Assets*

The fair values of the System's pension plan assets and target allocations by asset category are as follows as of June 30, 2024 and 2023 (see note 13 for level definitions):

	Target Allo- cation	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Signif- icant Observ- able Inputs (Level 2)	Signif- icant Unob- servable Inputs (Level 3)
<u>2024</u>					
Short-term investments:	5%				
Cash and sweeps		\$ 5,183,581	\$ 5,183,581	\$ —	\$ —
Equity securities	40%	—	—	—	—
Fixed income securities:	55%				
U.S. Government obligations		<u>15,685,988</u>	—	<u>15,685,988</u>	—
		20,869,569	<u>\$ 5,183,581</u>	<u>\$ 15,685,988</u>	<u>\$ —</u>
Unallocated insurance contract Investments measured at net asset value		454,979			
		<u>243,915,346</u>			
		<u>\$ 265,239,894</u>			
<u>2023</u>					
Short-term investments:	5%				
Cash and sweeps		\$ —	\$ —	\$ —	\$ —
Equity securities:	40%				
Large cap		32,841,992	—	32,841,992	—
Mid cap		14,798,114	—	14,798,114	—
International		7,775,508	—	7,775,508	—
Fixed income securities:	55%				
U.S. Government obligations		<u>21,846,875</u>	—	<u>21,846,875</u>	—
		77,262,489	<u>\$ —</u>	<u>\$ 77,262,489</u>	<u>\$ —</u>
Unallocated insurance contract Investments measured at net asset value		468,357			
		<u>199,904,751</u>			
		<u>\$ 277,635,597</u>			

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**8. Retirement Benefits (Continued)**

The plan's primary investment objective is to ensure sufficient funds are available to meet the plan's benefit and expense obligations and to maintain compliance with regulatory funding requirements. Plan assets are invested in a prudent manner to meet the obligation of providing benefits to plan participants and their beneficiaries. The plan's portfolio primarily invests in a diversified portfolio of public equity, public debt, multi asset, and liability hedging investments.

The plan's secondary investment objective is to effectively manage the surplus/(deficit) risk between plan assets and plan liabilities. An effective hedging strategy may be considered in the investment program to mitigate interest rate risk in the plan, as the present value of the plan's liabilities are sensitive to changes in interest rates. The investment program shall consider the potential negative impact of fluctuating interest rates on the surplus/(deficit).

These funds are managed as permanent funds with disciplined longer term investment objectives and strategies designed to meet cash flow requirements of the plan. Funds are managed in accordance with ERISA and all other regulatory requirements.

Net periodic pension cost (gain) includes the following components at June 30:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 1,747,704	\$ 1,590,213
Interest cost	14,551,700	15,141,880
Expected return on plan assets	<u>(16,209,168)</u>	<u>(17,592,247)</u>
Net periodic pension cost (gain)	\$ <u>90,236</u>	\$ <u>(860,154)</u>

The weighted-average assumptions used to develop net periodic pension cost (gain) were as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Discount rate	5.22%	4.64%

In selecting the long-term rate of return on assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plan. This included considering the trust's asset allocation and the expected returns likely to be earned over the life of the plan, as well as the historical returns on the types of assets held and the current economic environment.

There is no loss amount expected to be recognized in net periodic benefit cost in 2025.

Contributions

The System expects to contribute \$10,000,000 to its pension plan in 2025.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**8. Retirement Benefits (Continued)**

*Estimated Future Benefit Payments*

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid by the System:

<u>Fiscal Year</u>	<u>Pension Benefits</u>
2025	\$ 13,141,549
2026	14,461,498
2027	15,671,574
2028	16,853,088
2029	17,848,048
Years 2030 – 2034	98,353,368

On May 16, 2019, the Board of Directors of the System resolved to freeze the defined benefit pension plan effective December 31, 2019. Any employee who was a participant of the plan on that date will continue as a participant. No other person will become a participant after that date. Benefits to participants stopped accruing on December 31, 2019. This amendment impacted the present value of accumulated plan benefits by eliminating the increase due to annual benefit accruals.

**9. Community Benefits (Unaudited)**

The mission of the System is to provide quality, accessible healthcare services to patients regardless of their ability to pay. The System subsidizes certain health care services, supports community-based healthcare providers, and provides outreach and educational programs.

*Charity Care*

The System provides services to patients who are uninsured or underinsured under its charity care policy at no charge or at amounts less than its established charges. The estimated costs of providing charity care services are determined using the ratio of average patient care costs to gross charges, and then applying that ratio to the gross charges associated with providing such services.

*Community Programs and Subsidized Services*

The System provides community health programs, health professional education through partnerships with local post-secondary organizations, health screenings, health publications and other health information services. Many of these services are provided at a financial loss and are subsidized by the System in order to meet important community needs that otherwise would not be available. In addition, supporting contributions and in-kind services are made to a number of community organizations for the promotion of health-related activities.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**9. Community Benefits (Unaudited) (Continued)**

*Government-Sponsored Programs*

The System provided services to Medicare and Medicaid recipients. Reimbursement for such services is at rates substantially below cost.

The estimated cost of providing community benefits for the years ended June 30, 2024 and 2023 are summarized below:

	<u>2024</u>	<u>2023</u>
Charity care	\$ 21,807,604	\$ 11,325,287
Community programs and subsidized services	1,649,489	2,115,455
Government-sponsored programs	<u>169,859,100</u>	<u>161,889,896</u>
	<u>\$193,316,193</u>	<u>\$175,330,638</u>

In addition, the System provides a significant amount of uncompensated care to patients that are reported as implicit price concessions. For the years ended June 30, 2024 and 2023, the System reported implicit price concession revenue deductions of \$31,641,232 and \$18,176,522, respectively.

**10. Functional Expenses**

The System provides general health care services to residents within its geographic location including inpatient, outpatient, physician and emergency care. Expenses related to providing these services are as follows for the years ended June 30, 2024 and 2023:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Total</u>
<u>2024</u>			
Salaries, wages and fringe benefits	\$348,974,736	\$ 59,288,604	\$408,263,340
Supplies and other expenses	164,886,129	173,157,774	338,043,903
Interest	2,621,712	2,669,443	5,291,155
New Hampshire Medicaid Enhancement Tax	30,422,378	—	30,422,378
Depreciation and amortization	<u>9,685,001</u>	<u>12,112,280</u>	<u>21,797,281</u>
	<u>\$556,589,956</u>	<u>\$247,228,101</u>	<u>\$803,818,057</u>
<u>2023</u>			
Salaries, wages and fringe benefits	\$331,239,885	\$ 54,711,334	\$385,951,219
Supplies and other expenses	159,628,902	119,124,408	278,753,310
Interest	2,881,069	2,783,336	5,664,405
New Hampshire Medicaid Enhancement Tax	28,595,535	—	28,595,535
Depreciation and amortization	<u>9,567,714</u>	<u>12,326,737</u>	<u>21,894,451</u>
	<u>\$531,913,105</u>	<u>\$188,945,815</u>	<u>\$720,858,920</u>

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**10. Functional Expenses (Continued)**

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as, depreciation and amortization, and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses was made according to management's estimates. Specifically identifiable costs are assigned to the function to which they are identified.

