

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.**2019**

Open to Public Inspection

For calendar year 2019 or tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

Name of foundation Endowment For Health, Inc.		A Employer identification number 02-0512290
Number and street (or P.O. box number if mail is not delivered to street address) One Pillsbury Street		B Telephone number 603-228-2448
City or town, state or province, country, and ZIP or foreign postal code Concord, NH 03301		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 86,004,212. (Part I, column (d), must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	50.			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,082.	1,082.		Statement 1
	4 Dividends and interest from securities	1,037,589.	1,322,798.		Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,590,747.			Statement 3
	b Gross sales price for all assets on line 6a 14,242,353.				
	7 Capital gain net income (from Part IV, line 2)		1,357,259.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	0.	-911,595.		Statement 4
	12 Total. Add lines 1 through 11	2,629,468.	1,769,544.	0.	
	13 Compensation of officers, directors, trustees, etc.	305,485.	0.	0.	305,485.
	14 Other employee salaries and wages	434,634.	0.	0.	434,634.
	15 Pension plans, employee benefits	168,736.	0.	0.	168,736.
	16a Legal fees Stmt 5	6,256.	0.	0.	1,871.
	b Accounting fees Stmt 6	21,287.	0.	0.	21,287.
	c Other professional fees Stmt 7	237,789.	121,536.	0.	117,125.
	17 Interest				
	18 Taxes Stmt 8	78,122.	0.	0.	52,587.
	19 Depreciation and depletion				
	20 Occupancy	56,163.	0.	0.	56,103.
	21 Travel, conferences, and meetings	19,530.	0.	0.	20,973.
	22 Printing and publications	7,138.	0.	0.	7,130.
	23 Other expenses Stmt 9	71,279.	407,882.	0.	72,827.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,406,419.	529,418.	0.	1,258,758.
25 Contributions, gifts, grants paid	2,892,237.			3,283,148.	
26 Total expenses and disbursements. Add lines 24 and 25	4,298,656.	529,418.	0.	4,541,906.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,669,188.				
b Net investment income (if negative, enter -0-)		1,240,126.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	734,028.	333,287.	333,287.
	2 Savings and temporary cash investments	737,746.	1,688,326.	1,688,326.
	3 Accounts receivable ▶ 10,729.		10,729.	10,729.
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ 2,500,000.			
	Less: allowance for doubtful accounts ▶ 0.	2,500,000.	2,500,000.	2,500,000.
	8 Inventories for sale or use	38,068.	61,824.	61,824.
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds Stmt 10	10,719,316.	9,004,198.	9,004,198.
	Liabilities	11 Investments - land, buildings, and equipment: basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other Stmt 11		70,933,872.	72,403,556.	72,403,556.
14 Land, buildings, and equipment: basis ▶ 124,741.				
Less: accumulated depreciation Stmt 12 ▶ 124,741.				
15 Other assets (describe ▶ Deposits)		2,292.	2,292.	2,292.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		85,665,322.	86,004,212.	86,004,212.
17 Accounts payable and accrued expenses		303,880.	314,273.	
18 Grants payable		908,087.	663,323.	
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	1,211,967.	977,596.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	82,469,941.	83,030,155.	
	25 Net assets with donor restrictions	1,983,414.	1,996,461.	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	84,453,355.	85,026,616.	
	29 Total net assets or fund balances			
30 Total liabilities and net assets/fund balances	85,665,322.	86,004,212.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	84,453,355.
2 Enter amount from Part I, line 27a	2	-1,669,188.
3 Other increases not included in line 2 (itemize) ▶ Unrealized Gains	3	2,242,449.
4 Add lines 1, 2, and 3	4	85,026,616.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	85,026,616.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Publicly Traded Securities	P		
b Investment Income - K-1	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 14,242,353.		12,651,664.	1,590,689.
b			-233,430.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			1,590,689.
b			-233,430.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,357,259.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	3,977,152.	79,935,869.	.049754
2017	4,070,608.	83,543,621.	.048724
2016	4,082,901.	82,685,051.	.049379
2015	3,518,837.	77,188,237.	.045588
2014	3,916,307.	83,003,573.	.047182

2 Total of line 1, column (d)	2	.240627
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.048125
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	82,356,314.
5 Multiply line 4 by line 3	5	3,963,398.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	12,401.
7 Add lines 5 and 6	7	3,975,799.
8 Enter qualifying distributions from Part XII, line 4	8	4,541,906.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b _____		1	12,401.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) _____			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____		2	0.
3 Add lines 1 and 2 _____		3	12,401.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- _____		5	12,401.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019 _____	6a	41,547.	
b Exempt foreign organizations - tax withheld at source _____	6b	0.	
c Tax paid with application for extension of time to file (Form 8868) _____	6c	0.	
d Backup withholding erroneously withheld _____	6d	0.	
7 Total credits and payments. Add lines 6a through 6d _____	7	41,547.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached _____	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed _____	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid _____	10	29,146.	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input checked="" type="checkbox"/> 29,146. Refunded <input type="checkbox"/> _____	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? _____		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition _____ If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year? _____		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? _____ If "Yes," attach a detailed description of the activities.	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes _____	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? _____	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? _____ N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? _____ If "Yes," attach the statement required by General Instruction T.	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? _____	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV _____	7	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> NH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation _____	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV _____	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses _____	10	X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions <u>Statement 13</u> Stmt 14	11 X	
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>www.endowmentforhealth.org</u>	13 X	
14 The books are in care of <u>Susan Fulton</u> Telephone no. <u>603-228-2448</u> Located at <u>One Pillsbury Street, Suite 301, Concord, NH</u> ZIP+4 <u>03301</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> N/A		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <u></u>	16	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <u>N/A</u> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <u></u> b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u> c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u></u>	2b	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) <u>N/A</u>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☒ Yes ☐ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

5b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructionsOrganizations relying on a current notice regarding disaster assistance, check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **See Statement 16** ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870.**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A****8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 15		305,485.	57,684.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Kim Firth - One Pillsbury Street, Suite 301, Concord, NH 03301	Program Director 37.50	97,608.	32,187.	0.
Melina Hill Walker - One Pillsbury Street, Suite 301, Concord, NH 03301	Program Director 37.50	97,910.	23,259.	0.
Karen Ager - One Pillsbury Street, Suite 301, Concord, NH 03301	Director of Communications 37.50	97,260.	19,162.	0.
Kelly Laflamme - One Pillsbury Street, Suite 301, Concord, NH 03301	Program Director 37.50	87,936.	16,728.	0.
Cheryl Dempsey - One Pillsbury Street, Suite 301, Concord, NH 03301	Administrative Manager 37.50	63,524.	19,717.	0.
Total number of other employees paid over \$50,000				0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Prime Buchholz 273 Corporate Drive, Portsmouth, NH 03801	Investment Advisor	80,896.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A**Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 See Statement 17	185,456.
2 See Statement 18	201,296.
3 See Statement 19	198,135.
4 See Statement 20	141,302.

Part IX-B**Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	81,776,014.
b	Average of monthly cash balances	1b	1,834,457.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	83,610,471.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	83,610,471.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,254,157.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	82,356,314.
6	Minimum investment return. Enter 5% of line 5	6	4,117,816.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	4,117,816.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	12,401.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	12,401.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,105,415.
4	Recoveries of amounts treated as qualifying distributions	4	146,147.
5	Add lines 3 and 4	5	4,251,562.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,251,562.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,541,906.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,541,906.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	12,401.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,529,505.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				4,251,562.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			3,799,946.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 4,541,906.				
a Applied to 2018, but not more than line 2a ...			3,799,946.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				741,960.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				3,509,602.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Form 990 (2015)	Endowments for Health, etc.
Part XIV	Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling **4942(i)(3)** or **4942(i)(5)**

		Prior 3 years				(e) Total
Tax year		(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2	a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
	b 85% of line 2a					
	c Qualifying distributions from Part XII, line 4, for each year listed					
	d Amounts included in line 2c not used directly for active conduct of exempt activities					
	e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
	a "Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
	c "Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a. The name, address, and telephone number or email address of the person to whom applications should be addressed:**

See Statement 21

- b** The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:**

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
Leadership New Hampshire PO Box 3446 Concord, NH 03302	N/A	PC	Build a community of informed leaders in NH to increase civic engagement and strengthen communities	10,000.
National Alliance on Mental Illness-New Hampshire 85 N. State Street Concord, NH 03301	N/A	PC	To ensure quality advocacy, knowledge development and nonprofit capacity building leadership	25,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301	N/A	PC	To ensure quality advocacy and nonprofit capacity building by sustaining the general operations of key NH	25,000.
New Futures 100 North Main Street Suite 400 Concord, NH 03301	N/A	PC	To develop, support and implement state-level policy changes to transform NHs children's mental	240,000.
Lamprey Health Care 207 South Main Street Newmarket, NH 03057	N/A	PC	To draw on the expertise of NHs Leaders of Color to train and develop a cohort of	40,000.
Total See continuation sheet(s)				3a 3,283,148.
b Approved for future payment				
New Hampshire Center for Nonprofits 194 Pleasant Street, Suite 14 Concord, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	50,000.
New Hampshire Public Radio 2 Pillsbury St., 6th Floor Concord, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	30,000.
New Hampshire Public Health Association 4 Park Street Ascheim, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	75,000.
Total See continuation sheet(s)				3b 663,323.

