

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION
 P.O. BOX 1806
 CONCORD, NH 03302-1806
 603-271-5610 FAX: 888-908-6609
 TDD ACCESS: 1-800-735-2964
 www.corrections.nh.gov

44 - 6/17/26

WILLIAM RYAN HART, JR.
 COMMISSIONER

 JESSICA A. KURON
 ASSISTANT COMMISSIONER

May 28, 2026

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

REQUESTED ACTION

Authorize the NH Department of Corrections (NHDOC) to exercise the option to renew the existing **sole source** contract with Androscoggin Valley Hospital, Inc. (VC# 177220), 59 Page Hill Road, Berlin, NH 03570, for the provision of Inpatient and Outpatient Medical Services in the amount of \$4,460,295.78, from \$3,826,800.00 to \$8,287,095.78 effective upon Governor and Council approval for the period of July 1, 2026 through June 30, 2029. The original contract agreement was approved by Governor and Council on June 28, 2023, item #109. 100% General Funds.

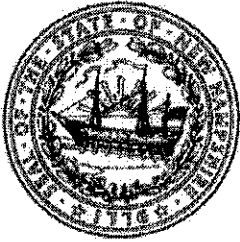
Funding is available for FY 2027 and anticipated to be available for FY 2028 and FY 2029 in account: Medical-Dental: 02-46-46-465010-82340000-101-500729 upon the continued appropriation of funds in the future operating budget(s) with the authority to adjust encumbrances within the price limitation through the Budget Office if needed and justified.

Androscoggin Valley Hospital, Inc.					
Account	Description	FY 2024	FY 2025	FY 2026	Total
02-46-46-465010-82340000-101-500729	Medical-Dental	\$1,213,894.00	\$1,274,588.00	\$1,338,318.00	\$3,826,800.00
Amendment 1					
Account	Description	FY 2027	FY2028	FY2026	Total
02-46-46-465010-82340000-101-500729	Medical-Dental	\$1,407,910.54	\$1,485,345.62	\$1,567,039.62	\$4,460,295.78
Total Contract Amount					\$8,287,095.78

EXPLANATION

The New Hampshire Department of Corrections (NHDOC) is seeking to enter into a **sole source** contract amendment with Androscoggin Valley Hospital, Inc. (AVH) for the provision of Inpatient and Outpatient Medical Services. NHDOC originally entered into this sole source agreement with AVH beginning July 1, 2023.

This is a **sole source** contract agreement with AVH due to its close proximity to the Northern New Hampshire Correctional Facility (NNHCF) and its ability to efficiently support the facility's operational, medical and security needs. While other critical access hospitals operate within the broader North Country region, AVH's location in Berlin provides the most practical and timely access to emergency and specialized medical care, hospital admissions, and continuity of care. Utilizing AVH helps reduce transportation time and delays in



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WILLIAM RYAN HART, JR.
COMMISSIONER

JESSICA A. KURON
ASSISTANT COMMISSIONER

AMENDMENT AGREEMENT # 1

This amendment is between the State of New Hampshire, acting by and through the STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS ("NHDOC", "State" or "Department"), and ANDROSCOGGIN VALLEY HOSPITAL, INC. (VC # 177220), ("Contractor"), a New Hampshire Non-Profit Corporation with a place of business at 59 Page Hill Road, Berlin, NH 03570

WHEREAS, the State and Contractor entered into a Sole Source Agreement with an effective date of July 1, 2023, for the provision of Inpatient and Outpatient Medical Services with Androscoggin Valley Hospital ("Agreement").

WHEREAS, the State and the Contractor have agreed to make changes to the Completion Date and increase the Price Limitation of the Agreement, and

WHEREAS, the parties agree to increase the Price Limitation, and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended only by instrument in writing signed by the parties and after approval of such amendment by the NH Governor and Council.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the original Agreement and set forth herein, the parties hereto agree as follow:

To amend as follows:

1. Form P-37, General Provisions, Block 1.7, Completion Date, to read: "June 30, 2029".
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read: "\$8,287,095.78" a total increase of \$4,460,295.78.
3. Scope of Services, Exhibit B, Section 4.2.1., and 4.2.2 to read:
 - 4.2.1 Outpatient Services: Contractor shall provide outpatient services at 110% of the reimbursement rates established for the Contractor as a critical Access Hospital by the Medicare Administrative Contractor with jurisdiction over the Contractor, in accordance with Medicare reimbursement principles.
 - 4.2.2. NHDOC shall reimburse Contractor for outpatient services at 110% of the applicable Medicare established rate for the Contractor, as determined by the Medicare Administrative Contractor with jurisdiction over the Contractor, and in effect on the date of service. Such rates should include interim rates and shall be subject to adjustment and final reconciliation in accordance with Medicare.

Add:

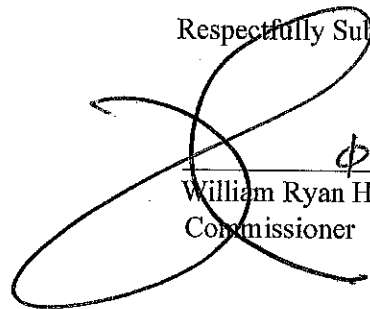
 - 4.2.3 Contractor shall notify NHDOC in wiring of any changes to its Medicare established Critical Access Hospital outpatient reimbursement rates within ten (10) business days of receipt

accessing medically necessary services, increases staffing efficiency and ensures continuity of care mitigating adverse health outcomes.

NHDOC utilizes hospital-based services to provide healthcare that cannot be delivered within its facilities. These services are necessary for incarcerated individuals experiencing acute illness or injury that exceed the scope of on-site primary care and may require short-term or long-term treatment. The contract includes, but it is not limited to, inpatient surgery, medical services and outpatient procedures such as ambulatory surgery, diagnostic services, specialized treatment interventions and emergency care.

NNHCF provides secure housing for 598 inmates as of May 13, 2026. Correctional institutions are required to provide constitutionally adequate healthcare and access to hospital-based services as part of meeting this constitutional standard.

Respectfully Submitted,



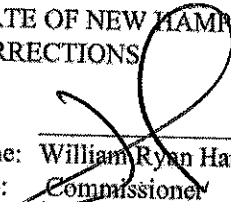
05-28-2026
William Ryan Hart, Jr.
Commissioner

of such determination or adjustment from the Medicare Administrative Contractor. Such notice shall include supporting documentation evidencing the updated rates.

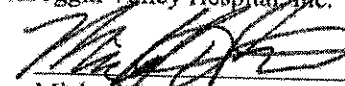
- 4. "Amendment #1 exercises the option to renew for one (1) additional period of up to three (3) years and shall become effective upon Governor and Council for the period of July 1, 2026 through June 30, 2029 with the recommendation of the Commissioner of the NHDOC and upon Governor and Council (G&C) approval."
- 5. That all other provisions of the original Agreement shall remain in full force and effect.

SIGNATURE PAGE TO AMENDMENT AGREEMENT #1 TO: Inpatient and Outpatient Hospital Medical Services June 28, 2023 ("Agreement") .

STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

By: 
Name: William Ryan Hart, Jr.
Title: Commissioner
Date: 05-28-2026

Androscoggin Valley Hospital, Inc.

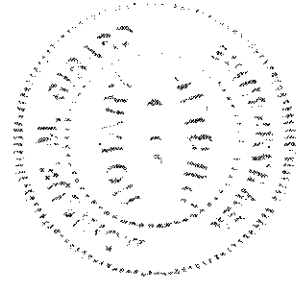
By: 
Name: Michael Peterson, FACHE
Title: President and Chief Executive Officer
Date: 5/27/2026

STATE OF NEW HAMPSHIRE
COUNTY OF COOS

On this 27TH day of MAY 20 26, before me, MONIQUE GUARD the undersigned officer, personally appeared MICHAEL PETERSON known to me (or satisfactorily proven) to be the person whose name is signed above and acknowledged that he/she executed this document in the capacity indicated above.

In witness thereof, I hereto set my hand and official seal.

Mouignie M Guard
Notary Public/Justice of the Peace



My Commission Expires: October 4, 2027

SAAG Mike Grandy

Approval by NH Attorney General
(Form, Substance and Execution)

May 28, 2025

Date

Approved by the NH Governor and Executive Council

Date

State of New Hampshire

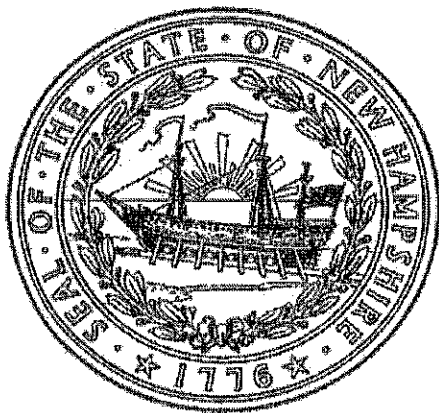
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ANDROSCOGGIN VALLEY HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 28, 1969. 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: 61184

Certificate Number: 0007902821



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of April A.D. 2026.

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

David M. Scanlan
Secretary of State

Certificate of Authority # 2

(Corporation, Non-Profit Corporation)

Corporate Bylaws

I, Jay Povlin hereby certify that I am duly elected Clerk/Secretary/Officer of
(Name)
AVH. I hereby certify the following is a true copy of the
(Name of Corporation)

current Bylaws or Articles of Incorporation of the Corporation and that the Bylaws or
Articles of Incorporation authorize the following officers or positions to bind the
Corporation for contractual obligations President / CEO.
(list officer titles or position)

I further certify that the following individuals currently hold the office or positions
authorized: Mike Peterson
(list individuals holding positions authorized)

I further certify that it is understood that the State of New Hampshire will rely on this
certificate as evidence that the person listed above currently occupies the position indicated
and that they have full authority to bind the corporation. This authority **shall remain valid**
for thirty (30) days from the date of this certificate.

DATED: 5/28/2026 ATTEST: Jay Povlin, Secretary
(Name & Title)

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Androscoggin Valley Hospital NorthCare, Inc. 59 Page Hill Road Berlin, NH 03570	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

State of NH, Department of Corrections is Additional Insured with respect to the General Liability and Professional Liability insurance coverage referenced herein as as required by written contract.

INSURER AFFORDING COVERAGE: Professional Security Insurance Company

NAIC#: 11811

POLICY NUMBER: HPL 09121499 EFF DATE: 10/01/2025 EXP DATE: 10/01/2026

ADDITIONAL INSURED: Y

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Medical Professional Liability	Each Medical Incident	\$1,000,000
Claims-made	Annual Aggregate	\$3,000,000

NONPROFIT COVER SHEET

A. Entity Name: Androscoggin Valley Hospital

B. Entity's Contact Information:

Person responsible for Accuracy and Completeness of information provided:

Name: Michael Peterson Title: CEO/President

Signature:  _____

Additional Contact:

Name / Phone / Email: michael.peterson@northcountryhealth.org / (603) 326-5634

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President)	<u>Affiliations</u>
David Backler (Chair)	SAU 20
Martha Laflamme (Vice Chair)	Retired
Jay Poulin (Secretary)	HEB Engineers, Inc.
Tyler White (Treasurer)	St. Mary's Bank
Thomas McCue	The Law Office of Thomas F. McCue, PLLC
Christy Langlois	NH Foodbank
Daniel van Buren, MD	Concord Hospital/Androscoggin Valley Hospital/North Country Healthcare
Javier Cardenas, MD	Hospital Medicine Solutions/Androscoggin Valley Hospital/North Country Healthcare
Jessica Locke	North Country Home Health and Hospice Agency/North Country Healthcare
Jessie Perkins	Independent Contractor
Michael Peterson	Androscoggin Valley Hospital/North Country Healthcare
Tom Mee	North Country Healthcare
Luc Corriveau	Androscoggin Valley Hospital/North Country Healthcare

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

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Michael Peterson	CEO/President	\$ 360,043.20	\$ 0.00
Matthew Streeter	NCH CFO	\$ 346,072.00	\$ 0.00
Tiffany Haynes	NCH CNO	\$ 278,096.00	\$ 0.00
Mark Morgan, MD	NCH CMO	\$ 602,680.00	\$ 0.00
Angie Schierer	NCH Director of Ambulatory Services	\$ 234,291.20	\$ 0.00

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

E. Check one of the following:

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

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

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

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

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

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

FINANCIAL DISCLOSURES

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

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

1. INCOME STATEMENT

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

FINANCIAL DISCLOSURES (cont.)