**11. Concentration of Credit Risk**

The System grants credit without requiring collateral from its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Medicare	35%	34%
Medicaid	10	9
Managed care and other	25	25
Patients (self pay)	12	12
Anthem Blue Cross	<u>18</u>	<u>20</u>
	<u>100%</u>	<u>100%</u>

**12. Leases**

The System leases various office space under operating leases, as well as equipment under finance leases. Leases are classified as either operating or finance in accordance with ASC 842. The System has elected not to separate fixed or in-substance fixed payments for maintenance, repairs, property taxes and insurance from lease consideration in its determination of right-of-use assets or lease liabilities. However, when such costs are variable based on actual costs incurred during each applicable period, they are excluded from the determination of the right-of-use asset and lease liability and expensed during the period as variable lease costs. Variable lease cost also includes escalating rent payments that are not fixed at commencement but are based on an index that is determined in future periods over the lease term. Certain leases contain options to extend the lease term at the System's option, with only those that are reasonably certain to be exercised included in the determination of the lease term at inception.

Finance lease right-of-use assets of \$12,994,321 in 2024 and \$15,422,178 in 2023 (net of accumulated amortization of \$10,836,225 in 2024 and \$8,136,662 in 2023) are reported on the System's consolidated balance sheet within property, plant, and equipment, less accumulated depreciation. The System's lease liabilities are reported on the consolidated balance sheet as obligations under leases according to their related lease classification.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**12. Leases (Continued)**

The components of operating and finance lease costs were as follows for the years ended June 30:

<u>Description</u>	<u>Consolidated Statement of Operations Classification</u>	<u>2024</u>	<u>2023</u>
		Operating lease expense	Supplies and other expenses
Variable lease costs	Supplies and other expenses	26,304	132,637
Finance lease costs:			
Amortization of right-of-use assets	Depreciation and amortization	\$2,293,425	\$2,466,663
Interest on lease liabilities	Interest expense	310,233	326,158

The weighted-average lease terms and discount rates for operating and finance leases are as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Weighted average remaining lease term:		
Operating leases	13.51 years	14.73 years
Finance leases	4.78 years	5.74 years
Weighted average discount rate:		
Operating leases	3.21%	3.18%
Finance leases	2.13%	2.12%

Supplemental cash flow and other information related to leases is as follows as of and for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases (fixed payments)	\$6,076,698	\$5,858,555
Operating cash flows from finance leases (interest payments)	310,233	326,158
Financing cash flows from finance leases (liability reduction)	2,624,780	2,437,679
Right-of-use assets obtained in exchange for lease obligations:		
Operating leases	1,098,796	657,678
Finance leases	271,706	2,358,840

**ELLIOT HEALTH SYSTEM AND AFFILIATES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**12. Leases (Continued)**

Commitments relating to noncancelable operating and finance lease obligations for each of the next five fiscal years after June 30, 2024, and the years thereafter, are as follows:

	<u>Operating Leases</u>	<u>Finance Leases</u>
2025	\$ 6,024,057	\$ 2,941,591
2026	5,729,055	2,933,318
2027	5,488,495	2,509,248
2028	5,242,112	2,339,568
2029	5,047,714	2,254,728
Thereafter	<u>38,713,128</u>	<u>375,788</u>
Total future minimum payments	66,244,561	13,354,241
Less imputed interest	<u>(12,688,157)</u>	<u>(490,966)</u>
Total liabilities	53,556,404	12,863,275
Less current portion	<u>(6,024,057)</u>	<u>(2,941,591)</u>
Long-term liabilities	<u>\$ 47,532,347</u>	<u>\$ 9,921,684</u>

**13. Fair Value Measurements**

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**13. Fair Value Measurements**

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities that are subject to fair value measurements. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3. The following are descriptions of the valuation methodologies used:

*Marketable Equity Securities*

Marketable equity securities are valued based on stated market prices and at the net asset value of shares held by the System at year end, which generally results in classification as Level 2 within the fair value hierarchy.

*Fixed Income Securities*

The fair value for debt instruments is determined by using broker or dealer quotations, external pricing providers, or alternative pricing sources with reasonable levels of price transparency. The System holds U.S. governmental and federal agency debt instruments, municipal bonds, corporate bonds, and foreign bonds which are primarily classified as Level 2 within the fair value hierarchy.

*Alternative Investments Measured at NAV*

The System invests in certain alternative investments that include limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. These investments are classified at net asset value.

System management is responsible for the fair value measurements of alternative investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

## ELLIOT HEALTH SYSTEM AND AFFILIATES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**13. Fair Value Measurements (Continued)***Beneficial Interests in Perpetual Trusts*

The System is the beneficiary of two perpetual trusts held by a third party. Under the terms of the trusts, the System has the irrevocable right to receive the income earned on the assets of the trusts in perpetuity, but never receives the assets held in the trusts. The System has transparency into the holdings of the trusts. These investments are generally classified as Level 1 within the fair value hierarchy.

*Employee Benefit Plan and Other*

Underlying plan investments within these funds are stated at quoted market prices. These investments are generally classified as Level 1 within the fair value hierarchy.