Form 990-PF (2019)

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Maine Council on Aging P.O. Box 988 Brunswick, ME 04011	N/A	PC	To advance a regional approach to address the challenges and opportunities presented by an aging	25,000.
Grantmakers in Aging 901 North Glebe Road, Suite 200 Arlington, VA 22203	N/A	PC	To expand the Endowment for Health's ability to leverage local, regional and national ideas and	1,700.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	To create more equitable and inclusive leadership practices in NH organizations and	40,000.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	Advance a shared vision for age friendly communities in NH through a collective impact	200,000.
New Futures 100 North Main Street Suite 400 Concord, NH 03301	N/A	PC	To create an advocacy structure that will serve as the foundation for achieving critical,	320,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301	N/A	PC	To build advocacy capacity to advance the priorities and strategies of the New Hampshire Alliance for	65,000.
Granite State Organizing Project 383 Beech Street Manchester, NH 03103	N/A	PC	To enhance leadership capabilities and educational attainment of primarily youth of color in the	30,000.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	The NH Business Acumen Project will advance the readiness of NH Community Based Organizations (CBOs)	20,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To enhance the capacity of NH leaders and communities to advance health and racial equity by	100,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To conduct research, convene key stakeholders and develop community engagement materials	30,000.
Total from continuation sheets				2,943,148.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
National Alliance on Mental Illness-New Hampshire 85 N. State Street Concord, NH 03301	N/A	PC	To continue cultivating and developing robust and resilient family and youth leaders, who are	73,850.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To quantify early childhood racial inequities and recommend policy solutions that would	80,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To quantify early childhood racial inequities and recommend policy solutions that would	50,000.
Conservation Law Foundation 27 North Main St Concord, NH 03301-4930	N/A	PC	To build advocacy capacity for environmental justice in NH	25,000.
New Hampshire Community Loan Fund 7 Wall Street Concord, NH 03301	N/A	PC	To sustain general operations and ensure nonprofit capacity building focused on improving the health	50,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To enhance the knowledge of NH residents, health policy leaders and practitioners about	10,000.
Fannie E. Rippel Foundation 14 Maple Avenue, Suite 200 Morristown, NJ 07960	N/A	PF	Provide operating support to the Rippel Foundation to provide leadership and oversight of the	25,000.
Fannie E. Rippel Foundation 14 Maple Avenue, Suite 200 Morristown, NJ 07960	N/A	PF	Provide support to the Rippel Foundation to provide leadership and oversight of the FORESIGHT Initiative.	25,000.
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301	N/A	PC	To improve the health of NH residents by increasing the quality of behavioral health collaborative services	107,500.
Organization for Refugee & Immigrant Success (ORIS) 434 Lake Avenue Manchester, NH 03103	N/A	PC	To determine the feasibility of a Manchester Farm to School project that makes locally grown	8,093.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Granite State College 25 Hall Street Concord, NH 03301	N/A	PC	To enhance health equity across the states workforce sectors by equipping key organizational	12,500.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	This project aims to put equity at the center of NH AHAs work to promote the health and wellbeing of older	30,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301	N/A	PC	To sustain an effective and sustainable statewide advocacy infrastructure that	25,000.
Granite State Children's Alliance 72 South River Rd, Suite 202 Bedford, NH 03110	N/A	PC	To establish a trauma-informed, evidence based clinical program to support children and	19,740.
Granite United Way 22 Concord Street, #2 Manchester, NH 03101	N/A	PC	To develop a new 5-year strategic plan with the Manchester School District by meaningfully engaging	20,000.
Organization for Refugee & Immigrant Success (ORIS) 434 Lake Avenue Manchester, NH 03103	N/A	PC	To facilitate and document the promotion and programmatic representation of New American Africans'	5,860.
Massachusetts Immigrant and Refugee Advocacy Coalition 105 Chauncy Street, 9th Floor Boston, MA 02111	N/A	PC	To promote healthy New Hampshire communities which welcome immigrants and refugees by	60,000.
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301	N/A	PC	The Licensure Review Project will conduct a review of licensure regulations for a broad array of health	12,500.
Trustees of Dartmouth College 11 Rope Ferry Road Hanover, NH 03755-1421	N/A	PC	The Clinical Placements Project will conduct an environmental scan of the community	75,000.
Sunset Hill Educational Institute P.O. Box 435 South Sutton, NH 03273	N/A	PC	To provide individuals living with disability in New Hampshire access to health and wellness activities	2,100.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
The Diversity Workforce Coalition PO Box 927 Manchester, NH 03105	N/A	PC	To deliver a highly engaging, experiential and provocative keynote address regarding equity,	5,000.
New Hampshire Public Health Association 4 Park Street Ascheim, NH 03301	N/A	PC	To build and focus advocacy capacity for the future through the consultation with b-fresh consulting.	6,730.
New Futures 100 North Main Street Suite 400 Concord, NH 03301	N/A	PC	To develop a public policy action plan which will provide coordinated communications, needs	25,000.
Granite United Way 22 Concord Street, #2 Manchester, NH 03101	N/A	PC	To help the United Way provide resources to organizations and people impacted by COVID-19.	50,000.
United Way of the Greater Seacoast 112 Corporate Drive Unit 3 Portsmouth, NH 03801	N/A	PC	To help the United Way provide resources to NH organizations and people impacted by COVID-19.	50,000.
Monadnock United Way 23 Center Street Keene, NH 03431	N/A	PC	To help the United Way provide resources to organizations and people impacted by COVID-19.	50,000.
United Way of Greater Nashua, Inc. 20 Broad Street Nashua, NH 03064	N/A	PC	To help the United Way provide resources to organizations and people impacted by COVID-19.	50,000.
Sullivan County NH 14 Main Street Newport, NH 03773-1548	N/A	GOV	To provide resources to organizations and people impacted by COVID-19 in the Sullivan County.	10,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To improve the supply of health care workers in New Hampshire by better aligning health care workforce	10,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To improve the supply of health care workers in New Hampshire by better aligning health care workforce	10,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To improve the supply of health care workers in New Hampshire by better aligning health care workforce	10,000.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	To provide evidence-informed training for early intervention and early childhood providers to	7,500.
New Hampshire School Funding Fairness Project PO Box 921 Concord, NH 03302	N/A	PC	To expand the reach of, and to develop new audiences for, the NH School Funding Fairness Project's	7,444.
New England Blacks in Philanthropy 101 Federal Street Boston, MA 02110	N/A	PC	To help individuals and philanthropic institutions and other funding organizations make better informed	2,500.
New Futures 100 North Main Street Suite 400 Concord, NH 03301	N/A	PC	To encourage alignment, coordination and promotion of best practices across all	56,700.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To put issues of race and equity at the center of civic engagement in NH civic institutions and	10,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To initiate a change in NH's Law Enforcement/Criminal Justice culture towards one of	10,000.
New Hampshire Children's Trust, Inc. 10 Ferry St. Suite 307 Concord, NH 03301	N/A	PC	To strengthen families throughout New Hampshire and reduce incidences of abuse and neglect by	37,000.
Saint Anselm College 100 Saint Anselm Drive Manchester, NH 03102	N/A	PC	To translate science into socially equitable and community resilience building practice and	15,575.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To organize for systems change for racial and economic equity by using an Inclusive Recovery	15,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
New Hampshire Community Loan Fund 7 Wall Street Concord, NH 03301	N/A	PC	To ensure small businesses and employees negatively impacted by COVID-19 have the resources to	25,000.
Solutions Journalism Network, Inc. 79 Madison Ave., Suite 224 New York, NY 10016	N/A	PC	To assist Laconia Daily Sun with reporting solutions journalism approaches by providing ongoing	5,250.
Disabilities Rights Center, Inc. 64 North Main St, 3rd Floor, Suite 2 Concord, NH 03301	N/A	PC	To advance educational equity for students with disabilities during the COVID-19 pandemic by providing	20,000.
Keene State College 229 Main Street Keene, NH 03435	N/A	PC	To provide technical support to the NH Departments of Education and Health & Human Services as they	39,884.
Keene State College 229 Main Street Keene, NH 03435	N/A	PC	Assess the current status and progress in development of the Children's Behavioral Health field	35,000.
New Futures 10 Ferry Street, Suite 307 Concord, NH 03301	N/A	PC	To strengthen the Children's Behavioral Health Collaborative's impact by evaluating the current structure	17,500.
University of New Hampshire 51 College Road Durham, NH 03824	N/A	PC	To deepen awareness and action on race and equity within New Hampshire's children's behavioral health	19,977.
Early Learning New Hampshire 2 Delta Drive Concord, NH 03301	N/A	PC	To strengthen the early childhood field's shared purpose by providing core operating support to	50,000.
Harvard Kennedy School of Government 79 JFL Street Cambridge, MA 02138	N/A	PC	To build family capabilities to enhance the healthy development of children by providing	40,000.
New Hampshire Association for Infant Mental Health PO Box 1421 Concord, NH 03302	N/A	PC	To increase the competence of NH's children's mental health workforce in Diagnosing, assessing	35,979.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Conservation Law Foundation 27 North Main St. Concord, NH 03301-4930	N/A	PC	To build advocacy capacity for environmental justice in NH.	25,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To enhance the capacity of NH's leaders and communities to advance health and racial	35,000.
Massachusetts Immigrant and Refugee Advocacy Coalition 105 Chauncy Street, 9th Floor Boston, MA 02111	N/A	PC	To serve as a learning collaborative and safe space where practitioners working on Immigrant	30,000.
Blue Cross Blue Shield of Massachusetts Foundation 101 Huntington Ave., Suite 300 Boston, MA 02199	N/A	PF	To help newspaper, radio, television and online reporters and editors do a better job covering critical	19,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301	N/A	PC	To ensure quality advocacy and nonprofit capacity building by sustaining the general operations of key NH	25,000.
New Hampshire Public Health Association #4 Park St., Suite 403 Concord, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	60,000.
New Hampshire Public Radio 2 Pillsbury Street, 6th Floor Concord, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	25,000.
New Hampshire Fiscal Policy Institute 64 North Main Street, 3rd Floor Concord, NH 03301	N/A	PC	To ensure quality advocacy and knowledge development for the health system in NH in order to improve the	75,000.
New Hampshire Center for Nonprofits 194 Pleasant Street, Suite 14 Concord, NH 03301	N/A	PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	25,000.
University of New Hampshire 51 College Road Durham, NH 03824	N/A	PC	To develop and support a forum that will identify critical health policy issues and analyze data to	200,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Fenway Health 1340 Boylston Street Boston, MA 02215	N/A	PC	Create increased awareness of and readiness to work with lesbian, gay, bisexual and transgender (LGBT)	4,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301	N/A	POF	To improve understanding of existing capacity for providing LGBT-affirmative and	40,000.
New Hampshire Public Health Association #4 Park St., Suite 403 Concord, NH 03301	N/A	PC	To strengthen State and local capacity to deliver high-quality oral health services by providing access to	704.
Grantmakers for Effective Organizations 1310 L Street NW, Suite 650 Washington, DC 20005	N/A	PC	To improve foundation grantmaking practices by providing an opportunity for funders to explore	5,000.
Solutions Journalism Network, Inc. 79 Madison Ave, 2nd Floor #224 New York, NY 10016	N/A	PC	To support the Laconia Daily Sun's year-long series on issues of race, civil discourse and the social	10,400.
City of Nashua 18 Mulberry Street Nashua, NH 03060	N/A	GOV	To increase awareness of substance use prevention by hosting a Legislative Breakfast to get the	1,315.
National Alliance on Mental Illness-New Hampshire 85 N. State Street Concord, NH 03301	N/A	PC	To develop family leadership in NH's childrens behavioral health system through identification and	36,554.
Early Learning New Hampshire 2 Delta Drive Concord, NH 03301	N/A	PC	To encourage alignment, coordination and promotion of best practices across all	45,293.
Granite United Way 22 Concord Street, #2 Manchester, NH 03101	N/A	PC	Provide operating support that leverages other funding for provider trainings for the Recovery Friendly	5,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
New Hampshire Fiscal Policy Institute 64 North Main Street, 3rd floor Concord, NH 03301	N/A	PC	To ensure quality advocacy and knowledge development for the health system in NH by sustaining the general	75,000.
Early Learning New Hampshire 2 Delta Drive Concord, NH 03301	N/A	PC	To promote the importance of investing in early childhood by using a range of messaging	114,710.
The Gerontological Society of America 1220 L St NW Ste 901 Washington, DC 20005	N/A	PC	To build momentum in changing the conversation about aging in New Hampshire by strengthening local	10,000.
Nackey S. Loeb School of Communication 749 East Industrial Park Drive Manchester, NH 03109	N/A	PC	To raise awareness of barriers to civic discourse in the Lakes Region and educate residents about	56,513.
Keene State College 229 Main Street Keene, NH 03435	N/A	PC	To assess the current status and progress in development of the Early Childhood field	35,000.
University of New Hampshire 73 Main Street Durham, NH 03820	N/A	PC	To engage and empower a diverse set of constituents to actively work to find common ground around	200,000.
Makin' It Happen Coalition for Resilient Youth Inc. One Sundial Avenue, Suite 219N Manchester, NH 03103	N/A	PC	To guide the state's efforts to expand its capacity to recognize, respond, connect and support individuals at	17,100.
Total from continuation sheets				508,323.