2. BALANCE SHEET

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

WIPFLI

Androscoggin Valley Hospital, Inc. and Subsidiaries

Consolidated Financial Statements and
Supplementary Information

Years Ended September 30, 2025 and 2024

Androscoggin Valley Hospital, Inc. and Subsidiaries

Years Ended September 30, 2025 and 2024

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Independent Auditor's Report

Board of Directors
Androscoggin Valley Hospital, Inc. and Subsidiaries
Berlin, New Hampshire

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Androscoggin Valley Hospital, Inc. and Subsidiaries (the "Hospital"), which comprise the consolidated balance sheets as of September 30, 2025 and 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2025 and 2024, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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 Auditor's Responsibilities for the Audit of the consolidated financial statements section of our report. We are required to be independent of the Hospital 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 Hospital's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

Wipfli LLP

Wipfli LLP
Eau Claire, Wisconsin
March 13, 2026

Androscoggin Valley Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets

<i>September 30,</i>	2025	2024
<i>ASSETS</i>		
Current assets:		
Cash and cash equivalents	\$ 11,782,880	\$ 10,881,133
Patient accounts receivable - Net	13,493,366	13,071,667
Other accounts receivable	422,490	479,537
Inventories	1,732,280	1,736,783
Prepaid expenses	432,802	472,939
Total current assets	27,863,818	26,642,059
Assets limited as to use - Board designated for capital expenditures	21,195,715	19,649,026
Property and equipment – Net	20,069,850	22,095,578
Other assets	6,006	9,069
Total Assets	\$ 69,135,389	\$ 68,395,732

Androscoggin Valley Hospital, Inc. and Subsidiaries

Consolidated Balance Sheets (Continued)

September 30,	2025	2024
<i>LIABILITIES AND NET ASSETS</i>		
Current liabilities:		
Current portion of long-term debt	\$ 995,388	\$ 972,555
Accounts payable and accrued expenses	1,918,098	3,795,919
Accrued payroll and payroll taxes	1,627,376	1,455,655
Accrued vacation payable	1,104,454	1,048,932
Amounts payable to third-party reimbursement programs	3,773,015	4,575,484
Due to related parties - Net	1,132,327	971,432
Total current liabilities	10,550,658	12,819,977
Long-term debt - Less current portion	367,973	1,422,183
Total liabilities	10,918,631	14,242,160
Net assets:		
Without donor restrictions	58,172,996	54,109,810
With donor restrictions	43,762	43,762
Total net assets	58,216,758	54,153,572
Total liabilities and net assets	\$ 69,135,389	\$ 68,395,732

See accompanying notes to consolidated financial statements.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

<i>Years Ended September 30,</i>	2025	2024
Net assets without donor restrictions:		
Revenue:		
Net patient service revenue	\$ 93,828,710	\$ 84,825,291
Other revenue	3,864,460	2,864,833
Total revenue	97,693,170	87,690,124
Expenses:		
Salaries and wages	30,302,317	28,862,800
Employee benefits	9,591,568	8,725,971
Supplies and other	44,901,226	41,431,476
Interest	36,665	52,855
Depreciation	3,553,667	4,028,116
Total expenses	88,385,443	83,101,218
Income from operations	9,307,727	4,588,906
Non-recurring accounts receivable adjustments (See Note 1)	(6,783,978)	-
Other income (expense):		
Investment income	1,555,360	3,322,142
Contributions and donations - Net	(48,309)	(164,364)
Gain (loss) on disposal of property and equipment	35,450	(414)
Loss on abandonment of project	-	(1,720,091)
Other	(3,064)	(1,394)
Total other income (expense) - Net	1,539,437	1,435,879
Increase in net assets without donor restrictions	4,063,186	6,024,785
Net assets at beginning	54,153,572	48,128,787
Net assets at end	\$ 58,216,758	\$ 54,153,572

See accompanying notes to consolidated financial statements.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended September 30,	2025	2024
Increase (decrease) in cash and cash equivalents:		
Cash flows from operating activities:		
Change in net assets	\$ 4,063,186	\$ 6,024,785
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	3,553,667	4,028,116
(Gain) Loss of disposal of property and equipment	(35,450)	414
Loss on abandonment of project	-	1,720,091
Net realized and unrealized gains on investments, including assets limited as to use	(943,284)	(3,228,490)
Changes in operating assets and liabilities:		
Patient and other receivables - Net	(364,652)	3,797,930
Inventories	4,503	(710,393)
Prepaid expenses	40,137	373,889
Accounts payable and accrued expenses	(1,877,821)	(2,552,897)
Accrued compensation and other	227,243	(9,051,124)
Due to related parties - Net	160,895	(348,319)
Amounts payable to third-party reimbursement programs	(802,469)	(4,775,068)
Total adjustments	(37,231)	(10,745,851)
Net cash provided by (used in) operating activities	4,025,955	(4,721,066)
Cash flows from investing activities:		
(Increase) decrease in assets limited as to use	(603,405)	13,922,230
Proceeds from disposal of property and equipment	35,450	3,000
Purchases of property and equipment	(1,527,939)	(3,018,044)
Decrease in other assets	3,063	1,394
Net cash provided by (used in) investing activities	(2,092,831)	10,908,580
Cash flows from financing activities - Principal payments on long-term debt	(1,031,377)	(928,094)
Net increase (decrease) in cash and cash equivalents	901,747	5,259,420
Cash and cash equivalents - Beginning of year	10,881,133	5,621,713
Cash and cash equivalents - End of year	\$ 11,782,880	\$ 10,881,133
Supplemental cash flow information:		
Cash paid for interest	\$ 36,665	\$ 52,855

See accompanying notes to consolidated financial statements.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies

The Entities

Androscoggin Valley Hospital, Inc. and Subsidiaries is a not-for-profit corporation which operates a 25-bed Critical Access Hospital ("CAH") providing inpatient and outpatient health care services, as well as emergency and specialty care through specialty physician/provider clinics, to patients in Berlin, New Hampshire and the surrounding communities. Androscoggin Valley Hospital, Inc.'s subsidiaries include Northcare, the former parent of the Hospital, which is now an inactive entity, and Androscoggin Valley Hospital Foundation, Inc. (the "Foundation"), a non-stock, not-for-profit corporation that was established as a supporting organization.

North Country Healthcare, Inc. ("NCH") is the sole corporate member of the Hospital. NCH is also the parent company of Weeks Medical Center ("WMC"), Upper Connecticut Valley Hospital ("UCVH"), and North Country Home Health & Hospice Agency, Inc. ("NCHHA").

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Androscoggin Valley Hospital, Inc. and its wholly owned or controlled subsidiaries (collectively the "Hospital"). All material intercompany accounts and transactions have been eliminated in consolidation.

Consolidated Financial Statement Presentation

The Hospital follows accounting standards set by the Financial Accounting Standards Board (FASB) Accounting Standards Codification ("ASC"). The ASC is the single source of authoritative accounting principles generally accepted in the United States ("GAAP") to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Cash Equivalents

The Hospital considers highly-liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts limited as to use.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Assets Limited as to Use and Investment Income

Assets limited as to use include assets designated by the Board of Directors for future capital improvements and expansion over which the Board of Directors retains control and may at its discretion subsequently use for other purposes, including funds held by the Foundation for similar purposes, and funds set aside in an investment account for a deferred compensation plan.

Investments, which are included as assets limited as to use, are measured at fair value in the accompanying consolidated balance sheets and are considered trading securities unless are restricted by donor or law.

Investment income or loss (including realized gain (loss) on investments, interest, and dividends, net of investment fees) is reported as other income (expenses) and is included in revenue in excess (deficiency) of expenses unless the income is restricted by donor or law. Realized gains or losses are determined by specific identification.

The Hospital monitors the difference between the cost and fair value of its investments. If investments experience a decline in value that the Hospital determines is other than temporary, the Hospital records a realized loss in investment income.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The Hospital measures fair value of its financial instruments using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Accounts Receivables and Credit Policy

Patient accounts receivable is reported at the amount that reflects the consideration to which the Hospital expects to be entitled, in exchange for providing patient care services. Patient accounts receivable are recorded in the accompanying consolidated statements of financial position net of contractual adjustments and implicit price concessions which reflects management's estimate of the transaction price. The Hospital estimates the transaction price based on, negotiated contractual agreements, historical experience, and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions and is recorded through a reduction of gross revenue and a credit to patient accounts receivable. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

The Hospital does not have a policy to charge interest on past due accounts.

Inventories

Inventories consist primarily of medical supplies, general supplies, and pharmaceuticals and are stated at the lower of cost or net realizable value with cost determined using first in first out (FIFO) method.

Property, Equipment and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives range from three to twenty-five years for major movable equipment, and from five to thirty years for land improvements, building, building service equipment, fixed assets, and leasehold improvements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports expirations of donor restrictions when the donated or acquired long-lived assets are placed into service.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Impairment of Long-Lived Assets

The Hospital periodically evaluates the recoverability of its long-lived assets, which consists primarily of property and equipment with estimated useful lives, whenever events or changes in circumstance indicate that the carrying value may not be recoverable. If the recoverability of these assets is unlikely because of the existence of factors indicating impairment, an impairment analysis is performed using a projected undiscounted cash flow method. Management must make assumptions regarding estimated future cash flows and other factors to determine the fair value of these respective assets. If the carrying amounts of the assets exceed their respective fair values, the carrying value of the underlying assets would be adjusted to fair value and an impairment loss would be recognized. During 2025 and 2024, the Hospital determined that no evaluations of recoverability were necessary.

Although no formal evaluations of recoverability were completed, during 2024, the Hospital recognized that the preliminary costs related to a facility renovation project which was no longer deemed to meet the future needs of the Hospital were written off as a loss on abandonment in the accompanying statements of operations and changes in net assets. These amounts had been in construction in progress within property and equipment for a period of time and the Hospital determined the project as was being planned would no longer continue under the majority of its planning, and any project in the future would require significant additional preliminary work and there would be little if any value to the current amounts included in construction in progress, so as a result the prior costs were written off in 2024. No similar items or events occurred in 2025.

Asset Retirement Obligation

ASC Topic 410-20, *Accounting for Conditional Asset Retirement Obligation*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Management has considered ASC Topic 410-20, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Hospital may settle the obligation is unknown and cannot be estimated. As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of September 30, 2025 and 2024.

Net Assets

Net assets without donor restrictions consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Hospital. Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose, or those assets restricted by donors to be maintained by the Hospital in perpetuity.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Revenue in Excess of Expenses

The accompanying consolidated statements of operations and changes in net assets include the classification of revenue in excess of expenses, which is considered the operating indicator. Changes in net assets without donor restrictions, which are excluded from the operating indicator include items such as permanent transfer of assets to and from affiliates for other than goods and services and contributions for property and equipment.

Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided. Revenue from performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Generally, the majority of patient care services provided in or by the Hospital, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed and recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

Because the Hospital's performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The Hospital used the following factors to develop portfolios: major payor classes, type of service (i.e. inpatient, outpatient, emergency, clinic, etc.), and geographic location. Using historical collection trends and other analyses, the Hospital evaluated the accuracy of its estimate and determined that recognizing revenue by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach was used.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Organization considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care, other insurance, patient, etc.) have different reimbursement/payment methodologies
- Length of the patient's service/episode of care
- Geography of the service location
- Line of business that provided the service (for example, hospital, clinic, etc.)

The Hospital determines the transaction price, which involves significant estimates and judgement, based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience for each patient portfolio based on payor class and service type.

The Hospital has agreements with third-party payors that typically provide for reimbursement at amounts that vary from its established charges. A summary of the basis of reimbursement with major third-party payors follows for hospital services:

- Medicare: The Hospital is designated as a critical access hospital (CAH). As such, all inpatient, swing bed, and outpatient hospital services are paid based on a cost-reimbursement methodology, except for certain types of laboratory, radiology, and professional services provided to Medicare beneficiaries, which are reimbursed on prospectively determined fee schedules.
- Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are paid based on a cost-reimbursement methodology. The State of New Hampshire also enacted in 2021 a directed payment program for hospitals participating in the Medicaid program in which payments are paid in support of healthcare services provided to Medicaid and low-income beneficiaries to the providers that care for these patients, including the Hospital.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The Medicaid directed payment program is funded through a tax that is imposed by the State of New Hampshire on the gross patient service revenue of every hospital in the state. The funds generated from this tax and from federal matching funds are disbursed to the hospitals through the Medicaid directed payment program. The Medicaid directed payment program replaced the previous Medicaid Disproportionate Share Hospital ("DSH") payment program which was funded through federal and state allotments in order to provide financial assistance to hospitals that served a large proportion of low-income patients. Amounts received under the DSH payment program were subject to audit and therefore subject to change; however, the direct payment program is not subject to future audit as amounts are determined prospectively based on prior filings by each hospital. The Hospital incurred Medicaid enhancement taxes, which were paid to the State of New Hampshire to assist in funding the Medicaid direct payment program, of approximately \$4,896,000 and \$3,428,000 during 2025 and 2024, respectively which is included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets.

Under federal legislation known as the One Big Beautiful Bill ("OBBB"), which was signed into law on July 4, 2025, significant changes will be implemented and are anticipated to start in 2026 to federal spending on Medicaid and the Affordable Care Act. The Medicaid directed payment program, as well as other programs which receive federal funding, are currently being reviewed by the State of New Hampshire to determine any potential impacts or changes to funding or programs in the future.

- Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, and fee schedules.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. Because of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims, or penalties would have upon the Hospital.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The Centers for Medicare and Medicaid Services ("CMS") uses recovery audit contractors ("RACs") to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Hospital has not been notified by the RAC of any potential significant reimbursement adjustments. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price related to settlements with third-party payors, were not significant in 2025 and 2024.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical experience and contract terms. During 2025, the Hospital noted an additional amount of write-offs of patient accounts receivable related both to prior year and current year dates of service for a variety of items including patients not paying according to payment terms, inability to collect balances, appeal issues with third-party payors, and contract limits related to the amount of time the Hospital has to file a claim for services to third-party payors, among other collection challenges. The total amount above and beyond amounts allowed for typical payment patterns, and estimates for transaction prices and implicit price concessions is reflected as non-recurring accounts receivable adjustments in 2025 in the accompanying consolidated statements of operations.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients. In accordance with New Hampshire state statute 151:12-b, *Hospital Rates for Self-Pay Patients*, the Hospital accepts as payment in full from uninsured payments amounts no greater than amounts generally billed and received by the Hospital for that service for patients covered by health insurance for similar services. This policy did not change in 2025 and 2024.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The promised amount of consideration from patients and third-party payors have not been adjusted for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

All incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Hospital otherwise would have recognized is one year or less in duration.

Charity Care

The Hospital provides care to patients who meet criteria under its financial assistance policy without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as net patient service revenue.

The estimated cost of providing care to patients under the Hospital's financial assistance policy is calculated by multiplying the ratio of cost to gross charges for the Hospital times the gross uncompensated charges associated with providing charity care.

Contributions and Gifts

Contributions are considered available for unrestricted use unless specifically restricted by the donor. Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is deemed unconditional. The gifts are reported as with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions.

Advertising Costs

Advertising costs are expensed as incurred.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is also exempt from state income taxes on related income. The Hospital is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income ("UBI"). UBI is not significant.

Subsequent Events

Subsequent events have been evaluated through March 13, 2026, which is the date the consolidated financial statements were available to be issued.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 2: Available Resources and Liquidity

The Hospital does not have a formal liquidity policy but generally strives to maintain financial assets in liquid form such as cash and cash equivalents for at least three to six months of operating expenses. Other funds, included in assets limited as to use in the accompanying consolidated statements of financial position, are considered available for operational or capital needs. Occasionally, the Board of Directors designates a portion of operating surplus to be appropriated at its discretion for future operational initiatives and capital expenditures. These funds, at the discretion of the Board of Directors, could be released immediately or sold and redeemed prior to their maturity and are not considered available under the Hospital's general liquidity management. The Foundation also has unrestricted investments available which are included in assets limited as to use and could be used for operating purposes of the Foundation or transferred to for hospital operations or other needs if approved by the Foundation. At September 30, 2025 and 2024, the balance of these funds collectively was \$21,195,715 and \$19,649,026, respectively.

Financial assets available for general expenditure, such as operating expenses, and purchases of property and equipment, within one year of the balance sheet date, comprise the following at September 30:

	2025	2024
Cash and cash equivalents	\$ 11,782,880	\$ 10,881,133
Patient accounts receivable - Net	13,493,366	13,071,667
Other accounts receivable	422,490	479,537
Totals	\$ 25,698,736	\$ 24,432,337

Patient accounts receivable - net generally becomes available as an available resource to the Hospital as operating cash as it is billed and collected based on the policies and procedures described in Note 1, and its opening balance at October 1, 2023, was \$9,744,180.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 3: Assets Limited as to Use and Investment Income

Assets Limited as to Use

Assets limited as to use, stated at fair value, consisted of the following at September 30:

	2025	2024
Board designated for capital expenditures:		
Money market funds	\$ 539,799	\$ 464,435
Exchange traded funds	-	4,887,560
Mutual funds	2,250,280	14,297,031
Marketable equity securities	10,048,200	-
Fixed income securities - U.S. Treasury and corporate bonds	8,357,436	-
Total assets limited as to use	\$ 21,195,715	\$ 19,649,026

Investment income, including income on assets limited as to use, consisted of the following for the years ended September 30:

	2025	2024
Interest and dividends - Net of investment fees	\$ 612,076	\$ 93,652
Net realized gain on sale of investments	2,428,675	862,443
Net unrealized gain (loss) on investments	(1,485,391)	2,366,047
Total investment income	\$ 1,555,360	\$ 3,322,142

Management assesses individual investment securities as to whether declines in market value are other than temporary and result in impairment. For equity securities and mutual funds, the Hospital considers whether it has the ability and intends to hold the investment until a market price recovery. Evidence considered in this includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, the issuer's financial condition, and the general market condition in the geographic area or industry in which the investee operates. For debt securities, if the Hospital has made a decision to sell the security, or if it's more likely than not the Hospital will sell the security before the recovery of the security's cost basis, an other-than temporary impairment is considered to have occurred. If the Hospital has not made a decision or does not have an intention to sell the debt security, but the debt security is not expected to recover its value due to a credit loss, an other-than-temporary impairment is considered to have occurred. At September 30, 2025 and 2024, the Hospital did not consider any individual investments other than temporarily impaired.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 4: Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued using a net asset value ("NAV") of \$1.00. Quoted market prices are used to determine the fair value of investments in marketable equity securities, which consist primarily of publicly traded common and preferred stock. Exchange traded funds and mutual funds are valued at the daily closing price as reported by the fund. Exchange traded funds and mutual funds held by the Hospital are open-end funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price. The exchange traded funds and mutual funds held by the Hospital are deemed to be actively traded. Fixed income securities, which are primarily invested in U.S Government and corporate bonds, are primarily valued using quotes from pricing vendors for identical or similar assets based on recent trading activity and other observable market data, including basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Hospital's assets measured at fair value on a recurring basis as of September 30:

	2025			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Assets:				
Money market funds	\$ -	\$ 539,799	\$ -	\$ 539,799
Marketable equity securities	10,048,200	-	-	10,048,200
Mutual funds	2,250,280	-	-	2,250,280
Fixed income securities - Invested in U.S. treasury bonds and corporate bonds	-	8,357,436	-	8,357,436
Total assets	\$ 12,298,480	\$ 8,897,235	\$ -	\$ 21,195,715

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 4: Fair Value Measurements (Continued)

	2024			Total Assets at Fair Value
	Level 1	Level 2	Level 3	
Assets:				
Money market funds	\$ -	\$ 464,435	\$ -	\$ 464,435
Exchange traded funds	4,887,560	-	-	4,887,560
Mutual funds - Invested in equity and fixed income securities	14,297,031	-	-	14,297,031
Total assets	\$ 19,184,591	\$ 464,435	\$ -	\$ 19,649,026

The assets included in the fair value measurements tables above include all assets within assets limited as to use as detailed in Note 4 at both September 30, 2025 and 2024.

Note 5: Property and Equipment

Property and equipment consisted of the following at September 30:

	2025	2024
Land	\$ 198,192	\$ 198,192
Land improvements	2,327,336	2,327,336
Buildings	32,001,178	31,898,503
Fixed equipment	10,974,425	10,797,462
Major movable equipment	25,002,130	24,441,539
Total property and equipment	70,503,261	69,663,032
Less - Accumulated depreciation	51,921,891	48,311,484
Net depreciated value	18,581,370	21,351,548
Construction in progress	1,488,480	744,030
Property and equipment - Net	\$ 20,069,850	\$ 22,095,578

Construction in progress at September 30, 2025, primarily relates to the minor facility renovation projects and equipment installation costs which are anticipated to be completed and placed into service in 2026. There are no material remaining commitments related to these projects as of September 30, 2025. These projects are being funded by operating cash reserves of the Hospital.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 6: Long-Term Debt

Long-term debt consisted of the following at September 30:

	2025	2024
New Hampshire Health and Education Facilities Authority ("NHHEFA") revenue bonds, Series 2012; fixed interest rate of 1.88%; interest and principal due monthly in installments of \$84,391 including interest through April 1, 2027; collateralized by property and equipment of the Hospital.	\$ 1,363,361	\$ 2,394,738
Less - Current maturities	995,388	972,555
Long-term maturities	\$ 367,973	\$ 1,422,183

The Series 2012 bond agreement provides for various restrictive covenants, including required annual financial reporting and meeting certain financial ratios, among other covenants.

Scheduled principal payments on long-term debt at September 30, 2025, including current maturities, are summarized as follows:

	2025
2026	\$ 995,388
2027	367,973
Total	\$ 1,363,361

Note 7: Net Patient Service Revenue

The composition of net patient service revenue based on the geographic region the Hospital operates in as outlined in Note 1, is primarily all hospital services and whether inpatient, outpatient, or professional services, the Hospital considers these similar business lines for the purposes of tracking net patient service revenue.