*Fair Value on a Recurring Basis*

The following presents the balances of assets measured at fair value on a recurring basis at June 30:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>2024</u>				
Investments and assets whose use is limited:				
Cash and equivalents	\$ 3,868,455	\$ 3,868,455	\$ —	\$ —
Marketable equity securities:				
Large cap	85,573,523	—	85,573,523	—
Mid cap	22,142,643	—	22,142,643	—
International	12,395,198	—	12,395,198	—
Fixed income securities:				
Governmental and municipal bonds	53,663,117	—	53,663,117	—
Municipal bonds	3,922,353	—	3,922,353	—
Corporate bonds	6,615,791	—	6,615,791	—
Foreign bonds	15,255,869	—	15,255,869	—
Exchange traded funds and other	899,048	—	899,048	—
Beneficial interests in perpetual trusts	8,863,627	8,863,627	—	—
Employee benefit plans and other	<u>35,727,408</u>	<u>35,727,408</u>	<u>—</u>	<u>—</u>
Investments and assets whose use is limited	248,927,032	<u>\$48,459,490</u>	<u>\$200,467,542</u>	<u>\$ —</u>
Nonmarketable alternative investment at NAV	13,685,213			
Marketable alternative investments at NAV	140,225,921			
Inflation hedging investments at NAV	<u>76,407</u>			
Total assets	<u>\$402,914,573</u>			

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**13. Fair Value Measurements (Continued)**

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>2023</u>				
Investments and assets whose use is limited:				
Cash and equivalents	\$ 8,273,470	\$ 8,273,470	\$ —	\$ —
Marketable equity securities:				
Large cap	68,861,687	—	68,861,687	—
Mid cap	23,544,075	—	23,544,075	—
Small cap	714,583	—	714,583	—
International	9,255,910	—	9,255,910	—
Fixed income securities:				
Governmental and municipal bonds	50,752,290	—	50,752,290	—
Municipal bonds	3,889,939	—	3,889,939	—
Corporate bonds	3,522,688	—	3,522,688	—
Foreign bonds	14,324,715	—	14,324,715	—
Beneficial interests in perpetual trusts	8,126,140	8,126,140	—	—
Employee benefit plans and other	<u>30,560,330</u>	<u>30,560,330</u>	<u>—</u>	<u>—</u>
Investments and assets whose use is limited	221,825,827	<u>\$46,959,940</u>	<u>\$174,865,887</u>	<u>\$ —</u>
Nonmarketable alternative investment at NAV	10,606,149			
Marketable alternative investments at NAV	123,738,492			
Inflation hedging investments at NAV	<u>94,357</u>			
Total assets	<u>\$356,264,825</u>			

The alternative investments consist of interests in eighteen funds at both June 30, 2024 and 2023 that are measured at NAV.

## ELLIOT HEALTH SYSTEM AND AFFILIATES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**13. Fair Value Measurements (Continued)**Net Assets Value Per Share

In accordance with ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the table below sets forth additional disclosures for alternative investments valued based on net asset value to further demonstrate the nature and risk of the investments by category at June 30:

<u>Investment</u>	<u>Net Asset Value</u>	<u>Unfunded Commitment of the Hospital</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2024</u>				
Global equity fund	\$ 56,471	\$ –	Illiquid	N/A
Commingled REIT fund	76,407	1,971,361	Illiquid	N/A
Equity fund	1,136,531	489	Illiquid	N/A
Multi-strategy hedge fund	2,008,648	292,135	Illiquid	N/A
Multi-strategy hedge fund	110,430	–	Annually	N/A
Multi-strategy hedge fund	116,545	–	Illiquid	N/A
Multi-strategy hedge fund	85,381	10,996	Illiquid	N/A
Multi-strategy hedge fund	52,817	–	Quarterly	100 days
International equity fund	8,793,631	–	Monthly	2 weeks
Multi-strategy hedge fund	10,118,390	–	Monthly	30 days
Emerging equity fund	11,286,452	–	Monthly	2 business days
Emerging equity fund	11,563,485	–	Monthly	2 weeks
Fixed income fund	13,795,926	–	Daily	1 business day
Fixed income fund	14,073,771	–	Daily	15 business days
International equity fund	13,872,207	–	Daily	2 business days
Global equity fund	20,937,689	–	End of month, semi-monthly	1 week
International equity fund	21,901,261	–	Weekly	4 business days
Fixed income fund	24,001,499	–	Daily	5 business days

## ELLIOT HEALTH SYSTEM AND AFFILIATES

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

#### 13. Fair Value Measurements (Continued)

<u>Investment</u>	<u>Net Asset Value</u>	<u>Unfunded Commitment of the Hospital</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2023</u>				
Global equity fund	\$ 56,471	\$ 29,829	Illiquid	N/A
Commingled REIT fund	94,357	1,971,361	Illiquid	N/A
Equity fund	822,407	273,065	Illiquid	N/A
Multi-strategy hedge fund	1,618,444	1,001,876	Illiquid	N/A
Multi-strategy hedge fund	109,002	–	Annually	N/A
Multi-strategy hedge fund	276,501	–	Illiquid	N/A
Multi-strategy hedge fund	395,772	9,223	Illiquid	N/A
Multi-strategy hedge fund	52,817	–	Quarterly	100 days
International equity fund	6,285,875	–	Monthly	2 weeks
Multi-strategy hedge fund	7,173,880	–	Monthly	30 days
Emerging equity fund	9,469,654	–	Monthly	2 business days
Emerging equity fund	10,059,425	–	Monthly	2 weeks
Fixed income fund	12,396,152	–	Daily	1 business day
Fixed income fund	12,817,988	–	Daily	15 business days
International equity fund	14,969,211	–	Daily	2 business days
Global equity fund	18,281,727	–	End of month, semi-monthly	1 week
International equity fund	16,962,341	–	Weekly	4 business days
Fixed income fund	22,596,974	–	Daily	5 business days

The illiquid investments noted above generally are investments which require a long-term investment commitment, are not publicly traded, and are intended to be held for the life of the investment fund or partnership. Accordingly, any attempt to sell these investments before the end of their investment period could result in the System realizing less than fair value at the time of any early redemptions.

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

#### Investment Strategies

##### Fixed Income Securities (Debt Instruments)

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2024 and 2023

**13. Fair Value Measurements (Continued)**Marketable Equity Securities

The primary purpose of equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

Marketable Alternative Investments Measured at NAV

The role of marketable alternative (MALT) investments, often referred to as "hedge funds," is to increase portfolio diversification through offering sources of return that are not generally correlated with traditional equity and fixed income markets. Also, MALT investments provide relatively consistent returns and principal protection in significantly down equity markets, while reducing overall volatility of the portfolio. Investments in the MALT program may take the form of direct investment in a single manager or fund-of-funds manager. MALT managers may engage in the use of derivatives (options/futures/forwards) as part of their investment strategy. MALT investments are generally less liquid than their traditional equity counterparts as most MALT managers have entry/exit terms and capital lockup periods that range from monthly to two years.

Inflation Hedging Alternative Investments Measured at NAV

The purpose of inflation hedging investments such as, but not limited to, private real estate, real estate investment trusts (REITs), oil and gas partnerships, TIPS, and commodities is to protect the purchasing power of the Fund against unexpected or severe inflation. Inflation hedging investments in REITs, TIPS and commodities are significantly more liquid than investments in oil and gas partnerships and private real estate.