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - Leadership New Hampshire

Build a community of informed leaders in NH to increase civic engagement and strengthen communities through connecting and educating a diverse pool of engaged, or emerging, leaders about the State of New Hampshire.

Name of Recipient - National Alliance on Mental Illness-New Hampshire

To ensure quality advocacy, knowledge development and nonprofit capacity building leadership for the mental health system which supports NH's children and their families by providing general operating support.

Name of Recipient - New Hampshire Legal Assistance

To ensure quality advocacy and nonprofit capacity building by sustaining the general operations of key NH nonprofits.

Name of Recipient - New Futures

To develop, support and implement state-level policy changes to transform NHs children's mental health and substance use disorder system into an integrated, comprehensive System of Care.

Name of Recipient - Lamprey Health Care

To draw on the expertise of NHs Leaders of Color to train and develop a cohort of promising/rising minority community leaders with an equity frame knowledge base and concrete skills for participating in leadership (committees, boards, mainstream leadership development programs) while building collective impact capacity in communities of color.

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - Maine Council on Aging

To advance a regional approach to address the challenges and opportunities presented by an aging Northern New England by providing learning opportunities, facilitating opportunities for networking and encouraging cross-sector collaboration among municipal, policy, advocacy and business leaders working across Maine, New Hampshire and Vermont.

Name of Recipient - Grantmakers in Aging

To expand the Endowment for Health's ability to leverage local, regional and national ideas and funding, through enhanced relationships with those in the field of philanthropy focused on healthy aging.

Name of Recipient - University of New Hampshire

To create more equitable and inclusive leadership practices in NH organizations and communities through an intensive series of facilitated dialogues focused on systemic and structural racism, implicit bias, and privilege associated with social identities.

Name of Recipient - University of New Hampshire

Advance a shared vision for age friendly communities in NH through a collective impact approach by providing backbone support to the NH Alliance of Healthy Aging.

Name of Recipient - New Futures

To create an advocacy structure that will serve as the foundation for achieving critical, multi-issue policy goals and provide training and

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

mentoring to the field, thereby enhancing strategic leadership and advocacy capacity in critical organizations.

Name of Recipient - New Hampshire Legal Assistance

To build advocacy capacity to advance the priorities and strategies of the New Hampshire Alliance for Healthy Aging and its partners.

Name of Recipient - Granite State Organizing Project

To enhance leadership capabilities and educational attainment of primarily youth of color in the Manchester and Nashua School Districts by providing support to expand the YOU program to youth at Memorial and West High Schools in Manchester and Nashua North and South High Schools.