Patient service revenue (net of contractual allowances, discounts, and implicit price concessions) consisted of the following for the years ended September 30:

	2025	2024
Medicare and Medicare Advantage Plans	\$ 47,418,147	\$ 45,182,262
Medicaid and Medicaid HMO Plans	24,254,080	21,813,798
Other third-party payors	19,232,460	16,036,721
Uninsured patients	2,924,023	1,792,510
Total	\$ 93,828,710	\$ 84,825,291

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 8: Charity Care

The Hospital provides healthcare services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients and residents. Consistent with the mission of the Hospital, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or who are underinsured.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, determined based on qualifying criteria as defined in the Hospital's charity care policy and from applications completed by patients and their families.

The estimated cost of providing care to patients under the Hospital's charity care policy aggregated approximately \$1,046,000 and \$1,045,000 in 2025 and 2024, respectively.

Other benefits for the community for which the Hospital is not compensated, or for which compensation is below cost, include health screenings, community education through seminars and classes, and other health-related services.

Note 9: Retirement Plan

The Hospital is part of the North Country Healthcare Retirement Plan, a defined contribution retirement plan sponsored by NCH covering substantially all employees. Employees may contribute a percentage of their compensation to the retirement plan. After a year of service, the Hospital will contribute matching contributions of 50% of participant contributions up to 6% of compensation. The Hospital's retirement plan expense totaled approximately \$790,000 and \$757,000 in 2025 and 2024, respectively.

Note 10: Deferred Compensation Plans

Certain eligible employees of the Hospital are also eligible to participate in a nonqualified deferred compensation plan established under Section 457(b) of the Code, which is administered by NCH. The plan permits certain management and highly compensated employees to defer portions of their compensation based on Internal Revenue Service guidelines. Compensation deferred is transferred to NCH who then retains the related investments. These investments are then segregated by NCH a separate account, and any assets and related deferred compensation plan liabilities are reported in the financial statements of NCH since under the terms of the deferred compensation plan agreement, NCH bears the responsibility for custody of the assets and their related liabilities once the related withholdings are transferred from the Hospital to NCH.

The Hospital had also previously established a deferred compensation plan under which certain management and other employees can elect to participate in a 457(b) retirement plan. Contributions to the plan were funded by the participating employees, and any amounts deferred under the plan were included in assets limited as to use and long-term liabilities in the accompanying consolidated balance sheets. During the year ended September 30, 2024, the Hospital's separately sponsored 457(b) deferred compensation plan merged into the NCH 457(b) deferred compensation plan, and all assets and related liabilities were transferred to NCH in 2024.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 11: Malpractice Insurance

The Hospital is insured under the NCH medical malpractice insurance coverage. NCH purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Hospital would be able to purchase tail coverage from its insurance carrier if it chose to do so. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to October 1, 2026.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Hospital. Although there exists the possibility of claims arising from services provided to patients through September 30, 2025, which have not yet been asserted even if covered by insurance policies, the Hospital has not been given notice of any such material possible claims, and accordingly no provision or related insurance recoveries have been made for them.

Note 12: Concentration of Credit Risk

Financial instruments that potentially subject the Hospital to possible credit risk consist principally of patient accounts receivable and cash deposits in excess of insured limits in financial institutions.

Patient accounts receivable consists of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to patients. The majority of the Hospital's patients are from Berlin, New Hampshire, and the surrounding area.

The mix of receivables from patients and third-party payors is as follows at September 30:

	2025	2024
Medicare	41 %	37 %
Medicaid	12 %	11 %
Other third-party payors	31 %	34 %
Patients	16 %	18 %
Total	100 %	100 %

The Hospital maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation ("FDIC") insured institutions. Depository accounts are insured by the FDIC up to \$250,000. Operating cash needs often require that amounts on hand exceed FDIC limits. The Hospital maintains cash in accounts at institutions which are insured by the FDIC up to \$250,000, as well as entered into other collateral protection programs with the financial institutions through September 30, 2025 to provide depository coverages to its depository accounts with the financial institutions. Management of the Hospital also believes that as of September 30, 2025, it is not exposed to any significant risks from the financial institutions which are holding deposits.

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 13: Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. The accompanying consolidated statements of operations and changes in net assets present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis. Employee benefits are allocated based on factors of either salary expense or actual employee expense. Overhead costs that include things such as professional services, office expenses, information technology, insurance, and other similar expenses are allocated on a variety of factors including revenues and departmental expense. Costs related to building and equipment usage include depreciation and interest and are allocated on a square footage or direct assignment basis. Expenses related to providing these services for the years ended September 30, 2025 and 2024, are as follows:

	2025			2024		
	Healthcare Services	General Administrative	Total	Healthcare Services	General Administrative	Total
Salaries and wages	\$ 28,946,819	\$ 1,355,498	\$ 30,302,317	\$ 27,534,107	\$ 1,328,693	\$ 28,862,800
Employee benefits	9,148,947	442,621	9,591,568	8,285,626	440,345	8,725,971
Supplies and other	24,955,205	19,946,021	44,901,226	25,914,198	15,517,278	41,431,476
Interest	31,151	5,514	36,665	44,906	7,949	52,855
Depreciation	3,019,214	534,453	3,553,667	3,422,309	605,807	4,028,116
	\$ 66,101,336	\$ 22,284,107	\$ 88,385,443	\$ 65,201,146	\$ 17,900,072	\$ 83,101,218

Androscoggin Valley Hospital, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

Note 14: Related-Party Transactions

As a member of NCH, the Hospital shares in various services, such as shared staffing, centralized accounting, human resources, information technology, and other administrative costs, with the other member hospitals and the parent.

The total expenses incurred from services provided by related parties is as follows at September 30:

	2025	2024
WMC	\$ 79,197	\$ 44
UCVH	69,437	46
NCHHHA	51	-
NCH	15,496,614	13,708,265
Total	\$ 15,645,299	\$ 13,708,355

The total receivables (payables) with related parties are as follows at September 30:

	2025	2024
WMC	\$ 23,157	\$ (64,760)
UCVH	110,232	2,075
NCHHHA	52	-
NCH	(1,316,896)	(908,747)
Other	51,128	-
Total	\$ (1,132,327)	\$ (971,432)

Note 15: Reclassifications

Certain reclassifications have been made to the 2024 financial statements to conform to the 2025 presentation.

Michael D. Peterson, FACHE

Summary of qualifications

An energetic healthcare professional with over twenty six years' experience of broad-base background in all aspects of hospital administration, including the past 10 years as President/CEO of a System Critical Access Hospital in northern New Hampshire, recognized as one of the Top 20 Critical Access Hospitals in the Country by the National Rural Health Association, and one of Modern Healthcare's 150 "Best Places to Work" in 2020, along with ten years' experience as senior executive of an acute care hospital member of the second-largest health system in Maine. Areas of expertise include culture development and staff engagement, System-oriented strategic and business planning, Board and medical staff development and new business growth. Excellent analytical skills and a passion for service and clinical quality improvement.

Specific examples of strengths include:

- Ability to develop a vision, plans to achieve it, and inspire teams to execute strategy with a positive track record of outcomes
- Working with the dynamics of a large healthcare delivery system to leverage opportunities, while maintaining values of the individual member organizations
- Developing and nurturing relationships with members of the local community
- Master Facilities Planning, major construction project administration and capital campaign oversight
- Medical staff recruitment/retention and contracting; Multi-specialty group practice administration
- Health delivery system integration and strategic planning
- Toyota Production System LEAN Yellow Belt facilitation training and experience
- Board development and onboarding
- Utilizing both Studer Group and Capstone principles of culture/change management and service enhancement
- Excellent interpersonal, verbal and written communications skills

Professional experience

12/2015- Present Androscoggin Valley Hospital - A Member of North Country Healthcare

President & CEO

Serves as the President & Chief Executive responsible for all functions and operations of Androscoggin Valley Hospital and Androscoggin Valley Hospital Surgical Associates, reporting directly to the AVH Board of Trustees, as well as the North Country Healthcare System CEO.

Key Accomplishments:

- Led the contemporization effort of the AVH Board of Trustees recruitment, onboarding, and orientation process.
- Refined the organization's Vision through a multidisciplinary task force of leadership, Board, medical staff and line staff.
- Empowered a line-staff driven task force to research, define and rollout articulated set of Values for the organization that sets the foundation for all decision making.

- Facilitated the development and execution of the organization's first strategic plan in 10 years, in harmony with and support of the System strategic plan.
- Achieved "Top 20" status nationally among Critical Access Hospitals according to the composite metrics of the National Rural Healthcare Association in 2018.
- Delivered a budget-favorable net operating margin for each of the past ten fiscal years running.
- Developed a dyad Leadership model for specialty group practices; worked in collaboration with this dyad to attract and retain top notch providers, cut expenses and grow revenue for a key service line (orthopaedics) resulting in an improvement to contribution margin by 500% in just 3 years.
- Empowered and enabled teams to embark on a Lean/High Reliability journey, resulting in significant expense savings and improvements in staff, patient and provider engagement scores.
- Initiated the AHRQ survey process, and have enabled work that has resulted in significant increases in perception of safety for six years running.
- Built relationships with all constituents that have enable us to weather the changes in the region and the System with one of the highest staff and provider retention rates in the State.
- Named by Modern Healthcare as one of the "Best Places to Work" for 2020, including top 10 status among Critical Access Hospitals nationally.
- Actively participated in System strategic development of a regional Medical Staff Development Plan, and a physician enterprise development plan, as well as multiple System strategic plans.
- Led the team to ensure delivery of high quality, accessible healthcare to our Community throughout the Covid-19 pandemic, while maintaining fiscal solvency, without laying off a single individual for the entire duration.
- Worked to improve provider alignment through multi-faceted strategic initiatives, resulting in a 99th percentile score (nationally) for the Physician/Provider Engagement component of recent (2022) Press-Ganey employee engagement survey.

1992 –
2015

Eastern Maine Healthcare Systems (now Northern Light Health)

Eastern Maine Healthcare Systems (EMHS) is the second largest integrated health delivery network in the Maine with over \$1.5 Billion in annual gross patient revenue. EMHS is made up of 8 hospitals representing over 1000 patient beds plus a full continuum of patient care offerings. I have served in multiple leadership positions throughout EMHS, including: large and small hospitals; corporate headquarters; in revenue production/patient care delivery; strategic planning and support roles. The position titles, general overview and timeframes for each are detailed as follows:

10/2013 –
12/2015

Sebasticook Valley Health – (an EMHS Member)

Pittsfield, ME

Chief Operating Officer

- Directed and led specific clinical and support service lines and general operations of Sebasticook Valley Health. In addition to all other duties/responsibilities in the CAO role (below), works in collaboration with the Chief Medical Officer in an administrative dyad leadership model to oversee the recruitment, contracting and management of: the Emergency Department providers; Hospitalists; and Specialty Services providers (both employed and contracted). Represents SVH on appropriate community, System-wide and State initiatives and task forces as directed by the CEO. If/when the CEO is absent from the facility for any length of time, acted on behalf of the CEO for the duration of that absence.
- Served as one of three Operations Board members for Affiliated Health Systems (AHS), the for-profit arm of Eastern Maine Health Systems including several joint ventures and partnerships with external public companies.

Key Accomplishments:

- Led or actively participated in 10 (at current) System-wide Steering Committees/Teams facilitating initiatives to integrate service lines, improving quality, enhance standardization of best practices, and reducing cost.
- Co-led a System-wide initiative to standardize the "patient experience", from branding, facilities, and customer service perspectives.
- Successful recruitment and retention of 12 difficult-to-fill provider positions in 2014. Collaborated with sister hospitals to jointly attract 6 specialists to the region, introducing new region-wide service lines to the community.
- Completed major construction projects (new inpatient wing and central utilities plant) on time and under budget, resulting in 50% increase in average daily census and accompanying revenue stream increase that outpaced projections, along with significant improvement in HCAHPS scores.