Nonmarketable Alternative Investments Measured at NAV

The purpose of "alternative" assets such as, but not limited to, venture capital, private equity, and distressed securities investments is to provide increased return potential and to reduce overall volatility of the Fund through greater diversification. These investments can be made either in the form of direct investment, partnerships, fund-of-funds or with an investment manager. These assets are less liquid and require a longer investment horizon. Most require a multi-year commitment of capital.

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**14. Medicaid Enhancement Tax and Disproportionate Share**

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.4% of the Hospital's patient service revenues in State fiscal years 2024 and 2023, with certain exclusions. The amount of the tax provided for by the Hospital for the years ended June 30, 2024 and 2023 was \$30,422,378 and \$28,595,535, respectively.

The State provides disproportionate share payments (DSH) to hospitals based on a set percentage of uncompensated care provided. The Hospital received \$23,649,763 and \$23,425,858 during the years ended June 30, 2024 and 2023, respectively. Reserves on these receipts were established for \$2,341,234 and \$2,342,586 at June 30, 2024 and 2023, respectively, as these programs are subject to the State DSH annual audit and potential redistributions.

**15. Pledges Receivable**

Pledges receivable represent promises to give and are predominantly related to a capital campaign for a regional cancer center. Pledges expected to be collected within one year are recorded at their net realizable value. Pledges that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The present value of estimated future cash flows has been measured utilizing risk-free rates of return adjusted for market and credit risk established at the time a contribution is received. Amounts expected to be collected within a year are included within other current assets and the remaining amounts are included within other assets on the consolidated balance sheets as of June 30, 2024 and 2023.

Pledges are expected to be collected as follows at June 30, 2024:

One year or less	\$ 835,802
Between one year and two years	114,179
Between two years and three years	60,000
Between three years and four years	<u>60,000</u>
Pledges receivable	1,069,981
Present value discount	(37,357)
Allowance for uncollectible pledges	<u>(212,626)</u>
Pledges receivable, net	<u>\$ 819,998</u>

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

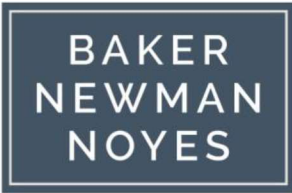
June 30, 2024 and 2023

**16. Financial Assets and Liquidity Resources**

As of June 30, 2024, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following:

Cash and cash equivalents	\$ 91,838,472
Accounts receivable	<u>78,889,410</u>
	<u>\$170,727,882</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board designated assets and investments without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of June 30, 2024, the balances in board designated assets and investments were \$148,797,116 and \$175,683,210, respectively.



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## INDEPENDENT AUDITORS' REPORT ON OTHER FINANCIAL INFORMATION

Board of Directors  
Elliot Health System

We have audited the consolidated financial statements of Elliot Health System and Affiliates (the System) as of and for the years ended June 30, 2024 and 2023, and have issued our report thereon which contains an unmodified opinion on those consolidated statements. See pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of operations of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Baker Newman & Noyes LLC*

Manchester, New Hampshire  
October 22, 2024

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

CONSOLIDATING BALANCE SHEET

June 30, 2024

ASSETS

	Obligated Group*	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Current assets:</b>								
Cash and cash equivalents	\$ 49,953,809	\$ 8,168	\$ 51,226,602	\$ 3,988,138	\$ 31,878,137	\$ 4,737,427	\$ -	\$ 91,838,472
Accounts receivable	68,237,830	-	74,610,354	1,802,778	2,476,278	-	-	78,889,410
Inventories	7,905,380	-	7,905,380	-	667,557	-	-	8,572,937
Amounts due from affiliates	3,648,985	-	255,534	1,240,210	951,083	151,842	(2,245,822)	352,847
Other current assets	5,741,082	-	6,469,604	100,944	5,938,721	719,674	-	13,228,943
<b>Total current assets</b>	135,487,086	8,168	140,467,474	7,132,070	41,911,776	5,608,943	(2,245,822)	192,882,609
Property, plant and equipment, net	201,573,091	-	202,334,936	1,159	29,176,482	-	-	231,512,577
Operating lease right-of-use assets, net	9,023,364	-	9,023,364	-	44,400,399	-	-	53,423,763
Investments	175,683,210	-	175,683,210	-	-	-	-	175,683,210
<b>Other assets:</b>								
Investment in subsidiary	66,522,723	66,522,723	-	-	-	-	(66,522,723)	-
Other	3,268,884	-	3,318,921	-	4,618,737	189,997	(403,325)	7,724,330
<b>Assets whose use is limited:</b>								
Board designated and donor restricted investments	137,680,480	-	137,680,480	15,067,372	1,163,319	28,729,157	-	182,640,328
Employee benefit plans and other	35,727,408	-	35,727,408	-	-	-	-	35,727,408
Beneficial interest in perpetual trusts	8,863,627	-	8,863,627	-	-	-	-	8,863,627
<b>Total assets</b>	\$ 773,829,873	\$ 66,530,891	\$ 713,099,420	\$ 22,200,601	\$ 121,270,713	\$ 34,528,097	\$ (69,171,870)	\$ 888,457,852