Name of Recipient - University of New Hampshire

The NH Business Acumen Project will advance the readiness of NH Community Based Organizations (CBOs) to partner with integrated healthcare entities by monitoring the public funding environment, assessing CBO status and needs, and providing expert-led technical assistance and training.

Name of Recipient - Health Strategies of New Hampshire

To enhance the capacity of NH leaders and communities to advance health and racial equity by working collaboratively within and among specific sector groups.

Name of Recipient - Health Strategies of New Hampshire

To conduct research, convene key stakeholders and develop community

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

engagement materials to support improved health policy decision-making.

Name of Recipient - National Alliance on Mental Illness-New Hampshire
To continue cultivating and developing robust and resilient family and youth leaders, who are full partners in transforming and strengthening the infrastructure of NH childrens behavioral health system, by providing opportunities for leadership development, community engagement, education, training, and advocacy.

Name of Recipient - Health Strategies of New Hampshire
To quantify early childhood racial inequities and recommend policy solutions that would promote fair and just opportunities for all New Hampshire young children by conducting a study

Name of Recipient - Health Strategies of New Hampshire
To quantify early childhood racial inequities and recommend policy solutions that would promote fair and just opportunities for all New Hampshire young children by conducting a study

Name of Recipient - New Hampshire Community Loan Fund
To sustain general operations and ensure nonprofit capacity building focused on improving the health of vulnerable residents of NH by addressing housing needs as a critical determinate of health.

Name of Recipient - Health Strategies of New Hampshire
To enhance the knowledge of NH residents, health policy leaders and practitioners about important health equity issues, activities, and successful national/state-based programs by supporting specific

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

communication strategies.

Name of Recipient - Fannie E. Rippel Foundation

Provide operating support to the Rippel Foundation to provide leadership and oversight of the FORESIGHT Initiative.

Name of Recipient - Foundation for Healthy Communities

To improve the health of NH residents by increasing the quality of behavioral health collaborative services provided in hospital emergency care departments and aligned community settings.

Name of Recipient - Organization for Refugee & Immigrant Success (ORIS)

To determine the feasibility of a Manchester Farm to School project that makes locally grown and produced food products available on Manchester School District lunch menus and incorporates experiential nutrition education activities in school curricula by creating an Action Plan to use as the blueprint for the project.

Name of Recipient - Granite State College

To enhance health equity across the states workforce sectors by equipping key organizational development leaders in New Hampshire with critical and respectful multi-generational management and leadership competencies to address multi-generational health disparities related to respectful, culturally competent, and collaborative workplace cultures.

Name of Recipient - University of New Hampshire

This project aims to put equity at the center of NH AHAs work to

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

promote the health and wellbeing of older adults in New Hampshire by developing partners understanding of how and why issues of inequity arise in healthy aging and equipping them with resources and skills for advancing equity.

Name of Recipient - New Hampshire Legal Assistance

To sustain an effective and sustainable statewide advocacy infrastructure that promotes healthy aging in New Hampshire.

Name of Recipient - Granite State Children's Alliance

To establish a trauma-informed, evidence based clinical program to support children and their families who are accessing services on-site at the Greater Lakes Child Advocacy Centers and to replicate this model statewide.

Name of Recipient - Granite United Way

To develop a new 5-year strategic plan with the Manchester School District by meaningfully engaging a broader group of people from diverse racial, ethnic, linguistic, socioeconomic and cultural backgrounds

Name of Recipient - Organization for Refugee & Immigrant Success (ORIS)

To facilitate and document the promotion and programmatic representation of New American Africans' expressed ethnic community development objectives within ORIS's organizational and programmatic structures.

Name of Recipient - Massachusetts Immigrant and Refugee Advocacy

923655 04-01-19

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Coalition

To promote healthy New Hampshire communities which welcome immigrants and refugees by facilitating inclusive community collaboration, assisting a learning collaborative of integration practitioners and community leaders to share best practices and collectively address ongoing challenges experienced by immigrants and refugees in NH.

Name of Recipient - Foundation for Healthy Communities

The Licensure Review Project will conduct a review of licensure regulations for a broad array of health care providers and provide recommendations on opportunities to remove barriers, increase efficiencies, and support workforce development for the health care workers.

Name of Recipient - Trustees of Dartmouth College

The Clinical Placements Project will conduct an environmental scan of the community placement process that supports health care clinical training experiences in New Hampshire.

Name of Recipient - Sunset Hill Educational Institute

To provide individuals living with disability in New Hampshire access to health and wellness activities and education in a peer-driven social environment by digitally connecting them to a virtual exercise and learning hub at the Sunset Hill Educational Institute (SHEI) facility where they can remote conference from their home with SHEI staff and other peers.

Name of Recipient - The Diversity Workforce Coalition

923655 04-01-19

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

To deliver a highly engaging, experiential and provocative keynote address regarding equity, diversity and inclusion.

Name of Recipient - New Futures

To develop a public policy action plan which will provide coordinated communications, needs assessments, and a package of governmental policy actions, to assist in the immediate delivery of services and to help stabilize the financials of an already fragile health care delivery system.

Name of Recipient - Health Strategies of New Hampshire

To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Name of Recipient - Health Strategies of New Hampshire

To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Name of Recipient - Health Strategies of New Hampshire

To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Name of Recipient - University of New Hampshire

To provide evidence-informed training for early intervention and early childhood providers to increase the capacity of their interdisciplinary

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

teams to care for infants impacted by opioids and other substances and their families.

Name of Recipient - New Hampshire School Funding Fairness Project
To expand the reach of, and to develop new audiences for, the NH School Funding Fairness Project's public education efforts by creating and disseminating video versions of its "School Funding and Property Taxes" presentation.

Name of Recipient - New England Blacks in Philanthropy
To help individuals and philanthropic institutions and other funding organizations make better informed decisions within communities of color and with direct input from representatives of those diverse populations by providing tools and resources needed to enhance knowledge.

Name of Recipient - New Futures
To encourage alignment, coordination and promotion of best practices across all early childhood coalitions in the state by facilitating a community of practice.

Name of Recipient - Health Strategies of New Hampshire
To put issues of race and equity at the center of civic engagement in NH civic institutions and public life by developing the combination of knowledge, skills, and motivation to make that difference.

Name of Recipient - Health Strategies of New Hampshire
To initiate a change in NH's Law Enforcement/Criminal Justice culture

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

towards one of improved equity and acceptance by development and implementation of an implicit bias training program for NH's law enforcement/criminal justice sector personnel.

Name of Recipient - New Hampshire Children's Trust, Inc.

To strengthen families throughout New Hampshire and reduce incidences of abuse and neglect by implementing a public awareness campaign focused on Family Resource Centers and the programs they offer

Name of Recipient - Saint Anselm College

To translate science into socially equitable and community resilience building practice and policy by enabling the development of problem based learning games to teach antiracist practices and improve cultural competence in industry settings for youth and adults.

Name of Recipient - Health Strategies of New Hampshire

To organize for systems change for racial and economic equity by using an Inclusive Recovery Framework.

Name of Recipient - New Hampshire Community Loan Fund

To ensure small businesses and employees negatively impacted by COVID-19 have the resources to pay mortgages, rent and other immediate costs.

Name of Recipient - Solutions Journalism Network, Inc.

To assist Laconia Daily Sun with reporting solutions journalism approaches by providing ongoing technical assistance.

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - Disabilities Rights Center, Inc.

To advance educational equity for students with disabilities during the COVID-19 pandemic by providing individual and systemic advocacy

Name of Recipient - Keene State College

To provide technical support to the NH Departments of Education and Health & Human Services as they prepare the Year 4 System of Care Implementation Report and Executive Summary.

Name of Recipient - New Futures

To strengthen the Children's Behavioral Health Collaborative's impact by evaluating the current structure and assessing its current role in the field and by supporting strategic opportunities.

Name of Recipient - University of New Hampshire

To deepen awareness and action on race and equity within New Hampshire's children's behavioral health field by implementing the Leadership Learning Exchange for Equity.

Name of Recipient - Early Learning New Hampshire

To strengthen the early childhood field's shared purpose by providing core operating support to Spark NH.

Name of Recipient - Harvard Kennedy School of Government

To build family capabilities to enhance the healthy development of children by providing intensive technical assistance that builds the capacity of NH's Department of Health and Human Services (NH DHHS) staff to design and implement a suite of initiatives.

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - New Hampshire Association for Infant Mental Health
To increase the competence of NH's children's mental health workforce
in diagnosing, assessing and treating children birth through age 6 by
providing professional development in the DC: 0 - 5 Diagnostic
Classification.