7/2010 –
10/2013

Sebasticook Valley Health

Pittsfield, ME

Chief Administrative Officer

- Primary responsibility and management of operations, growth & development of clinical and support lines within the Ancillary and Support Services Division, which includes: information systems and clinical informatics; all diagnostic imaging services; laboratory and lab outreach; physical and occupational therapy, cardiac, pulmonary and speech rehab therapy; women's health services; respiratory; nuclear medicine; sleep services; philanthropy; plant operations/engineering; central scheduling; security; housekeeping, nutritional/dietary services and laundry. Serve on hospital Senior Executive Team, as well as multiple System-wide steering committees. Report directly to the CEO.

Key Accomplishments:

- Co-Led the EMHS LEAN cultural transformation.
- Major contributor to SVH's national award by the Leapfrog Group as the top hospital in Maine, and one of only several rural hospitals in the Country to be recognized for Quality achievements. Only hospital in Maine to achieve this recognition five years in a row.
- Led the SVH multidisciplinary team to implement Computerized Patient Order Entry (CPOE) and Bedside Medication Verification System (barcoded medications); achieving Stage 1 Federal "Meaningful Use" threshold requirements and funding, and HIMSS Level 6 designation.
- Completed comprehensive Master Facilities Plan project and development of corresponding capital campaign strategy, serving on the Campaign Executive Committee. Resulting fundraising was most successful in organization's history.
- Facilitated the organization's annual strategic planning for the past 6 years.

11/2008 –
07/2010

Sebasticook Valley Hospital

Pittsfield, ME

Vice President – Ancillary & Support Services

- Primary responsibility and management of operations, growth & development of Ancillary and Support Services Division, which includes: all diagnostic imaging services; laboratory and lab outreach; physical and occupational therapy, cardiac, pulmonary and speech rehab therapy; women's health services; respiratory; nuclear medicine; sleep services; dental clinic; plant operations/engineering; security; housekeeping, nutritional/dietary services and laundry. Serve on hospital Senior Executive Team, as well as multiple System-wide steering committees. Report directly to the CEO.

Key Accomplishments:

- Negotiated 3 specialty group contracts to secure outpatient clinical services for years to come.
 - Facilitated the re-structuring of Nuclear Medicine department that increased revenue while cutting expenses by \$2million over 5 years.
 - Led the team of Directors to grow net patient revenue by nearly \$5million in just 3 years.
 - Negotiated two contracts with cardiology services to increase capacity and utilization of cardiology clinic by over 500%.
 - Facilitated negotiation, purchase and installation of digital mammography and bone densitometry services, and marketing campaign; resulting in increased volume of 44%.
 - Successful recruitment/retention of new specialty surgeon in a difficult to fill role.
-

04/2006 – **Sebastiack Valley Hospital**
11/2008
Pittsfield, ME

Vice President – Clinical Services

- Responsible for operations and service line growth of Clinical Services Division, which includes: diagnostic services; specialty service provider clinics (including OB/GYN, ENT, cardiology, GI, EKG, EMG, neurology, ophthalmology, orthopedics, podiatry, pulmonary medicine), general surgery services; urology; inpatient and outpatient laboratory; outpatient and inpatient rehab services; audiology; women's health; radiology/imaging; respiratory; nuclear medicine; and sleep services. Serve on hospital Senior Executive Team; reporting directly to the CEO.

Key Accomplishments:

- Facilitated the successful start-up of 2 specialty surgical groups.
 - Opened outreach PT/OT Rehab Center in new service area, ahead of schedule and under budget. Grew revenue by over 40%.
 - Restructured MRI service arrangement with 3rd party vendor to increase access by 150%, increased revenue by over \$1Million in first year, and increased utilization by 25%.
 - Implemented a lab outreach program that increased access and increased revenue by \$500K in first year.
 - Successfully launched new neurology service line.
 - Oversaw the implementation/conversion of all outpatient Clinical IS systems to Cerner Millennium.
-

11/2003 – **Eastern Maine Healthcare Systems**
04/2006
Brewer, ME

Corporate Director – Information Systems

- Administered day-to-day operations of the IT Planning & Project Management Department budget and staff, reporting directly to the System Chief Information Officer. *(From 2003 to 2005, had this responsibility along with the eBusiness Director role below)*
- Administered and was accountable for multiple individual hospital IT departments' planning, budget, staff and operations through Regional IT Directors.

Key accomplishments:

- Chaired task force that developed long term information technology master plan to support overall organization Strategic Plan.
 - Developed Information Systems Project Management Office and all initial policies and procedures.
 - Served as Project Manager for the organization-wide team which converted 7 EMHS hospitals' business and clinical information systems to a single standardized platform from inception through execution.
-

02/2001 – Eastern Maine Healthcare Systems
12/2005 Brewer, ME

Director - eBusiness

- Developed and administered the plans, budget and day-to-day operations of the eBusiness Department and staff, reporting to the system Vice President of Marketing and Development. Managed all outsourced consulting engagements and Application Service Provider contracts. Provided process evaluation and re-engineering consultation services as requested to affiliate member organizations. Responsible for all Internet, Intranet and Extranet development for the organization.

Key accomplishments:

- Led the development and execution of initial organization-wide (EMHS Affiliates/Subsidiaries) eHealth Strategy.
- Developed the first eBusiness Department plan, policies and procedures in the System.
- Led the team to implement the first multi-organization Personal Health Record/Secure Messaging system in the United States.
- Developed internal mentorship program. Identified leadership talent within department, and mentored staff for management positions either within eBusiness, or in other departments within the organization.

02/2000 – Eastern Maine Medical Center – (EMHS Flagship Hospital)
02/2001 Bangor, ME

Director - Surgical and Imaging Systems

- Supervised department heads of Surgical and Imaging patient clinical division (includes six clinical departments), and performed all administrative duties relative to the operations of those departments. Oversaw operations of contracted physician staff in Neurophysiology Department.

Key accomplishments:

- Designed and implemented project administration for clinical software task management and work re-engineering process in the surgical services areas.
- Led the team to achieve national certification in neurophysiology and polysomnography services.

07/1998 – Eastern Maine Healthcare Systems
02/2000 Bangor, ME

Project Manager - Y2K Compliance

- Managed Central Y2K Project Office and coordinated activities for 12 Eastern Maine Healthcare business units. Reporting to the System CIO, was responsible for full time and temporary project staff of over 400 at project peak.

Key accomplishments:

- Successfully managed all consulting engagements related to Y2K Project.
 - Coordinated centralized information gathering, distribution and retention efforts of over 4500 external business partners; developed first compiled vendor database in System history.
 - Organized and facilitated Community multi-disciplinary emergency services Y2K task force.
 - Successfully completed \$8Million project on time and under budget.
-

05/1996 – The Acadia Hospital – (an EMHS Member)
07/1998 Bangor, ME

Project Manager - Administrative Services

- Managed operations of Information Services at Acadia. Developed and managed annual Information Systems budget, quality improvement plan, and strategic plan. Reported jointly to the System CIO and Acadia VP of Administration.

Key accomplishments:

- Developed first Information Systems department in the hospital, including all policies and procedures, staffing and support models, & service level agreements to end-user community.
- Successfully managed multiple information technology projects; most notably the roll-out of Electronic Medical Record system & centralized outpatient scheduling.

Education

2008-2009 State of Maine Development Foundation Augusta, ME

Leadership Maine - statewide multi-industry leadership awareness program. Graduate of the PI class.

2003 - The Healthcare Advisory Board Washington, DC
2004

Healthcare Leadership Academy

- Joint venture between Eastern Maine Healthcare Systems and the Healthcare Advisory Board
- Inaugural class-selected commencement student speaker

1992 - Husson College Bangor, ME
1998

Masters of Science in Business

- Focus in Healthcare Administration - Graduated with Distinction

1988 – University of Maine Orono, ME
1992

Bachelor of Science in Public Administration

- Graduated with Honors
 - Received School of Public Administration Award – 1991
-

Certification / Awards

- American College of Healthcare Executives – New Hampshire Regent Award - 2025
 - American Hospital Association "Grassroots Champion" award recipient for New Hampshire - 2022
 - NH Business Review recognition as one of the "Top 200 Most Influential Business Leaders" in 2020 and 2022
 - NH Business Review's recipient of "Excellence in Leadership Award" for 2018 in the category of Healthcare – Large Organizations
 - Board Certified Fellow in the American College of Healthcare Executive (FACHE) since 2007
 - 2005 College of Healthcare Information Management Executives' John Glaser Scholarship Award winner
 - 2006 Nominee for CIO Magazine's "Ones to Watch" award
-

Committees and Professional Organizations

- 2020 – present: Board of Directors (current Chair) – New Hampshire Hospital Association
 - 2018 – present: Board Trustee – Great Northwoods Community Foundation
 - 2017 – present: New Hampshire Hospital Association Rural Health Coalition (Chair in 2018)
 - 2016 – present: White Mountains Rotary Club (Rotarian since 2017, Club President in 2019)
 - 2016 – 2017: Board Chair – North Woods Health Care Collaborative
 - 2016 – present: Board of Directors – North Country Healthcare Consortium
 - 2014 - present: Board of Directors – ACHE of Northern New England (Immediate Past Board President)
 - 2013 - 2017: Member – AHA Society for Healthcare Strategy & Market Development
 - 2008 - 2010: Board of Directors – Make-a-Wish Foundation of Maine
 - 2008 - 2010: Member – Penquis Healthy Maine Partnership Leadership Council
 - 2006 - 2008: Board of Directors – Sebecook Valley Healthy Communities Coalition
 - 2004 - 2006: Chair – EMMC-FCU Board Finance Committee
 - 2003 - 2006: Board of Directors/Treasurer – EMMC Federal Credit Union
 - 2002: Chair – Corner/IQHealth National Client Special Interest Group
-

References

Available upon request

Tiffany R. Haynes, MSN, RN

EDUCATION/CERTIFICATIONS/COMMUNITY

Education:

2012 Norwich University- MSN Master of Science in Nursing with a concentration in Healthcare Systems Leadership

2007 Saint Anselm College- BSN Bachelor of Science in Nursing

Certifications:

2022 Lean Six Sigma- Yellow Belt

2019 Advanced Hospice and Palliative Care Nurse Certification (CHPN)

Community:

Nominated and Received Union Leader 40 under Forty Award 2023

Home Care, Hospice and Palliative Care Alliance of New Hampshire- Board Member, 2020 to 2024

North Country Health Consortium- Board Member, 2020 to Present

Rural Health Care Network- Board Member, 2020 to 2024

Saint Anselm College Palliative Care Conference- Planning Committee Member, 2019 to 2024

PROFESSIONAL EXPERIENCE

North Country Healthcare (NCH)

2024 to Present

NCH Chief Nursing Officer

Responsible for clinical operations and nursing practice across three Critical Access Hospitals (CAHs) and a home health and hospice agency. Provides strategic oversight to nursing leadership system-wide, with aligned leadership support in Emergency, Surgical Services, and Inpatient departments. Serves as Chair of the Nursing Practice Council, championing High Reliability principles and fostering a Just Culture.

Led system-wide initiatives to achieve and sustain a 99.5% bedside medication verification rate across all hospital sites since 2025. Successfully redesigned infection prevention protocols, resulting in zero CAUTI and CLABSI events across all three hospital affiliates for 13 consecutive months.