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

LIABILITIES AND NET ASSETS

	Obligated Group*	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Current liabilities:</b>								
Accounts payable and accrued expenses	\$ 25,418,705	\$ -	\$ 27,322,125	\$ 705,158	\$ 6,461,047	\$ 40,437	\$ -	\$ 34,528,767
Accrued salaries, wages and related accounts	15,230,639	-	30,519,730	2,361,387	943,958	-	-	33,825,075
Accrued interest	1,443,755	-	1,443,755	-	153,325	-	(153,325)	1,443,755
Amounts payable to third-party payors	26,409,411	-	26,421,174	-	-	-	-	26,421,174
Amounts due to SolutionHealth, Inc.	15,868,612	-	15,848,139	(9,569)	(51,782)	15,958	-	15,802,746
Amounts due to affiliates	-	-	-	1,451,701	643,229	150,892	(2,245,822)	-
Current portion of operating lease liabilities	2,011,174	-	2,011,174	-	4,012,883	-	-	6,024,057
Current portion of long-term debt and finance lease liabilities	8,640,331	-	8,640,331	-	782,343	-	(250,000)	9,172,674
<b>Total current liabilities</b>	<b>95,022,627</b>	<b>-</b>	<b>112,206,428</b>	<b>4,508,677</b>	<b>12,945,003</b>	<b>207,287</b>	<b>(2,649,147)</b>	<b>127,218,248</b>
Accrued pension	12,516,090	-	14,143,315	357,511	-	-	-	14,500,826
Self-insurance reserves and other liabilities	55,094,835	-	55,094,835	-	303,331	-	-	55,398,166
Operating lease liabilities, less current portion	7,040,897	-	7,040,897	-	40,491,450	-	-	47,532,347
Long-term debt and finance lease liabilities, less current portion	134,154,300	-	134,154,300	-	1,008,206	-	-	135,162,506
<b>Total liabilities</b>	<b>303,828,749</b>	<b>-</b>	<b>322,639,775</b>	<b>4,866,188</b>	<b>54,747,990</b>	<b>207,287</b>	<b>(2,649,147)</b>	<b>379,812,093</b>
<b>Net assets:</b>								
Without donor restrictions/owners' equity	451,871,619	66,530,891	372,330,140	16,836,512	66,522,723	14,650,080	(66,522,723)	470,347,623
With donor restrictions	18,129,505	-	18,129,505	497,901	-	19,670,730	-	38,298,136
<b>Total net assets</b>	<b>470,001,124</b>	<b>66,530,891</b>	<b>390,459,645</b>	<b>17,334,413</b>	<b>66,522,723</b>	<b>34,320,810</b>	<b>(66,522,723)</b>	<b>508,645,759</b>
<b>Total liabilities and net assets</b>	<b>\$ 773,829,873</b>	<b>\$ 66,530,891</b>	<b>\$ 713,099,420</b>	<b>\$ 22,200,601</b>	<b>\$ 121,270,713</b>	<b>\$ 34,528,097</b>	<b>\$ (69,171,870)</b>	<b>\$ 888,457,852</b>

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

**CONSOLIDATING STATEMENT OF OPERATIONS**

Year Ended June 30, 2024

	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Holdings, Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Operating revenues:</b>							
Patient service revenues	\$ 635,818,021	\$ 725,568,499	\$ 14,099,706	\$ 20,391,250	\$ -	\$ (715,411)	\$ 759,344,044
Investment income	6,605,691	6,605,691	353,443	836,621	260,475	-	8,056,230
Other revenues	65,240,915	71,070,722	2,363,154	9,732,569	1,660,100	(17,886,918)	66,939,627
Total operating revenues	707,664,627	803,244,912	16,816,303	30,960,440	1,920,575	(18,602,329)	834,339,901
<b>Expenses:</b>							
Salaries, wages and fringe benefits	256,410,883	390,386,180	12,450,775	5,393,929	747,867	(715,411)	408,263,340
Supplies and other expenses	313,848,969	330,711,793	4,759,482	19,309,803	1,149,743	(17,886,918)	338,043,903
Depreciation and amortization	19,858,242	20,146,242	67,747	1,583,292	-	-	21,797,281
New Hampshire Medicaid Enhancement Tax	30,422,378	30,422,378	-	-	-	-	30,422,378
Interest	5,221,808	5,221,808	-	69,347	-	-	5,291,155
Total expenses	625,762,280	776,888,401	17,278,004	26,356,371	1,897,610	(18,602,329)	803,818,057
Income (loss) from operations	81,902,347	26,356,511	(461,701)	4,604,069	22,965	-	30,521,844
<b>Nonoperating gains (losses):</b>							
Investment gain, net	28,508,076	28,508,076	1,381,955	-	973,765	-	30,863,796
Other	6,693,873	2,700,374	-	(553,710)	42,221	(4,050,359)	2,188,885
Net periodic pension gain, net of service cost	1,430,620	1,616,606	40,862	-	-	-	1,657,468
Nonoperating gains (losses), net	36,632,569	32,825,056	1,422,817	(553,710)	1,015,986	(4,050,359)	34,710,149
Excess of revenues and nonoperating gains (losses) over expenses	118,534,916	59,181,567	961,116	4,050,359	1,038,951	(4,050,359)	65,231,993
Net transfers to affiliates	(55,760,000)	-	-	-	-	-	-
Net transfers to SolutionHealth, Inc.	(8,000,000)	(8,000,000)	-	-	-	-	(8,000,000)
Pension adjustment	(1,916,446)	(2,165,678)	(55,421)	-	-	-	(2,221,099)
Increase in net assets without donor restrictions	\$ 52,858,470	\$ 49,015,889	\$ 905,695	\$ 4,050,359	\$ 1,038,951	\$ (4,050,359)	\$ 55,010,894

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

**ELLIOT HEALTH SYSTEM AND AFFILIATES**

CONSOLIDATING BALANCE SHEET

June 30, 2023

ASSETS

	Obligated Group*	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Current assets:</b>								
Cash and cash equivalents	\$ 68,629,772	\$ 8,168	\$ 70,317,180	\$ 4,221,997	\$ 27,902,930	\$ 4,075,882	\$ -	\$106,526,157
Accounts receivable	52,315,166	-	56,846,165	1,360,749	2,370,828	-	-	60,577,742
Inventories	6,992,774	-	6,992,774	-	448,445	-	-	7,441,219
Amounts due from affiliates	3,435,143	-	349,222	(254,374)	332,199	87,061	-	514,108
Amounts due from SolutionHealth, Inc.	3,048,989	-	3,120,799	4,669	73,995	630	-	3,200,093
Other current assets	<u>6,352,387</u>	-	<u>6,515,727</u>	<u>105,730</u>	<u>5,474,262</u>	<u>895,695</u>	-	<u>12,991,414</u>
Total current assets	140,774,231	8,168	144,141,867	5,438,771	36,602,659	5,059,268	-	191,250,733
Property, plant and equipment, net	197,027,769	-	197,648,125	68,905	29,073,839	-	-	226,790,869
Operating lease right-of-use assets, net	9,704,129	-	9,704,129	-	46,941,850	-	-	56,645,979
Investments	156,344,991	-	156,344,991	-	-	-	-	156,344,991
Other assets:								
Investment in subsidiary	62,472,364	62,472,364	-	-	-	-	(62,472,364)	-
Other	<u>2,902,488</u>	-	<u>2,958,652</u>	-	<u>4,680,011</u>	<u>352,779</u>	<u>(371,245)</u>	<u>7,620,197</u>
Assets whose use is limited:								
Board designated and donor restricted investments	121,292,799	-	121,292,799	13,337,193	1,163,319	25,440,053	-	161,233,364
Employee benefit plans and other	30,560,330	-	30,560,330	-	-	-	-	30,560,330
Beneficial interest in perpetual trusts	<u>8,126,140</u>	-	<u>8,126,140</u>	-	-	-	-	<u>8,126,140</u>
Total assets	<u>\$ 729,205,241</u>	<u>\$ 62,480,532</u>	<u>\$ 670,777,033</u>	<u>\$ 18,844,869</u>	<u>\$ 118,461,678</u>	<u>\$ 30,852,100</u>	<u>\$ (62,843,609)</u>	<u>\$ 838,572,603</u>