Name of Recipient - Health Strategies of New Hampshire
To enhance the capacity of NH's leaders and communities to advance
health and racial equity by working collaboratively within and among
specific sector groups.

Name of Recipient - Massachusetts Immigrant and Refugee Advocacy
Coalition
To serve as a learning collaborative and safe space where practitioners
working on Immigrant Integration, in particular representatives from
the formerly four funded regions of the Immigrant Integration
Initiative, can learn together how to implement and sustain robust and
successful immigrant integration efforts AND maintain a learning
community to share knowledge and address ongoing challenges that arise.

Name of Recipient - Blue Cross Blue Shield of Massachusetts Foundation
To help newspaper, radio, television and online reporters and editors
do a better job covering critical health care issues by participating
in a comprehensive curriculum designed to enhance their knowledge of
complex health policy issues.

Name of Recipient - New Hampshire Legal Assistance

923655 04-01-19

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

To ensure quality advocacy and nonprofit capacity building by
sustaining the general operations of key NH nonprofits.

Name of Recipient - New Hampshire Public Health Association

To ensure quality advocacy, nonprofit capacity building and knowledge
development for the health system in NH in order to improve the health
of NH residents by sustaining the general operations of key NH
nonprofits.

Name of Recipient - New Hampshire Public Radio

To ensure quality advocacy, nonprofit capacity building and knowledge
development for the health system in NH in order to improve the health
of NH residents by sustaining the general operations of key NH
nonprofits.

Name of Recipient - New Hampshire Fiscal Policy Institute

To ensure quality advocacy and knowledge development for the health
system in NH in order to improve the health of NH residents by
sustaining the general operations of key NH nonprofits.

Name of Recipient - New Hampshire Center for Nonprofits

To ensure quality advocacy, nonprofit capacity building and knowledge
development for the health system in NH in order to improve the health
of NH residents by sustaining the general operations of key NH
nonprofits.

Name of Recipient - University of New Hampshire

To develop and support a forum that will identify critical health

923855 04-01-19

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

policy issues and analyze data to understand the implications of policy changes on NH residents and health care providers.

Name of Recipient - Fenway Health

Create increased awareness of and readiness to work with lesbian, gay, bisexual and transgender (LGBT) older people among mainstream aging services providers through two training opportunities.

Name of Recipient - Health Strategies of New Hampshire

To improve understanding of existing capacity for providing LGBT-affirmative and competent aging services in our state and where/how we can build greater capacity to serve the most vulnerable older people in our communities.

Name of Recipient - New Hampshire Public Health Association

To strengthen State and local capacity to deliver high-quality oral health services by providing access to expert speakers on important oral health issues.

Name of Recipient - Grantmakers for Effective Organizations

To improve foundation grantmaking practices by providing an opportunity for funders to explore smarter grantmaking approaches.

Name of Recipient - Solutions Journalism Network, Inc.

To support the Laconia Daily Sun's year-long series on issues of race, civil discourse and the social determinants of health by providing technical assistance from the Solutions Journalism Network.

Part XV Supplementary Information**3a** Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - City of Nashua

To increase awareness of substance use prevention by hosting a
Legislative Breakfast to get the conversation started.

Name of Recipient - National Alliance on Mental Illness-New Hampshire

To develop family leadership in NH's childrens behavioral health system
through identification and engagement, providing training and support
in advocacy and outreach, fostering and mentoring family leaders as
advocates, and expanding grassroots family-to-family peer supports.

Name of Recipient - Early Learning New Hampshire

To encourage alignment, coordination and promotion of best practices
across all early childhood initiatives in the state by facilitating a
community of practice.

Name of Recipient - Granite United Way

Provide operating support that leverages other funding for provider
trainings for the Recovery Friendly Workplace Initiative.

Part XV Supplementary Information**3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution**

Name of Recipient - New Hampshire Center for Nonprofits

To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system by sustaining the general operations of key NH nonprofits.

Name of Recipient - New Hampshire Public Radio

To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system in NH by sustaining the general operations of key NH nonprofits.

Name of Recipient - New Hampshire Public Health Association

To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system in NH by sustaining the general operations of key NH nonprofits.

Name of Recipient - New Hampshire Fiscal Policy Institute

To ensure quality advocacy and knowledge development for the health system in NH by sustaining the general operations of key NH nonprofits.

Name of Recipient - Early Learning New Hampshire

To promote the importance of investing in early childhood by using a range of messaging tools.

Name of Recipient - The Gerontological Society of America

To build momentum in changing the conversation about aging in New Hampshire by strengthening local capacity and connections to the National Reframing Aging Network.

Part XV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

Name of Recipient - Nackey S. Loeb School of Communication

To raise awareness of barriers to civic discourse in the Lakes Region and educate residents about opportunities to improve racial justice and welcoming activities in the state by covering a variety of issues related to social determinants of health and to examine solutions to the existence of hate groups locally and statewide.

Name of Recipient - University of New Hampshire

To engage and empower a diverse set of constituents to actively work to find common ground around policy solutions addressing health, social, and public health systems in New Hampshire by identifying key health policy shifts, researching and analyzing impacts using focused data points, disseminating information to describe implications of policies, and developing processes to prioritize and shape policy pathways.

Name of Recipient - Makin' It Happen Coalition for Resilient Youth Inc.

To guide the state's efforts to expand its capacity to recognize, respond, connect and support individuals at risk for suicide by developing a strategic plan for the New Hampshire Suicide Prevention Council.

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Investment Income	1,082.	1,082.	0.
Total to Part I, line 3	1,082.	1,082.	0.

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Investment Income	1,037,589.	0.	1,037,589.	1,037,589.	0.
To Part I, line 4	1,037,589.	0.	1,037,589.	1,037,589.	0.

Form 990-PF

Gain or (Loss) from Sale of Assets

Statement 3

(a) Description of Property	Manner Acquired		Date Acquired		Date Sold
Publicly Traded Securities	Purchased				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
14,242,353.	12,651,664.	0.	0.	1,590,689.	

(a) Description of Property	Manner Acquired		Date Acquired		Date Sold
Investment Income - K-1 UBTI	Purchased				
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	
0.	0.	0.	0.	58.	

Net Gain or Loss from Sale of Assets	1,590,747.
Capital Gains Dividends from Part IV	0.
Total to Form 990-PF, Part I, line 6a	1,590,747.

Form 990-PF

Other Income

Statement 4

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Investment Income - K-1	0.	195,469.	0.
481a Adjustment	0.	-1,107,064.	0.
Total to Form 990-PF, Part I, line 11	0.	-911,595.	0.

Form 990-PF	Legal Fees			Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal Fees	6,256.	0.	0.	1,871.
To Fm 990-PF, Pg 1, ln 16a	6,256.	0.	0.	1,871.

Form 990-PF	Accounting Fees			Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	21,287.	0.	0.	21,287.
To Form 990-PF, Pg 1, ln 16b	21,287.	0.	0.	21,287.

Form 990-PF	Other Professional Fees			Statement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting - Investments	79,009.	79,009.	0.	0.
Consulting	116,253.	0.	0.	117,125.
Investment Fees	42,527.	42,527.	0.	0.
To Form 990-PF, Pg 1, ln 16c	237,789.	121,536.	0.	117,125.

Form 990-PF	Taxes			Statement 8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Federal Excise Tax	24,661.	0.	0.	0.
Payroll Tax	53,386.	0.	0.	52,512.
Other Tax	75.	0.	0.	75.
To Form 990-PF, Pg 1, ln 18	78,122.	0.	0.	52,587.

Form 990-PF	Other Expenses			Statement 9
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Miscellaneous	10,929.	0.	0.	13,116.
Insurance	23,341.	0.	0.	23,296.
Office Expenses	18,454.	0.	0.	17,860.
Telephone Expense	8,218.	0.	0.	8,218.
Computer/Equipment Repairs & Maintenance	9,281.	0.	0.	9,281.
Freight/Postage	1,056.	0.	0.	1,056.
Other Portfolio Deductions from Passthroughs	0.	407,882.	0.	0.
To Form 990-PF, Pg 1, ln 23	71,279.	407,882.	0.	72,827.

Form 990-PF	Corporate Bonds		Statement 10
Description	Book Value	Fair Market Value	
Colchis	2,715,615.	2,715,615.	
StoneRidge Alternative Lending	1,803,046.	1,803,046.	
TIAA Cref	4,485,537.	4,485,537.	
Total to Form 990-PF, Part II, line 10c	9,004,198.	9,004,198.	