North Country Home Health and Hospice Agency (NCHHHA)

2020 to 2024

President & CEO

Transitioned into the role of President & CEO in 2020. Responsible for maintaining and growing North Country Home Health and Hospice into the premier Home Health, Palliative and Hospice agency in Coos and Grafton County. Increased gross patient revenue from 7.3 million per year in 2017 to 13.5 million in 2024. Grew cash on hand from 300,000 dollars in 2017 to 4.3 million in 2024 and eliminated all Agency debt in 2024. Navigated the agency through two electronic medical record conversions during a pandemic. Served on Incident Command, responsible for Emergency Preparedness, Risk Management, Corporate Compliance, and Marketing. Maintained focus on Hospice growth with an average daily census of 90 in 2024. Partnered with North Country Healthcare (NCH) to create a new Home Medical Equipment service line for healthcare professionals and community members serving 265 new patients in 2024.

North Country Home Health and Hospice Agency

2017 to 2020

Director of Hospice and Palliative Care

Responsible for growing the Hospice program in a rural setting from an average daily census of 30 to 75 in 3 years. Created a grassroots Palliative Care program, initially starting with a pilot of five patients and in 2020 consistently had a census of 100 patients on average. Provided oversight to the Hospice QAPI program and was responsible for the timely submission of HIS. Successfully navigated two planned state surveys, which were deficiency free. Worked closely with clinicians and management to control costs, improve quality and symptom management. Heavily involved in marketing and community education.

Dartmouth Hitchcock Medical Center: 2 West Inpatient Surgery

2015 to 2017

Clinical Nurse Supervisor

Clinical Nurse Supervisor on an Inpatient Surgical floor specializing in Urology, Surgical Oncology and Gynecology. Current Champion for the Infection Prevention team working to reduce our HACs; with a focus on CLABSIs and CAUTIs. Charge RN and Preceptor as well as Clinical Nurse Supervisor responsible for performance evaluation, scheduling, patient flow, and QA/QC.

Concord Hospital: Center for Urologic Care

2012- 2015

Clinical Nurse Supervisor

Clinical Nurse Supervisor in a robust Urology Outpatient Clinic. Responsible for the daily management of the staff (20 direct reports, MAs and RNs), scheduling, performance review, management of QA/QC, yearly competencies.

Concord Hospital: Center for Urologic Care

2011-2012

Staff RN

Clinical Nurse responsible for telephone triage and patient teaching/procedures including; BCG (Bladder Chemotherapy), Testosterone injections, routine and emergent foley/suprapubic and foley catheter exchanges, bladder irrigation, patient teaching prior to surgery.

Bangor Area Visiting Nurses/Hospice of Eastern Maine

2010-2011

Staff RN

Staff RN responsible for admission and care of adult and pediatric VNA and Hospice patients, independently performed Wound VAC changes and wound assessments, PICC line assessments and removals, blood draws, initial IV antibiotic teaching sessions, initial G/J tube feeding teaching sessions, on call for emergencies during the evenings/night

Dartmouth Hitchcock Medical Center: 3 West Inpatient Surgery

2007-2010

Staff RN

Clinical Nurse on an Inpatient Surgical floor specializing in Orthopedics, Trauma, and Plastic surgery. Preceptor, Magnet Ambassador, Chair of Shared Governance, Quality Champion

MATTHEW J. STREETER, MBA, FACHE, FHFMA

PROFESSIONAL PROFILE

Executive leader in healthcare with a diverse background of educational and professional experiences sustaining a reputation for uncompromised standards, dedication, and integrity. Strategic decision-maker and change agent. Mentor to aspiring and rising leaders and frequent advisor to colleagues in the healthcare industry. Passion for learning and sharing knowledge for the betterment of our community and those being served.

- ❖ **Leadership** – Two decades of experience in leadership roles ranging from front-line operations management to human resource supervision to senior-level administration.
- ❖ **Strategy** – Focused on strategies that lead to better outcomes to sustain the viability of the organization while living out the mission and values for the benefit of the community.
- ❖ **Innovation** – Searching for and creating new ways to meet the needs of the business with an emphasis on new technology, changing regulations, and advancing philosophies on healthcare.
- ❖ **Knowledge** – Fervor for new information and ideas that can be shared with others to help develop the knowledgebase necessary to take the organization to the next level of success.
- ❖ **Integrity** – Firm belief that internal values and external actions must be aligned and in accordance with social responsibility and organizational expectations.

EDUCATION

- Master of Business Administration – Lakeland College – Sheboygan, WI 2012
❖ Concentration in Healthcare Management
- Bachelor of Arts – University of Wisconsin – Milwaukee, WI 2003
❖ Major: Psychology, Minor: History, Emphasis: Education

EXPERIENCE

- CHIEF FINANCIAL OFFICER – Whitefield, NH 2021-Present
PRESIDENT/CEO of WEEKS MEDICAL CENTER – Lancaster, NH 2024-Present
North Country Healthcare, Inc.
Serving as the system CFO for NCH and affiliates with direct operational oversight of all accounting, finance, revenue cycle, supply chain and associated functions. Significant responsibility and roles in compliance, risk, governance, strategic planning and innovation, benefit administration, business growth and development, and workplace culture.
❖ North Country Healthcare is an integrated delivery system comprised of three hospitals, associated multi-specialty clinics, and a large home health and hospice agency serving northern New Hampshire and employing more than 1,000 associates.
- CHIEF FINANCIAL OFFICER – Black River Falls, WI 2016-2021
Black River Memorial Hospital
Executive leadership in the business, financial, and strategic goals of the organization. Provide operational oversight of accounting, finance, revenue cycle, supply chain, plant operations, buildings and grounds, housekeeping, laundry services, food and nutrition services, and multi-specialty clinic. Led multiple large projects including the \$14M facility renovation and expansion project and ambulatory EHR implementation.

MATTHEW J. STREETER, MBA, FACHE, FHFMA

EXPERIENCE (CONTINUED)

- ❖ Black River Memorial employed 360 associates and had been recognized nationally for its excellence in Quality, Service, and People. In 2017, Black River Memorial was named #5 in the nation as Best Places to Work by Modern Healthcare.

CHIEF ADMINISTRATIVE & FINANCIAL OFFICER - Platteville, WI 2013-2016

Southwest Health

Organization of various entities including the hospital, long-term care facility, psychiatric facility, primary and specialty care clinics, foundation, and holding company. Provided operational oversight of accounting, payroll, patient business services, patient access, health information, information technology, nursing informatics, and nutrition services along with regulatory and legal compliance, contracting, budget and planning, reimbursement, and auditing.

- ❖ Southwest Health employed 500 associates located on three campuses in Southwest Wisconsin. Total assets of \$80M and net revenue of \$52M annually at the time of employment.

DIRECTOR OF FINANCE & HOSPITAL SUPPORT - Chilton, WI 2007-2013

Calumet Medical Center, Inc (Affinity Health System/Ministry Health Care)

Provide oversight of the finance, business, and support functions of the hospital including accounting, payroll, patient business services, patient access, health information, maintenance, grounds, housekeeping, volunteer services, and nutrition services. Executive team member, corporate sustainability council, local integrity officer.

- ❖ Calumet Medical Center employed 200 associates, had total assets of \$24M, and net revenue of \$22M annually at the time of employment.

PERSONAL BANKER, REGISTERED BANKER - Fond du Lac, WI 2006-2007

Associated Banc-Corp

Full-spectrum financial services and counseling, focus on superior customer service.

- ❖ Managed accounts and portfolios, customer servicing, lending, and daily bank activities.

FINANCIAL ADVISOR, BRANCH MANAGER - Oshkosh, WI 2005-2006

Aeris Financial LLC

MML Investor Services, Inc.

MassMutual Financial Group

Mortgage Broker, Financial Advisor, Marketing Manager.

- ❖ Office manager for financial firm including investments, insurance, and mortgages.

MORTGAGE CONSULTANT - Fond du Lac, WI 2004-2005

Charter Funding

CTX Mortgage Company, LLC

Originated residential home loans while counseling borrowers toward financial goals.

- ❖ Licensed loan originator, proficient in finance software.

MATTHEW J. STREETER, MBA, FACHE, FHFMA

EXPERIENCE (CONTINUED)

HUMAN RESOURCE SPECIALIST - Milwaukee, WI 2001-2003

United Parcel Service (UPS)

Serviced 1700 employees with all human resource functions.

- ❖ FMLA, ADA, EEO, benefits, retirement, records, and workforce planning.

OPERATIONS SUPERVISOR - Milwaukee, WI 1999-2001

United Parcel Service (UPS)

Supervised 85 employees in customer service, package delivery, and inside operations.

- ❖ Scheduling, employee relations, budgeting, call center, driver training, safety coordinator, operations budget, employee discipline, and union relations.

COMMUNITY INVOLVEMENT

Board Member & Officer, New Hampshire Legal Assistance

Advisory Board Member, Capstone Leadership Solutions, Inc.

Past President, WI Chapter of the Healthcare Financial Management Association

Prior Board Member, NNE Chapter of the Healthcare Financial Management Association

Prior Board Member, Black River Area Chamber of Commerce

Prior Council Member, Wisconsin Hospital Association Council on Rural Health

Prior Council Member, Wisconsin Hospital Association Council on Finance and Payment

Prior Board Member, Platteville Regional Chamber of Commerce

Prior Board Member, University of Wisconsin - Platteville, Office of Institutional Effectiveness

PROFESSIONAL MEMBERSHIPS

Fellow, American College of Healthcare Executives

Fellow, Healthcare Finance Management Association

REFERENCES

Available Upon Request

CURRICULUM VITAE

Date Prepared: May 18, 2026

Name: Mark A. Morgan, MD, FASA

Address:

Office:

Weeks Medical Center
173 Middle Street
Lancaster, NH 03584
mark.morgan@northcountryhealth.org

Education:

1997-2001 Doctor of Medicine
Tufts University School of Medicine
Boston, MA

1993-1997 Bachelor of Arts in Chemistry, Magna Cum Laude
Columbia College, Columbia University
New York, NY

Postdoctoral Training:

2002-2005 Resident in Anesthesiology
Dartmouth-Hitchcock Medical Center
Lebanon, NH

2001-2002 Clinical Base Year Internship
Dartmouth-Hitchcock Medical Center
Lebanon, NH

Employment:

2025-present North Country Healthcare (NCH)
8 Clover Lane
Whitefield, NH 03598

2005-2025 Weeks Medical Center (NCH Affiliate Hospital)
173 Middle Street
Lancaster, NH 03584

Licensure:

2005-present New Hampshire Board of Medicine, #12706

Certifications:

2021-present Fellow of the American Society of Anesthesiologists

2016-present Maintenance of Certification in Anesthesiology
American Board of Anesthesiology

2006 Diplomate, American Board of Anesthesiology
Specialty Certification in Anesthesiology

2002 Diplomate, National Board of Medical Examiners

Hospital Appointments:

2005-present Active Medical Staff
Weeks Medical Center
Lancaster, NH

2017-present Affiliate Medical Staff
Upper Connecticut Valley Hospital
Colebrook, NH

2018-present Consulting Medical Staff
Androscoggin Valley Hospital
Berlin, NH

Professional Appointments:

2025-present System Chief Medical Officer
North Country Healthcare, Whitefield, NH

2020-2025 Chief Medical Officer
Weeks Medical Center, Lancaster, NH

2005-present Medical Director of Anesthesiology
Weeks Medical Center, Lancaster, NH

2018-present Medical Director of Anesthesiology
Androscoggin Valley Hospital, Berlin, NH

- 2018-present Medical Director of Anesthesiology
Upper Connecticut Valley Hospital, Colebrook, NH
- 2008-present Medical Director of Respiratory Therapy
Weeks Medical Center, Lancaster, NH
- 2011-2020 Chief of Surgery
Weeks Medical Center, Lancaster, NH
- 2016-2019 Medical Staff President
Weeks Medical Center, Lancaster, NH
- 2014-2015 Medical Staff Vice President
Weeks Medical Center, Lancaster, NH