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

LIABILITIES AND NET ASSETS

	Obligated Group*	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Current liabilities:</b>								
Accounts payable and accrued expenses	\$ 22,592,618	\$ 23,679,716	\$ 478,036	\$ 5,912,810	\$ 55,784	\$ -	\$ -	\$ 30,126,346
Accrued salaries, wages and related accounts	23,833,883	37,718,578	1,265,748	422,313	-	-	-	39,406,639
Accrued interest	1,507,219	1,507,219	-	130,720	-	-	(121,245)	1,516,694
Amounts payable to third-party payors	30,168,053	30,179,816	-	-	-	-	-	30,179,816
Amounts due to SolutionHealth, Inc.	9,683,499	9,686,566	-	-	-	-	-	9,686,566
Current portion of operating lease liabilities	1,847,712	1,847,712	-	4,011,683	-	-	-	5,859,395
Current portion of long-term debt and finance lease liabilities	8,332,732	8,332,732	-	654,766	-	-	(250,000)	8,737,498
<b>Total current liabilities</b>	97,965,716	112,952,339	1,743,784	11,132,292	55,784	(371,245)		125,512,954
Accrued pension	19,292,369	21,517,789	672,367	-	-	-	-	22,190,156
Self-insurance reserves and other liabilities	46,440,655	46,499,302	-	464,721	-	-	-	46,964,023
Operating lease liabilities, less current portion	7,885,119	7,885,119	-	43,034,101	-	-	-	50,919,220
Long-term debt and finance lease liabilities, less current portion	142,598,903	142,598,903	-	1,358,200	-	-	-	143,957,103
<b>Total liabilities</b>	314,182,762	331,453,452	2,416,151	55,989,314	55,784	(371,245)		389,543,456
<b>Net assets:</b>								
Without donor restrictions/owners' equity	399,013,149	323,314,251	15,930,817	62,472,364	13,611,129	(62,472,364)		415,336,729
With donor restrictions	16,009,330	16,009,330	497,901	-	17,185,187	-		33,692,418
<b>Total net assets</b>	415,022,479	339,323,581	16,428,718	62,472,364	30,796,316	(62,472,364)		449,029,147
<b>Total liabilities and net assets</b>	\$ 729,205,241	\$ 670,777,033	\$ 18,844,869	\$ 118,461,678	\$ 30,852,100	\$ (62,843,609)		\$ 838,572,603

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

**ELLIOT HEALTH SYSTEM AND AFFILIATES**  
**CONSOLIDATING STATEMENT OF OPERATIONS**

Year Ended June 30, 2023

	Elliot Health System	Elliot Hospital and Affiliates	Visiting Nurse Association of Manchester and Southern New Hampshire, Inc. and Affiliates	Elliot Health System Holdings, Inc. and Subsidiaries	Mary and John Elliot Charitable Foundation	Eliminations	Consolidated
<b>Operating revenues:</b>							
Patient service revenues	\$ 594,596,902	\$ 673,519,684	\$ 13,965,773	\$ 18,697,504	\$ —	\$ (635,262)	\$ 705,547,699
Investment income	5,514,646	5,514,646	188,116	114,786	138,172	—	5,955,720
Other revenues	54,005,076	52,562,457	730,161	9,590,552	1,453,326	(11,557,963)	52,778,533
Total operating revenues	<u>654,116,624</u>	<u>731,596,787</u>	<u>14,884,050</u>	<u>28,402,842</u>	<u>1,591,498</u>	<u>(12,193,225)</u>	<u>764,281,952</u>
<b>Expenses:</b>							
Salaries, wages and fringe benefits	247,194,234	368,213,959	12,698,804	4,930,607	743,111	(635,262)	385,951,219
Supplies and other expenses	264,351,635	270,741,443	2,758,112	18,223,226	1,094,238	(14,063,785)	278,753,310
Depreciation and amortization	19,249,449	19,541,776	89,662	2,263,013	—	—	21,894,451
New Hampshire Medicaid Enhancement Tax	28,595,535	28,595,535	—	—	—	—	28,595,535
Interest	5,604,959	5,604,959	—	78,121	—	(18,675)	5,664,405
Total expenses	<u>564,995,812</u>	<u>692,697,672</u>	<u>15,546,578</u>	<u>25,494,967</u>	<u>1,837,349</u>	<u>(14,717,722)</u>	<u>720,858,920</u>
Income (loss) from operations	(76)	38,899,115	(662,528)	2,907,875	(245,851)	2,524,497	43,423,032
<b>Nonoperating gains (losses):</b>							
Investment gain, net	11,544,558	11,544,558	785,199	—	1,694,526	—	14,024,283
Other	5,809,862	2,010,644	60,519	(672,453)	27,810	(4,759,919)	(1,097,977)
Net periodic pension gain, net of service cost	2,130,378	2,376,122	74,245	—	—	—	2,450,367
Nonoperating gains (losses), net	<u>19,484,798</u>	<u>15,931,324</u>	<u>919,963</u>	<u>(672,453)</u>	<u>1,722,336</u>	<u>(4,759,919)</u>	<u>15,376,673</u>
Excess of revenues and nonoperating gains (losses) over expenses	108,605,610	54,830,439	257,435	2,235,422	1,476,485	(2,235,422)	58,799,705
Net transfers (to) from affiliates	(53,730,000)	(4,000,000)	—	4,000,000	—	(4,000,000)	—
Net transfers to SolutionHealth, Inc.	(10,106,389)	(10,106,389)	—	—	—	—	(10,106,389)
Pension adjustment	5,767,685	6,070,496	139,370	—	—	—	6,209,866
Increase in net assets without donor restrictions	<u>\$ 50,536,906</u>	<u>\$ 46,794,546</u>	<u>\$ 396,805</u>	<u>\$ 6,235,422</u>	<u>\$ 1,476,485</u>	<u>\$ (6,235,422)</u>	<u>\$ 54,903,182</u>