Form 990-PF

Other Investments

Statement 11

Description	Valuation Method	Book Value	Fair Market Value
Guggenheim Russell 1000 Equal	FMV	7,397,859.	7,397,859.
Vanguard Total International	FMV	6,048,143.	6,048,143.
Vanguard Total Stock Market	FMV	13,853,346.	13,853,346.
Forester Diversified LTD	FMV	356,608.	356,608.
Highclere International Investors SMID Fund	FMV	2,405,339.	2,405,339.
Legacy Venture VI LLC	FMV	1,937,619.	1,937,619.
Borealis Granite Fund	FMV	1,477,312.	1,477,312.
Legacy Venture VII LLC	FMV	1,909,657.	1,909,657.
Legacy Venture VIII, LLC	FMV	1,027,380.	1,027,380.
RCP Fund IX LP	FMV	969,610.	969,610.
BPG Investment Partnership VIIA, LP	FMV	1,134,812.	1,134,812.
StoneRidge	FMV	1,064,771.	1,064,771.
AG Realty Fund 9	FMV	1,913,269.	1,913,269.
Juniper II	FMV	1,359,691.	1,359,691.
RCP XI	FMV	668,275.	668,275.
Southpoint	FMV	2,415,154.	2,415,154.
Anchorage	FMV	1,762,156.	1,762,156.
VNG Emerging	FMV	490,533.	490,533.
RCP XII	FMV	472,276.	472,276.
Davidson Kemper	FMV	3,925,049.	3,925,049.
GEM	FMV	369,084.	369,084.
NGP	FMV	505,146.	505,146.
Juniper III	FMV	874,434.	874,434.
RCP XIII	FMV	169,740.	169,740.
Lyme Timber	FMV	254,490.	254,490.
Legacy 9	FMV	282,218.	282,218.
AG Realty 10	FMV	291,244.	291,244.
RCP Fund XIV	FMV	39,506.	39,506.
Generation Global	FMV	3,346,595.	3,346,595.
Generation Asia	FMV	1,682,510.	1,682,510.
Nut Tree	FMV	2,268,800.	2,268,800.
Varde	FMV	1,943,411.	1,943,411.
Nyes Lege	FMV	7,670,549.	7,670,549.
DK Distressed	FMV	116,970.	116,970.
Total to Form 990-PF, Part II, line 13		72,403,556.	72,403,556.

Form 990-PF

Depreciation of Assets Not Held for Investment

Statement 12

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Equipment	88,393.	88,393.	0.
Furniture	36,348.	36,348.	0.
Total To Fm 990-PF, Part II, ln 14	124,741.	124,741.	0.

Form 990-PF	Transfers to Controlled Entities Part VII-A, Line 11	Statement 13
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<u>Name of Controlled Entity</u>	<u>Employer ID No</u>
Health Strategies of New Hampshire, Inc.	20-8632971

Address

One Pillsbury Street, Suite 301
Concord, NH 03301

Description of Transfer

Grant to wholly-owned subsidiary.

<u>Amount of Transfer</u>
221,291.

Total Amount of Transfers to Controlled Entities	221,291.
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Form 990-PF	Schedule of Controlled Entities Part VII-A, Line 11	Statement 14
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<u>Name of Controlled Entity</u>	<u>Employer ID No</u>
Health Strategies of New Hampshire, Inc.	20-8632971

Address

One Pillsbury Street, Suite 301
Concord, NH 03301

Excess Business Holding [] Yes [X] No

Form 990-PF

Part VIII - List of Officers, Directors
Trustees and Foundation Managers

Statement 15

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Michael Ostrowski One Pillsbury Street, Suite 301 Concord, NH 03301	Chair 2.00	0.	0.	0.
Ned Helms One Pillsbury Street, Suite 301 Concord, NH 03301	Vice Chair 1.00	0.	0.	0.
Brian Presti One Pillsbury Street, Suite 301 Concord, NH 03301	Treasurer 2.00	0.	0.	0.
Anthony Poore One Pillsbury Street, Suite 301 Concord, NH 03301	Secretary 1.00	0.	0.	0.
Betsy Paine One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Scott Bogle One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Frank DeGiovanni One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Tricia Lucas One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Chris Mathews One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Deo Mwano One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.

Endowment For Health, Inc.02-0512290

Jennifer Near One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Maria Padin One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Marie Ramas One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
John Snow One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Frances Strayer One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Yvonne Goldsberry One Pillsbury Street, Suite 301 Concord, NH 03301	President 37.50	193,000.	33,177.	0.
Sue Fulton One Pillsbury Street, Suite 301 Concord, NH 03301	Chief Financial Officer 37.50	112,485.	24,507.	0.
Totals included on 990-PF, Page 6, Part VIII		<u>305,485.</u>	<u>57,684.</u>	<u>0.</u>

Form 990-PF

Expenditure Responsibility Statement
Part VII-B, Line 5c

Statement 16

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
2,000.	09/17/18	2,000.

Purpose of Grant

(FY 2018 Grant ID: 1950.06) To support the operations of Health Strategies by providing operating support.

Dates of Reports by Grantee

June 30, 2019 & December 31, 2019

Any Diversion by Grantee

No

Results of Verification

Reports verified June 30, 2019 & December 31, 2019.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/17/18	9,000.

Purpose of Grant

(FY 2018 Grant ID: 2504.02) To enhance knowledge leading to improved policy and practice in health equity by supporting the communication and distribution statewide of information.

Dates of Reports by Grantee

June 30, 2019 & June 30, 2020

Any Diversion by Grantee

\$1,000 returned to the Endowment.

Results of Verification

Reports verified June 30, 2019 & June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
20,000.	09/17/18	20,000.

Purpose of Grant

(FY 2018 Grant ID: 2705) To conduct a comprehensive, statewide study of the Early Childhood Education (ECE) workforce in New Hampshire.

Dates of Reports by Grantee

June 30, 2019 & June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Reports verified June 30, 2019 & June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
145,000.	09/17/18	45,000.

Purpose of Grant

(FY 2018 Grant ID: 2707) To quantify early childhood racial inequities and recommend policy solutions that promote fair and just opportunities for all NH young children.

Dates of Reports by Grantee

June 30, 2019 & June 30, 2020

Any Diversion by Grantee

\$100,000 returned to the Endowment.

Results of Verification

Reports verified June 30, 2019 & June 30, 2020.

Grantee's Name

Blue Cross Blue Shield of Massachusetts Foundation

Grantee's Address101 Huntington Ave, Suite 300
Boston, MA 02199

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
19,000.	09/23/19	0.

Purpose of Grant

(FY 2019 Grant ID: 1510.14) To help newspaper, radio, television and online reporters and editors do a better job covering critical health care issues by participating in a comprehensive curriculum designed to enhance their knowledge of complex health policy issues.

Dates of Reports by Grantee

Report due December 31, 2020.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Report verified December 31, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
1,000.	09/23/19	260.

Purpose of Grant

(FY 2019 Grant ID: 1950.07) To support the operations of Health Strategies.

Dates of Reports by Grantee

June 30, 2020 & June 30, 2021

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified June 30, 2020. Final report will be verified June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	04/15/19	10,000.

Purpose of Grant

(FY 2019 Grant ID: 2368.03) To strengthen the field of Children's Behavioral Health by strategically supporting technical assistance to leverage funding from federal and/or national foundation sources.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/23/19	0.

Purpose of Grant

(FY 2019 Grant ID: 2537.04) To strengthen the field of Early Childhood by strategically supporting technical assistance to leverage funding from federal and/or national foundation sources.

Dates of Reports by Grantee

June 30, 2020. Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

June 30, 2020. Final report will be verified June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
35,000.	09/23/19	35,000.

Purpose of Grant

(FY 2019 Grant ID: 2655.04) To enhance the capacity of NH's leaders and communities to advance health and racial equity by working collaboratively within and among specific sector groups.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	06/17/19	10,000.

Purpose of Grant

(FY 2019 Grant ID: 2679.01) To conduct research on, and convene key stakeholders about, state health plans used to support improved health policy decision-making.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/23/19	10,000.

Purpose of Grant

(FY 2019 Grant ID: 2679.02) To conduct research and convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
15,000.	11/19/18	13,800.

Purpose of Grant

(FY 2019 Grant ID: 2714) To enhance the knowledge of NH residents, health policy leaders and practitioners about important health equity issues, activities, and successful national/state-based programs by supporting specific communication strategies.