Other Professional Positions:

- 2020-present Member, NH Chief Medical Officer Networking Group
- 2019-present Anesthesia Clinical Reviewer for the NH Peer Review Network
Foundation for Healthy Communities
- 2008-2014 Executive Council Member, Officer-At-Large
NH Society of Anesthesiologists
- 2004 Interim Chief Resident in Anesthesiology
Dartmouth-Hitchcock Medical Center
- 2003 ASA House of Delegates Resident Representative
American Society of Anesthesiologists, San Francisco, CA

Other Certification & Training:

- Medical Staff Leadership Training, Harty Springer, 2023, 2024
Greeley Medical Staff Leadership Program, 2015
Advanced Cardiac Life Support
Pediatric Advanced Life Support
Basic Life Support

Honors and Awards:

- 2003 Foundation for Anesthesia Education & Research Scholar
1995 Class of 1942 Anniversary Scholarship, Columbia University
1994 Carl M. Brukenfeld Class of 1927 Memorial Scholarship, Columbia University
1993 Carl M. Brukenfeld Class of 1927 Memorial Scholarship, Columbia University
1993 Bausch & Lomb Science Award & Scholarship
1993 Named by the AAPT for Excellence in Physics

Professional Societies:

American Society of Anesthesiologists, Active Member
NH Society of Anesthesiologists, Active Member & Former Executive Council Member
NH Medical Society, Active Member
Massachusetts Medical Society, Out-of-State Active Member

Formal Presentations:

- 2011 "Malignant Hyperthermia"
Perioperative Nurses, Critical Care, & Emergency Department Staff
Weeks Medical Center, Lancaster, NH
- 2009 "Acute Respiratory Distress Syndrome"
Critical Care and Respiratory Therapy Staff
Weeks Medical Center, Lancaster, NH
- 2007 "Rural Anesthesia Practice"
Department of Anesthesiology Residents
Dartmouth-Hitchcock Medical Center, Lebanon, NH
- 2007 "Malignant Hyperthermia"
Physicians and Nurses from Area Hospitals
Weeks Medical Center, Lancaster, NH
- 2005 "Rapid Sequence Intubation"
Critical Care and Emergency Department Staff
Weeks Medical Center, Lancaster, NH
- 2005 "Negative Pressure Pulmonary Edema"
Association of Peri-Operative Registered Nurses
Weeks Medical Center, Lancaster, NH
- 2005 "Spinal 2-Chloroprocaine"
Department of Anesthesiology Grand Rounds
Dartmouth-Hitchcock Medical Center, Lebanon, NH
- 2000 "Anesthesia and Obesity"
Medical Staff Grand Rounds
Newton-Wellesley Hospital, Newton, MA

Teaching Experience:

- 2023 Remimazolam for Ambulatory Procedures, WMC Anesthesia Providers
2022 Inhaled Anesthetics and Greenhouse Gas Emissions, WMC Anesthesia Providers

- 2020 Ultrasound Guided Central Line Placement Sim Training for WMC ED Providers
- 2017 Ultrasound Guided Central Line Placement Sim Training for WMC ED Providers
- 2017 Neuromuscular Monitoring in the ICU, WMC Nursing Education
- 2016 Ventilator Management for WMC Respiratory Therapists
- 2011 Malignant Hyperthermia Sim Training, WMC Nursing Education
- 2010 Airway Refresher Course & Sim Lab Training for Paramedics
- 2010 Vasopressor Sim Lab Training, WMC Nursing Education
- 2009 Arterial Pressure Monitoring, WMC Nursing Education
- 2008 Mentoring for Student interested in Anesthesiology
- 2007 Anesthesia Risk Assessment, WMC Emergency Services Committee
- 2007 Capnography for Moderate Sedation, WMC Nursing Education
- 2007 Mentoring and Job Shadow for an intern interested in Anesthesiology

Angle Schierer, DBA, MHA, RN

PROFILE SUMMARY

Dynamic healthcare leader with a Doctorate in Business Administration and over 15 years of experience driving connectivity and innovation across diverse rural healthcare settings. Proficient in operational strategies to enhance efficiency and maintain budget expectations. Known for exceptional work ethic, solid leadership, and commitment to achieving organizational goals. Skilled in fostering team collaboration, improving customer satisfaction, and leading change through strategic planning. Dedicated to community engagement and growing enduring relationships.

EDUCATION

Doctorate Business Administration, California Intercontinental University, 2016
Master's Degree in Healthcare Administration, Bellevue University, 2008
Bachelor Degree in Nursing, Jacksonville University, 2007
Associate Degree Nursing, Black Hawk College, 1992

PROFESSIONAL EXPERIENCE

North Country Healthcare

June 2025 – Present

President Ambulatory Operations

- Provide executive leadership for system-wide ambulatory operations across primary care, specialty care, and behavioral health practices spanning multiple rural hospitals and clinic sites.
- Drive strategic alignment of ambulatory services with organizational goals, including growth planning, service line development, and access optimization to improve patient outcomes and market presence.
- Lead provider engagement initiatives, governance structures, and dyad leadership models to strengthen clinical collaboration, standardization, and physician satisfaction.
- Oversee financial and operational performance of ambulatory services, including productivity, staffing models, budgeting, and revenue optimization across multi-site practice environments.
- Champion quality, safety, and regulatory readiness initiatives, ensuring compliance with CMS, accreditation standards, and implementation of continuous performance improvement strategies.
- Direct integration of innovative care models—including behavioral health integration, population health, chronic care management, and digital workflow optimization—to enhance care coordination and patient experience.

Canopy Associates

Nov 2020 – Present

Principal, VP Quality & Education & Executive Healthcare Consultant

- Self-driven executive healthcare consultant within a company of software development and marketing firm.
- Establishment of LMS education platform and quality management system for small and rural hospitals.
- Provide leadership development, team building, service line development, and strategic planning services.
- Consulting on board relations, medical staff engagement, and administrative cohesion in hospitals and provider practices.
- Mock surveyor to ensure clinic or hospital meets CMS expectations of operations manual.
- Contracted with NRHRC and Delta Regional to build successful outpatient services lines in rural hospitals and clinics.
- Providing education and growth for various state Flex and SHIP programs (leadership, quality, EMS, IC, etc.)
- Serve as subject matter expert in rural health clinics, small hospitals, and practice management quality improvement.

Executive Healthcare Consultant

- Providing guidance, planning and implementation to open new service lines (currently ASC, Psych in MO & KS).
- Designing strategic plans and project management for organizational growth in collaboration with executive team, providers, and board members.

**Ziva Medical (Mexico and Fulton Hospitals)
COO/VP Quality**

July 2023 – July 2024

- For-profit two hospital system with five outlying clinics. Establishing one PPS (200 bed) to critical access hospital conversion and pursuing REH designation for second facility. Reporting to Corporate CEO with anticipated \$17M operating revenue within first full year.
- Executed strategic plans for reopening facilities, including formulating life safety plans and all ancillary service lines.
- Collaborated with regulatory bodies for successful reopening, ensuring compliance with regulatory requirements of the CON application.
- Recruitment of family practice, orthopedics, and general surgeon with one additional nurse practitioner.

Illinois Critical Access Hospital Network (ICAHN)

June 2011 – Aug 2020

Illinois Rural Community Care Organization (IRCCO) – ACO

VP Quality, Compliance, Innovation & Education

- Not-for-profit network of 51 critical access hospitals, 8 small, rural PPS hospitals, and over 32 rural health clinics.
- Operating revenue of \$19M; reporting to Executive Director.
- Established Survey Solutions, CMS HCAHPS Survey Vendor for small and rural hospitals.
- Collaborating with board executives in establishment of new MSSP ACO, IRCCO, one of first all rural members with 31 critical access hospitals and 3 small, rural PPS hospitals.
- Facilitated improvement within a network of critical access and rural hospitals, achieving Top 5 states from FORHP/Flex Monitoring Team for over five years.
- Led establishment of new care coordination models in 20 facilities and achieving PCMH recognition in 10 locations.
- Achieved shared savings with quality and compliance initiatives for MSSPACO within first year.
- Reduced outmigration of patients by 35% within first year of ACO.
- Established PCMH/Population Health programs in all locations within first 18mo. of operation.

Custom Learning Systems

Dec 2020 – Present

Consultant/Chief Nursing Officer

- System of healthcare professionals transforming patient experience and financial growth in an organization
- Leading the Swing Bed program for revenue generation and marketing strategies.
- Currently working with 20+ FQHCs in developing revenue growth through employee engagement and patient satisfaction.

American College of Education (ACE)

June 2021 – Present

Adjunct Faculty

Adjunct faculty for online instruction courses. Majority of education with Master's and Doctorate programs in healthcare administration and educational leadership degrees.

Galesburg Cottage Hospital

Aug 2006 – Mar 2011

COO/ACEO (2007-2011)

ACNO (2006 – 2007)

- For-profit, 175-bed acute care with over \$22M operating revenue; reporting to CEO.
- Successful recruitment of ER physician group and pediatrician
- Opened new service lines of Gero-psych, Intermediate Care Unit and Wound Center with two hyperbaric chambers.
- Led construction of new \$5M operating room suite development.

ACCOMPLISHMENTS/CERTIFICATIONS/BOARD AFFILIATIONS

- Licensed Registered Nurse, Illinois
- Certified Six Sigma Black Belt
- Certified Lean Six Sigma
- Certified Leadership Development Instructor
- Board Member and Past President, NARHC, 2011-2019
- Certified John Maxwell Leadership Coach
- Certified Qualtrics Data Scientist
- Certified Lego Serious Play Facilitator

PROFESSIONAL PUBLICATIONS

Principal Investigator: *Assessing Gaps Related to Ureter Imaging Agents, ACOOG, 2022*

ICAHN Governing Board Manual III: *"Quest for Quality: The External Drumbeat" 2018*

Sustaining Rural Health Through Innovative Models of Care – Dissertation 2016

Care Coordination Manual, 2019

Swing Bed Manual, 1st Ed., 2019, as collaborative writer

White Paper content provider: *Illinois Critical Access Hospital: "Enhancing Quality of Care in Rural Illinois."*

Subject Matter Expert in PCMH standards and management within The Compliance Team (as consultant)

PUBLIC AND NATIONAL SPEAKING

Presented at multiple national organizations including: NARHC, Georgia Hometown Health, Custom Learning Systems. Working collaboratively with Flex and SHIP grants within the State Offices of Rural Health.

Provides ongoing education for organizations and their members establishing webinars, live sessions and identifying new interests in learning.

Provide mock surveys to meet regulatory requirements for rural health clinics, hospitals and FQHCs.

*State of NH, Department of Corrections
Inpatient and Outpatient Medical Services
Androscoggin Valley Hospital, Inc.*

Transmittal Letter

Date: 5/26/2026
Insert name of Signor] Michael D. Peterson, on behalf of Androscoggin Valley Hospital [insert name of entity (collectively referred to as "Contractor")] hereby executes this contract amendment as described for the provision of Inpatient and Outpatient Medical Services. In accordance with the price limitation as indicated in the Amendment Agreement # 1.