\* Includes Elliot Health System and Elliot Hospital, exclusive of affiliates

CURRICULUM VITAE

W. GREGORY BAXTER, MD, FACEP

603.663.2402 (Office)  
gbaxter@Elliot-HS.org

PROFESSIONAL  
EXPERIENCE

ELLIOT HEALTH SYSTEM, MANCHESTER, NH

MAY 2003 - CURRENT

PRESIDENT

SEPTEMBER 2018 - CURRENT

*Elliot Health System is a non-profit organization serving the healthcare needs of the community since 1890. The largest provider of comprehensive healthcare services in Southern New Hampshire, Elliot Hospital, a 296-bed acute care facility and the first community hospital in the state, serves as the cornerstone of the health system. Elliot is home to Manchester's designated Regional Trauma Center, Elliot Breast Health Center, Elliot Urgent Care, a Level 3 Newborn Intensive Care Unit, Elliot Medical Group, Elliot Regional Cancer Center, Elliot Senior Health Center, Visiting Nurse Association of Manchester and Southern New Hampshire, 1-Day Surgery Center, Elliot Memory & Mobility Center, NH Arthritis Center, Elliot Retail Pharmacy, Elliot Medical Centers in Bedford, Londonderry, Hooksett, and The Elliot at River's Edge.*

- Lead the overall, day-to-day operations of Elliot Hospital and all of its subsidiaries. Be the liaison with the EHS and System Boards, the medical staff and all stakeholders of EHS as well as the SolutionNHealth Board and other regional leaders
- Define and lead the future vision for the organization. Guide the health system to be a premier patient-centered organization; supporting system level initiatives while balancing local needs, and ensure long-term institutional vitality and financial viability
- Guide the organization's strategy and operations with an emphasis on outstanding quality, operating performance and creating value throughout the network of providers
- Provide leadership by actively engaging both inside the hospital and in the community with other business and community leaders and be a visible leader who is part of the fabric of the community
- Optimize the cost structure and efficiencies of EHS while also advancing growth-oriented strategies that will expand services needed by the community
- Build and maintain strong and robust relationships with employed and independent providers throughout the region to maintain Elliot Health System's reputation for high quality care
- Advance initiatives focused on improving the health of the population, including behavioral health programs. Engage with community stakeholders and partner organizations that advance

- these important goals and services that serve the community
- Effectively balance local and regional needs, goals and objectives with system strategies. Build on the current strength and effective working relationship with the system while also effectively partnering with the local Board and key constituents for strategic planning and decision-making
- Continue to foster a culture of trust between administration, the Board, the community, and system leadership. Advance a culture of accountability, engagement and decision-making
- Advance EHS's goals and commitment to diversity and inclusion. Champion initiatives that celebrate and promote diversity in all forms

## Reporting Relationships

### COMBINATION INTEGRATION WORKGROUP

**MARCH 2017 - AUGUST 2018**

*Building on a 20-year clinical career and 10 years as an Elliot Executive I was asked to bring an innate knowledge of Elliot, the needs of the Manchester provider and patient community to bear in discussion with colleagues at Southern New Hampshire Health. Worked closely with all members of the combination team most notably internal and external legal and financial experts, providing clinical input in the regulatory review process.*

- Served as sole clinical leader until late stages of definitive agreement development
- Served as a key spokesperson in public forums
- Assisted the team in developing definitive agreement and securing regulatory approval

### SENIOR TEAM LEAD

**JANUARY 2017 - AUGUST 2018**

*Directed activities of Senior Leadership Team, providing guidance and oversight concerning both day to day operations and strategic decision making, securing board approval of a multi-year capital plan, executing major elements of our strategic plan. Led EMG and EHS to arrive at and commit to a vision to be "Your First Choice to Give and Receive Care". The vision represents two simultaneously important goals that serve to guide decision making at all levels of the organization.*

- Advanced Elliot's long standing relationship with the premier local medical and radiation oncology groups, now in final stages of contractual commitments to provide clinical service to Elliot's regional cancer center
- Directed the efforts to secure physician resources to close remaining gaps in
- Elliot's pursuit of American College of Surgeons Level 2 certification in 2019
- Provided support and decision making to senior team to develop FY 19 budget including three-month transitional budget to move to October 1 FY start
- Continued to mature Elliot Management System across ambulatory and acute care services consisting of coaching and facilitating daily huddles at unit level to surface opportunities, increase communication, celebrate success, and monitor progress on strategic imperatives
- Led EHS to understand that continuous improvement strategies and

execution

supports achieving our vision by eliminating waste which enhances provider and patient experience, positioning EHS to win the business of patients, providers and staff as a critical growth strategy

- Directed EMG leadership to implement management system across 14 ambulatory sites by fall of 2018 and executed management system enhancements across 5 acute care services to date.
- Executed system wide safety and operations huddle now hardwired after one year  
enjoying enthusiastic support across EHS

#### **CO-EXECUTIVE OF ELLIOT HEALTH SYSTEM**

**MAY 2016 - JANUARY 2017**

*Upon resignation of CEO, assumed co-executive role to support executing Elliot Health System strategic plan including the selection of affiliation partner and the development and execution of a definitive agreement.*

- Supported board activities and decision making by functioning as co-lead for Elliot in negotiations with prospective partners and internally to medical staff and employees
- Developed firsthand knowledge of the complex evaluation, definitive agreement process and work-streams associated with acquisition activity

#### **ACTING CHIEF OF CLINICAL OPERATIONS**

**SEPTEMBER 2015 - APRIL 2017**

*Assumed duties of COO, on-boarded new Chief Nursing Officer, selected VP of Professional and Support Services. Led senior team in execution of strategic plan and FY'16 tactics achieving best performance since EHS was formed. Established improved quality structure with dual focus on quality assurance activities and introduction of continuous improvement staff, methods, and initiatives to achieve operational improvements that enhance safety, quality, cost, and engagement of providers and staff and combines the best aspects of lean, evidence-based learning with focus on the PDSA concepts.*

- Achieved an operating margin of 4.9%
- Improved quality as harm events decreased by over 20% over annual run rate
- Developed Center for Clinical Excellence to add internal EHS resources to coach and facilitate management staff and clinical leaders in all elements of the Elliot Management System

#### **SENIOR VICE PRESIDENT, MEDICAL AFFAIRS**

**AUGUST 2011 - CURRENT**

*Assumed additional responsibilities to include leadership of Quality Department, development of clinical data management and analysis to support improved clinical operations and performance. Transformed EHS quality department into Center for Clinical Excellence, requiring quality and operations to be synonymous with a relentless focus on Continuous Improvement, data and analytics to support evidence-based decision making in concert with EHS strategic plan to best serve our community.*

#### **CHIEF MEDICAL OFFICER**

**NOVEMBER 2009 - AUGUST 2018**

*Responsible for medical staff leadership and oversight for Elliot Health System. Assumed overall leadership role for network in fall of 2014, leading to restructure*

*of network management structure to mature network capability as a distinct corporate entity. Led recruitment efforts to support both acute care and ambulatory specialization and strategic planning of network development. Led communication of our employed primary care and Specialists provider group transition and re-launch as Elliot Medical Group.*