Dates of Reports by Grantee

June 30, 2019 & June 30, 2020

Any Diversion by Grantee

\$1,200 returned to the Endowment.

Results of Verification

Reports verified June 30, 2019 & June 30, 2020.

Grantee's Name

Fannie E. Rippel Foundation

Grantee's Address

14 Maple Avenue, Suite 200
Morristown, NJ 07960

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
25,000.	11/19/18	25,000.

Purpose of Grant

(FY 2019 Grant ID: 2716) To provide support to the Rippel Foundation to provide leadership and oversight of the FORESIGHT Initiative.

Dates of Reports by Grantee

August 31, 2020

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Report verified August 31, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
30,000.	01/28/19	21,869.

Purpose of Grant

(FY 2019 Grant ID: 2719) To increase the capacity of the Healthy Aging field to implement Reframing Aging tools and recommendations in NH.

Dates of Reports by Grantee

June 30, 2019 & June 30, 2020

Any Diversion by Grantee

\$8,131 returned to the Endowment.

Results of Verification

Reports verified June 30, 2019 & June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
5,000.	06/17/19	5,000.

Purpose of Grant

(FY 2019 Grant ID: 2736) To strengthen the capacity of funders in NH to strategically coordinate and co-fund grantmaking by completing a baseline report that maps the state's philanthropic landscape.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	07/31/19	6,622.

Purpose of Grant

(FY 2019 Grant ID: 2742) To reduce/eliminate information disorder by providing a one day workshop for journalists on how to discover, verify and ethically and responsibly report.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

\$3,378.25 returned to the Endowment.

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
40,000.	09/23/19	40,000.

Purpose of Grant

(FY 2019 Grant ID: 2743) To improve understanding of existing capacity for providing LGBT-affirmative and competent aging services in our state and where/how we can build greater capacity to serve the most vulnerable older people in our communities.

Dates of Reports by Grantee

June 30, 2020

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
16,132.	09/23/19	12,277.

Purpose of Grant

(FY 2019 Grant ID: 2758) To measure progress on recommendations made in a 2015 Advocacy Report and to identify potential opportunities, strategies or partners.

Dates of Reports by Grantee

June 30, 2020. Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified June 30, 2020. Final report will be verified June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
100,000.	11/25/19	49,101.

Purpose of Grant

(FY 2020 Grant ID: 2655.05) To enhance the capacity of NH's leaders and communities to advance health and racial equity by working collaboratively within and among specific sector groups.

Dates of Reports by Grantee

June 30, 2020. Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified June 30, 2020. Final report will be verified June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
30,000.	11/25/19	9,727.

Purpose of Grant

(FY 2020 Grant ID: 2679.03) To conduct research, convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

Dates of Reports by Grantee

June 30, 2020. Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified June 30, 2020. Final report will be verified June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
80,000.	03/23/20	700.

Purpose of Grant

(FY 2020 Grant ID: 2707.01) To quantify early childhood racial inequities and recommend policy solutions that would promote fair and just opportunities for all New Hampshire young children by conducting a study.

Dates of Reports by Grantee

September 30, 2020. Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified September 30, 2020; Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
50,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2707.02) To quantify early childhood racial inequities and recommend policy solutions that would promote fair and just opportunities for all New Hampshire young children by conducting a study.

Dates of Reports by Grantee

Report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2714.01) To enhance the knowledge of NH residents, health policy leaders and practitioners about important health equity issues, activities, and successful national/state-based programs by supporting specific communication strategies.

Dates of Reports by Grantee

Report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Grantee's Name

Fannie E. Rippel Foundation

Grantee's Address

14 Maple Avenue, Suite 200
Morristown, NJ 07960

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
25,000.	01/27/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2716.01) To provide operating support to the Rippel Foundation to provide leadership and oversight of the FORESIGHT Initiative.

Dates of Reports by Grantee

Final report due September 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified September 30, 2021.

Grantee's Name

Fannie E. Rippel Foundation

Grantee's Address14 Maple Avenue, Suite 200
Morristown, NJ 07960

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
25,000.	06/22/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2716.02) To provide support to the Rippel Foundation to provide leadership and oversight of the FORESIGHT Initiative.

Dates of Reports by Grantee

Final report due September 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified September 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	04/27/20	10,000.

Purpose of Grant

(FY 2020 Grant ID: 2782) To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Dates of Reports by Grantee

Report due June 30, 2021.

Any Diversion by Grantee

No

Results of Verification

Report verified June 30, 2020.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	07/16/20	1,340.

Purpose of Grant

(FY 2020 Grant ID: 2782.01) To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Dates of Reports by Grantee

September 30, 2020; Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Reports verified September 30, 2020; Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2782.02) To improve the supply of health care workers in New Hampshire by better aligning health care workforce initiatives, addressing gaps and minimizing redundancies through a comprehensive plan for the state.

Dates of Reports by Grantee

Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2788) To put issues of race and equity at the center of civic engagement in NH's civic institutions and public life by developing the combination of knowledge, skills, and motivation to make that difference.

Dates of Reports by Grantee

Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
10,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2789) To initiate a change in NH's Law Enforcement/Criminal Justice culture towards one of improved equity and acceptance by development and implementation of an implicit bias training program for NH's law enforcement/criminal justice sector personnel.

Dates of Reports by Grantee

Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Grantee's Name

Health Strategies of New Hampshire

Grantee's AddressOne Pillsbury Street, Suite 301
Concord, NH 03301

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
15,000.	09/21/20	0.

Purpose of Grant

(FY 2020 Grant ID: 2796) To organize for systems change for racial and economic equity by using an Inclusive Recovery Framework.

Dates of Reports by Grantee

Final report due June 30, 2021.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Final report will be verified on June 30, 2021.

Form 990-PF	Summary of Direct Charitable Activities	Statement 17
-------------	-----------------------------------------	--------------

Activity One

Staff working to collaborate with community partners to ensure the healthy development of children and improving the behavioral health of children and their families in NH to solve complex social problems by convening stakeholders, providing technical and policy expertise, and supporting and expanding communication about issues.

	Expenses
To Form 990-PF, Part IX-A, line 1	185,456.

Form 990-PF	Summary of Direct Charitable Activities	Statement 18
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Activity Two

Staff working to collaborate with community partners to advancing health and equity for all residents in NH, in particular racial, ethnic and language minorities in NH, in order to solve complex social problems by convening stakeholders, providing technical and policy expertise, and supporting and expanding communication about issues.

	Expenses
To Form 990-PF, Part IX-A, line 2	201,296.

Form 990-PF	Summary of Direct Charitable Activities	Statement 19
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Activity Three

Staff working in collaboration with community partners to advance healthy aging for all NH residents by convening stakeholders, providing technical and policy expertise, and supporting communication efforts to advance a new conversation about aging in our state.

	Expenses
To Form 990-PF, Part IX-A, line 3	198,135.

Form 990-PF

Summary of Direct Charitable Activities

Statement 20

Activity Four

Staff working to collaborate with community partners to build health policy capacity in NH to solve complex social problems by convening stakeholders, providing technical and policy expertise, and supporting and expanding communication about issues.

Expenses

To Form 990-PF, Part IX-A, line 4

141,302.

Form 990-PF

Grant Application Submission Information
Part XV, Lines 2a through 2d

Statement 21

Name and Address of Person to Whom Applications Should be Submitted

Endowment for Health, Inc.
One Pillsbury Street, Suite 301
Concord, NH 03301

Telephone Number

603-228-2448

Form and Content of Applications

Call 603-228-2448 for grant application or see the Endowment's website:
www.endowmentforhealth.org.

Any Submission Deadlines

Various dates depending on type of grant: see application for details.

Restrictions and Limitations on Awards

Projects must benefit the citizens of New Hampshire and be health related.
Recipients must be 501(c)(3) organizations or municipalities. See
application guidelines for additional restrictions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Endowment For Health, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. One Pillsbury Street, No. 301 City or town, state or province, country, and ZIP or foreign postal code Concord, NH 03301		E Unrelated business activity code (See instructions.) 525990	
C Book value of all assets at end of year 86,004,212.		F Group exemption number (See instructions.)		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. **1** Describe the only (or first) unrelated trade or business here **See Statement 22**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Susan Fulton** Telephone number **603-228-2448**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a	65,495.	65,495.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	-191,009.	Stmt 23 -191,009.
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	-125,514.	-125,514.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)	See Statement 24	27	439,219.
28	Total deductions. Add lines 14 through 27		28	439,219.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-564,733.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	See Statement 25	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	-564,733.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-564,733.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-564,733.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 26	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-564,733.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-564,733.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here

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

Signature of officer

Date

President

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Barbara J. McGuan,
CPA

Preparer's signature

Barbara J. McGuan,
CPA

Date

02/02/21

Check ☐ if self-employed

PTIN

P00219457

Firm's name **Berry Dunn McNeil & Parker, LLC**Firm's EIN **01-0523282**

2211 Congress Street

Firm's address **Portland, ME 04102**Phone no. **(207)775-2387**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B)**0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals		0.		0.
Total dividends-received deductions included in column 8				0.