The Contractor attests to the fact that:

1. The Contractor has not altered any of the language or other provisions contained in the Amendment Agreement.
2. The Proposal was established without collusion with other parties.
3. The Contractor has read and fully understands this Amendment Agreement, and the terms and conditions including but not limited to the Scope of Services in Exhibit B.
4. Contractor attests that no new terms and conditions outside of what is established in this amendment have been added, and no existing terms and conditions have been deleted or modified from the provision of Inpatient and Outpatient Medical Services, used in the original Agreement.
5. In accordance with RSA 21-I:11-c, the undersigned Contractor certifies that neither the Contractor nor any of its subsidiaries, affiliates or principal officers (principal officers refer to individuals with management responsibility for the entity or association):
 - a. Has, within the past 2 years, been convicted of, or pleaded guilty to, a violation of RSA 356:2, RSA 356:4, or any state or federal law or county or municipal ordinance prohibiting specified bidding practices, or involving antitrust violations, which has not been annulled;
 - b. Has been prohibited, either permanently or temporarily, from participating in any public works project pursuant to RSA 638:20;
 - c. Has previously provided false, deceptive, or fraudulent information on a contractor code number application form, or any other document submitted to the State of New Hampshire, which information was not corrected as of the time of the filing a bid, proposal, or quotation;
 - d. Is currently debarred from performing work on any project of the federal government or the government of any state;
 - e. Has, within the past 2 years, failed to cure a default on any contract with the federal government or the government of any state;
 - f. Is presently subject to any order of the Department of Labor, the Department of Employment Security, or any other state department, agency, board, or commission, finding that the applicant is not in compliance with the requirements of the laws or rules that the department, agency, board, or commission is charged with implementing;
 - g. Is presently subject to any sanction or penalty finally issued by the Department of Labor, the Department of Employment Security, or any other state department, agency, board, or commission, which sanction or penalty has not been fully discharged or fulfilled;
 - h. Is currently serving a sentence or is subject to a continuing or unfulfilled penalty for any crime or violation noted in this section;
 - i. Has failed or neglected to advise the division of any conviction, plea of guilty, or finding relative to any crime or violation noted in this section, or of any debarment, within 30 days of such conviction, plea, finding, or debarment; or
 - j. Has been placed on the debarred parties list described in RSA 21-I:11-c within the past year.

This document shall be signed by a person who is authorized to legally obligate the responding Contractor. A signature on this document indicates that all State of New Hampshire terms and conditions are accepted by the responding Contractor and that any and all other terms and conditions submitted by the responding Contractor are null and void, even if such terms and conditions have terminology to the contrary. The responding Contractor shall also be subject to State of New Hampshire terms and conditions as stated.

Authorized Signor's Signature:




Authorized Signor's Title:

President/CEO

Date: 5/26/2026

State of NH, Department of Corrections
Inpatient and Outpatient Medical Services
Androscoggin Valley Hospital, Inc.

Contractor's Official Point of Contact Information

Title of Contract Signatory (above): President/CEO
Contract Signatory Telephone Number: 603-326-5602
Contract Signatory E-Mail: Michael.peterson@northcountryhealth.org
Address of Contract Signatory: 59 Page Hill Rd Berlin, NH 03570
Contact Person (if different from Contract Signatory): Same as above
Contact Person E-Mail: n/a
URL: www.avhnh.org
Contract Signatory Signature (above): 

NH DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

Cor 307 Items Considered Contraband. Contraband shall consist of:

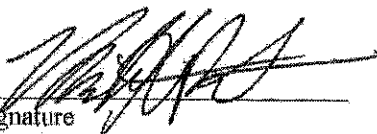
- a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- f) Any intoxicating beverage.
- g) Sums of money or negotiable instruments in excess of \$100.00.
- h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit.
- i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
 - (1) knives and knife-like weapons, clubs and club-like weapons,
 - (2) tobacco, alcohol, drugs including prescription drugs unless prior approval is granted in writing by the facility Warden/designee, or Director/designee,
 - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity,
 - (4) pornography or pictures of visitors or prospective visitors undressed,
 - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials,
 - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued,
 - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes,
 - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on prison grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- a) Any person or property on state prison grounds shall be subject to search to discover contraband...
Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.
- b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain view inspections.
- c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked. All items and clothing carried into the institution shall be searched for contraband.

Michael D. Peterson
Name



Signature

5/26/2026
Date

NH DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to NH Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, Part COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the NH Department of Corrections are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for immediate assistance from a staff member.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the NH Department of Corrections and the State of New Hampshire.
8. In lieu of Contracted staff participating in the Corrections Academy, the Vendor through the Commissioner or his designees will establish a training/orientation facilitated by the Vendor to supplement this requirement and appropriate orient Vendor staff to the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Michael D. Peterson
Name


Signature

5/26/2026
Date

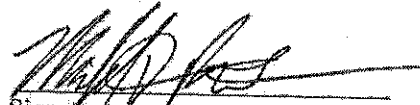
NH DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH Department of Corrections, and file an incident report or statement report with the appropriate NH Department of Corrections representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

Michael P. Peterson
Name


Signature

5/26/2020
Date

FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES
SECURITY ADDENDUM

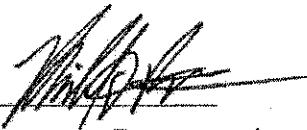
CERTIFICATION

I hereby certify that I am familiar with the contents of (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

Printed Name/Signature of Contractor Employee

Date

Michael D. Peterson 
Printed Name/Signature of Contractor Representative

5/26/2020
Date

Andruscoggin Valley Hospital - President/CEO
Organization and Title of Contractor Representative

NH DEPARTMENT OF CORRECTIONS
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions

- a. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- b. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- c. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- d. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- e. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- f. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- g. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- h. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- i. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- j. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- k. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time.

(2) Use and Disclosure of Protected Health Information

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

- (i) for the proper management and administration of the Business Associate;
- (ii) as required by law, pursuant to the terms set forth in paragraph d. below; or
- (iii) for data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to immediately notify Business Associate of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions on the uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate

a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, of which it becomes aware, within two (2) business days of becoming aware of such unauthorized use or disclosure or security incident.

b. Business Associate shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of protected health information, in electronic or any other form, that it creates, receives, maintains or transmits under this Agreement, in accordance with the Privacy and Security Rules, to prevent the use or disclosure of PHI other than as permitted by the Agreement.

c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be

receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA and the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT.

State of NH-Department of Corrections
State of New Hampshire Agency Name

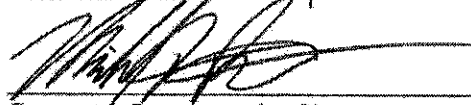
Signature of Authorized Representative

William Ryan Hart, Jr.
Authorized DOC Representative Name

Commissioner
Authorized DOC Representative Title

05.28.2026
Date

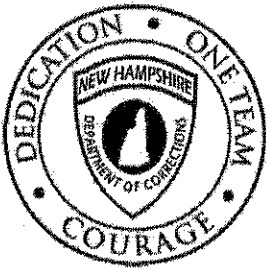
Androscooggin Valley Hospital
Contractor Name


Contractor Representative Signature

Michael D. Peterson
Authorized Contractor Representative Name

President/CEO
Authorized Contractor Representative Title

5/26/2026
Date



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION
P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 888-908-6609
TDD ACCESS: 1-800-735-2964
www.nh.gov/nhdoc

WILLIAM RYAN HART, JR.
COMMISSIONER

LISA M. STONE
DIRECTOR

PRISON RAPE ELIMINATION ACT

ACKNOWLEDGEMENT FORM

The Prison Rape Elimination Act (PREA) of 2003 (with Final Rule August 2012) is a federal law established to address the elimination and prevention of sexual assault and sexual harassment within correctional systems and detention facilities. This Act applies to all correctional facilities, including prisons, jails, juvenile facilities and community corrections residential facilities. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault
- Resident-on-resident abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment, assault of a resident

The act aimed to curb prison rape through a "zero-tolerance" policy, as well as through research and information gathering. The NH Department of Corrections has zero tolerance relating to the sexual assault/rape of offenders and recognizes these offenders as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the "zero tolerance" to the following:

- Contractor/subcontractor misconduct
- Contractor/subcontractor harassment, assault of a resident

As a Contractor and/or Subcontractor of the NH Department of Corrections, I acknowledge that I have been provided information on the Prison Rape Elimination Act of 2003 Public Law 108-79—Sept. 4, 2003 and have been informed that as a Contractor and/or Subcontractor of the NH Department of Corrections, sexual conduct between Contractor and/or Subcontractor and offenders is prohibited. Sexual harassment or sexual misconduct involving an offender can be a violation of NH RSA 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As a Contractor and/or Subcontractor of the NH Department of Corrections, I understand that I shall inform all employees of the Contractor and/or Subcontractor to adhere to all policies concerning PREA, RSA 632-A:2, RSA 632-A:3, RSA 632-A:4 and departmental policies including NHDOC Administrative Rules, Conduct and Confidentiality Information regarding my conduct, reporting of incidents and treatment of those under the supervision of the NH Department of Corrections. (Ref. RSA Chapter 632-A, and Administrative Rules, Rules of Conduct for Persons Providing Contract Services, Confidentiality of Information Agreement).

Name (print): Michael D. Peterson Date: 5/26/2026
(Name of Contract Signatory)

Signature: [Handwritten Signature]
(Signature of Contract Signatory)



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

**ACKNOWLEDGEMENT OF PRISON RAPE ELIMINATION ACT EDUCATION /
INFORMATION PURSUANT TO PPD 379.00 and 28 CFR 115.32 FOR LEVEL III
CONTRACTORS & NH STATE EMPLOYEES¹**

The Prison Rape Elimination Act (PREA) is a federally mandated initiative to prisons, jails, and those who supervise offenders in the community to establish a **zero - tolerance** policy against sexual assault on residents within those systems. PREA incidents involve the following conduct:

- Resident-on-resident sexual assault, sexual harassment, or abusive sexual contact; and,
- Staff sexual abuse, sexual harassment

PREA aims to curb prison rape through a "zero tolerance" policy, as well as through research and information gathering. The New Hampshire Department of Corrections (NHDOC) has zero tolerance relating to the sexual assault/rape of residents and recognizes residents who are sexually abused or sexually harassed as crime victims. Due to this recognition and adherence to the federal Prison Rape Elimination Act (PREA) of 2003, the NH Department of Corrections extends the "zero tolerance" policy to the following:

- Contractor/subcontractor sexual abuse, sexual harassment, and/or assault of a resident
- Other State agency employee sexual abuse, sexual harassment, and/or assault of a resident

As a contractor and/or subcontractor of the NHDOC, or the employee of another agency of the State of New Hampshire, I acknowledge that I have been provided information on the Prison Rape Elimination Act (PREA), and have been informed that as a contractor and/or subcontractor of the NHDOC, or the employee of another agency of the State of New Hampshire, sexual conduct between myself and a resident is prohibited. Sexual harassment or sexual misconduct involving a resident may also be a violation of RSAs 632-A:2, 632-A:3 and 632-A:4, Chapter 632-A: Sexual Assault and Related Offenses, and result in criminal prosecution.

As contractor and/or subcontractor of the NHDOC, or another agency of the State of New Hampshire, I understand that I shall inform all employees of the contractor and/or subcontractor, or employees of another state agency, to adhere to all policies relating to: PREA, RSAs 632-A:2, 632-A:3 and 632-A:4, and the departmental policies including NHDOC PPD 379, NHDOC Administrative Rules, Conduct and Confidentiality information regarding my conduct, reporting of incidents and treatment of those under supervision of the NH Department of Corrections (Ref. RSA Chapter 632-A, NHDOC PPD 379 and Administrative Rules, Rules of Conduct for persons Providing Contract Services, Confidentiality of Information Agreement).

Name: Michael D. Peterson Date: 5/26/2026

Signature: [Handwritten Signature] Company/Organization: Androscoggin Valley Hospital

¹ All Departments Other than NH Department of Corrections employees