- Grew Elliot Physician Network to over 300 providers ranging from primary care to inpatient critical care: neonatology and adult
- Led process to develop successful urgent care strategy, providing 50,000 new UC visits each year leading to development of third site opening in summer 2018
- Launched specific provider alignment campaign to respond to needs identified in provider satisfaction survey focusing on communication, leadership development and administrative capability
- Developed and introduced new compensation model to blend productivity with quality and citizenship components in 2016 without provider losses
- In 2017, developed 5-year strategic plan for employed physician group focused on achieving the quadruple aim
- Simultaneously restructured operations to support ambulatory and acute care as distinct services with supporting medical, nursing and administrative leadership
- Performed in depth assessment of leadership resulting in new physician leadership and extensive recruit of new administrative leadership in key services
- Directed an aggressive recruiting process with enhanced physician engagement yielding 15 Primary Care recruits and multiple critical specialists
- Built out physician capability in vascular and orthopaedic surgery as well as gastroenterology while succession planning and execution in pulmonary leading to enhanced tumor diagnostics
- In concert with physician leadership in Breast Center and Thoracic Surgery, recruited two plastic and one minimally invasive thoracic surgeon
- Rebuilding of Trauma and Acute Care Surgery Service, recruiting 2 staff trauma surgeons and a Medical Director
- Positioned EMG to successfully add over 3,000 patients in FY'18 with expected growth of over 15,000 over next 24 months

**VICE PRESIDENT, MEDICAL AFFAIRS**

**SEPTEMBER 2008 - 2011**

*Serve as a liaison to the Medical Staff, Board and Management. Develop policies and programs and provided direction and leadership to improve clinical performance for the health system. Lead role in credentialing and privileging activities.*

**EHS COMMITTEE PARTICIPTION (SELECTED)**

Fiduciary Committee	January 2017 - current
Quality Management Committee of the Board	March 2009 - current
Medical Executive Committee	October 2008 - current
Credentials Committee	October 2008 - current
Multi-Specialty Review Committee	May 2008 - current
Performance Enhancement Committee	June 2003 -2017
Trauma Committee	June 2003 - Sept. 2008

## EHS BOARD SERVICE

Benevera Health

December 2015-current

(JV between EHS, HPHC, DH-H, Frisbie, and St Joseph's)

Everwell Health

February 2014- April 2018

(JV between EHS and DH-H)

## EMERGENCY MEDICINE

Attending Physician Emergency Medicine

May 2003 - current

Medical Director - Emergency Department

May 2003 - Sept. 2008

50,000 visits/year, Level 2 Regional Trauma Center

12,000 visits/year Urgent Care

Administrative

May 2003 - Sept. 2008

Successfully responded to competitive RFP process, founding independent EM physician group practice. Directed clinical operation of 16 emergency physicians and 10 mid-level providers. Established and monitored on-going quality initiatives. Initiated bedside ultrasound program by emergency physicians. Coordinated joint venture with Elliot intensivist/hospitalist to create model for early goal directed therapy for sepsis. Established New Hampshire's first Pediatric Emergency Department, hired 2 pediatric Emergency Medicine Physicians.

## GRANITE HEALTHCARE NETWORK

JANUARY 2012 - 2013

*Medical Director of a five hospital network dedicated to improving the value of health care provided to our communities by collaborating to reduce expenses and to improve the quality of care delivered. Directed EHS efforts that achieved improved performance resulted in the network leading on quality and total medical cost. Served as clinical expert in efforts development of provider-owned health plan.*

- Achieved over \$1 million in shared savings annually through engagement with CIGNA
- Led GHN efforts to understand and select a predictive modeling vendor and participated in establishment of predictive analytics including selecting data warehouse and software applications
- Utilized Verisk to assess our patient population, identifying clinical initiatives to include initial assessment of LBP and management of asthma

## NH ACCOUNTABLE CARE PARTNERS

JANUARY 2014 - DECEMBER 2015

*Medical Director for four hospital Medicare Shared Savings Program ACO. Oversaw successful addition of two new Hospital-based health systems to the ACO. Led the process to identify and execute on the quality program for the ACO.*

- Achieved exceptional quality scores ranked at top 5<sup>th</sup> percentile performance in MCR ACO nationally

Clinical, Emergency Medicine July 1998 - June 2003  
 Attending Physician & Clinical Instructor

Administrative Nov. 1999 - June 2003  
 Director of Compliance and Documentation  
 Improved physician documentation to appropriately support \$1 million increase in collections. Developed monthly review of physician performance and documentation. Instituted monthly educational sessions for physicians to address current CPT/HCFA guidelines. Developed Facility Template to assign level of service consistent with APC guidelines.

On-Call Administrator Nov. 1999 - June 2003  
 Trauma Interdisciplinary Peer Review Committee 1999 - 2000  
 Credentialing Committee 1999 - June 2003  
 Emergency Medicine Residency Selection Committee 1999-2000

**EDUCATION**

B.S. Biology, Cum Laude - Saint Michael's College, Colchester, Vermont May 1991  
 M.D., University of Vermont College of Medicine, Burlington, Vermont May 1995  
 M.B.A University of Massachusetts Enrolled January 2017

**POST-GRADUATE TRAINING**

Emergency Medicine Residency, July 1995 - June 1998  
 University of Massachusetts Medical Center  
 Flight Physician New England Life Flight July 1996 - July 1998  
 Chief Resident July 1997 - June 1998

**CERTIFICATION**

American Board of Emergency Medicine Nov. 1999 - current  
 Advanced Cardiac Life Support July 1995  
 Advanced Pediatric Life Support July 1995  
 Advanced Trauma Life Support Jan. 1996, Jan. 2000, April 2003 - current

**COMMUNITY SERVICE** Manchester community Health Center Board  
Manchester Community Health Center Board quality committee  
Healthy Manchester Steering team (collaborative with Manchester Public Health Dept.)

**PROFESSIONAL SOCIETIES** American College of Emergency Physicians  
American College of Physician Executives

**AWARDS AND HONORS** Alpha Omega Alpha Society **May 1995**  
Union Leader 40 under 40 **2008**

**RESEARCH AND PUBLICATIONS** Elevated Serum Creatinine as a Marker for Isopropanol Ingestion **May 1998**  
Abstract presented at regional and national meeting of Society of Academic Emergency Medicine

**LICENSURE** New Hampshire: 11895  
Massachusetts: 154806 (inactive)

**INTERESTS**

[REDACTED]

**REFERENCES** Available upon request