Form **990-T** (2019)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 22
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Passive Investment Income Activities

To Form 990-T, Page 1

Form 990-T	Income (Loss) from Partnerships	Statement 23
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Description	Net Income or (Loss)
Borealis - Ordinary Business Income (loss)	-231,015.
AG Realty IX - Ordinary Business Income (loss)	-12,316.
AG Realty IX - Net Rental Real Estate Income	-20,757.
AG Realty X - Ordinary Business Income (loss)	-186.
AG Realty X - Net Rental Real Estate Income	-3,705.
GEM Realty - Ordinary Business Income (loss)	-88.
GEM Realty - Net Rental Real Estate Income	-2,461.
NGP Natural Resources - Ordinary Business Income (loss)	-88,266.
NGP Natural Resources - Interest Income	24.
NGP Natural Resources - Dividend Income	9.
NGP Natural Resources - Royalties	748.
Legacy Venture VI - Ordinary Business Income (loss)	-30.
RCP IX - Ordinary Business Income (loss)	-9,949.
RCP XI - Ordinary Business Income (loss)	-6,215.
RCP XII - Ordinary Business Income (loss)	-9,374.
Juniper Capital II - Ordinary Business Income (loss)	226,800.
Juniper Capital III - Ordinary Business Income (loss)	-27,298.
RCP XIII - Ordinary Business Income (loss)	-6,930.
Total Included on Form 990-T, Page 1, line 5	-191,009.

Form 990-T	Other Deductions	Statement 24
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Description	Amount
NGP Natural Resources - Other Deductions	78,919.
Legacy Venture VI - Other Deductions	6.
Legacy Venture VIII - Other Deductions	51.
Juniper Capital II - Other Deductions	320,167.
Juniper Capital III - Other Deductions	40,076.
Total to Form 990-T, Page 1, line 27	439,219.

Form 990-T		Net Operating Loss Deduction		Statement 25
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/19	444,553.	0.	444,553.	444,553.
NOL Carryover Available This Year			444,553.	444,553.

Form 990-T		Net Operating Loss Deduction		Statement 26
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/16	18,782.	0.	18,782.	18,782.
09/30/17	39,861.	0.	39,861.	39,861.
09/30/18	264,871.	0.	264,871.	264,871.
NOL Carryover Available This Year			323,514.	323,514.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.**
▶ **Go to www.irs.gov/Form1120 for instructions and the latest information.**

OMB No. 1545-0123

2019

Name

Employer identification number

Endowment For Health, Inc.

02-0512290

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				58.
11 Enter gain from Form 4797, line 7 or 9				11 65,437.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 65,495.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	65,495.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	65,495.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Social security number or taxpayer identification no.

Endowment For Health, Inc.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the smaller of line 24 or 29a. See instructions	29b		

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form 4797

Property Held More than One Year

Statement 27

Description	Date Acquired	Date Sold	Sales Price	Depr.	Cost or Basis	Gain or Loss
AG Realty IX-AG Realty IX NGP Natural Resources-NGP Natural Resour						64,144.
						1,293.
Total to 4797, Part I, line 2						65,437.

Application for Change in Accounting Method

OMB No. 1545-2070

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

Name of filer (name of parent corporation if a consolidated group) (see instructions)	Identification number (see instructions) 02-0512290
Endowment For Health, Inc.	Principal business activity code number (see instructions) 523900
Number, street, and room or suite no. If a P.O. box, see the instructions. One Pillsbury Street	Tax year of change begins (MM/DD/YYYY) 10/01/2019
City or town, state, and ZIP code Concord, NH 03301	Tax year of change ends (MM/DD/YYYY) 09/30/2020
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Name of contact person (see instructions) Yvonne Goldsberry
	Contact person's telephone number 603-228-2448

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

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

Check the box to indicate the type of applicant.

- | | |
|---------------------------------------------------------|-----------------------------|
| Individual | Cooperative (Sec. 1381) |
| Corporation | Partnership |
| Controlled foreign corporation (Sec. 957) | S corporation |
| 10/50 corporation (Sec. 904(d)(2)(E)) | Insurance co. (Sec. 816(a)) |
| Qualified personal service corporation (Sec. 448(d)(2)) | Insurance co. (Sec. 831) |
| | Other (specify) ► |

☒ Exempt organization. Enter Code section **► 501(c)(3)**

Check the appropriate box to indicate the type of accounting method change being requested. See instructions.

- Depreciation or Amortization
- Financial Products and/or Financial Activities of Financial Institutions
- ☒ Other (specify) **► Cash to accrual reporting for pass-thru income**

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

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

Part I Information for Automatic Change Request

	Yes	No
1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions.		
a (1) DCN: 124 (2) DCN: (3) DCN: (4) DCN: (5) DCN: (6) DCN: (7) DCN: (8) DCN: (9) DCN: (10) DCN: (11) DCN: (12) DCN:		
b Other <input type="checkbox"/> Description ►		
2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation		X
3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions	X	
Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.		

Part II Information for All Requests

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

Sign Here	Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.		
	Signature of filer (and spouse, if joint return)	Date	Name and title (print or type) Yvonne Goldsberry
Preparer (other than filer/applicant)	Print/Type preparer's name Barbara J. McGuan, CPA	Preparer's signature <i>Barbara J McGuan</i>	Date 02/02/2021
	Firm's name ► Berry Dunn McNeil & Parker, LLC		

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

Form **3115** (Rev. 12-2018)

Part II Information for All Requests (continued)

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

Part II Information for All Requests <i>(continued)</i>			Yes	No						
14 If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions): <ul style="list-style-type: none"> a The item(s) being changed. b The applicant's present method for the item(s) being changed. c The applicant's proposed method for the item(s) being changed. See Statement 29 d The applicant's present overall method of accounting (cash, accrual, or hybrid). 										
15a Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d). <ul style="list-style-type: none"> b If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application. See Statement 28 <p>Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete lines 16a-16c.</p>										
16a Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. <ul style="list-style-type: none"> b Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. c Include either a discussion of the contrary authorities or a statement that no contrary authority exists. 										
17 Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If "No," attach an explanation.	X									
18 Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response? ...	X									
19a If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%; text-align: left; padding: 2px;">1st preceding year ended: mo. yr.</th> <th style="width: 33%; text-align: left; padding: 2px;">2nd preceding year ended: mo. yr.</th> <th style="width: 33%; text-align: left; padding: 2px;">3rd preceding year ended: mo. yr.</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">\$ _____</td> </tr> </tbody> </table>	1st preceding year ended: mo. yr.	2nd preceding year ended: mo. yr.	3rd preceding year ended: mo. yr.	\$ _____	\$ _____	\$ _____				
1st preceding year ended: mo. yr.	2nd preceding year ended: mo. yr.	3rd preceding year ended: mo. yr.								
\$ _____	\$ _____	\$ _____								
<ul style="list-style-type: none"> b If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo. _____ yr. _____ \$ _____ 										
Part III Information for Non-Automatic Change Request			Yes	No						
20 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.										
21 Attach a copy of all documents related to the proposed change (see instructions).										
22 Attach a statement of the applicant's reasons for the proposed change.										
23 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation.										
24a Enter the amount of user fee attached to this application (see instructions). ► \$ _____										
<ul style="list-style-type: none"> b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions). 										

Part IV Section 481(a) Adjustment

- 25** Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? **X**
If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.
- 26** Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► \$ -1107064 Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. **See Statement 30**
- 27** Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change?
If "Yes," check the box for the applicable elective provision used to make the election (see instructions).
☐ \$50,000 de minimis election ☐ Eligible acquisition transaction election
- 28** Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? **X**
If "Yes," attach an explanation.

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

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

Amount
\$
\$

- a** Income accrued but not received (such as accounts receivable)
- b** Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method
- c** Expenses accrued but not paid (such as accounts payable)
- d** Prepaid expenses previously deducted
- e** Supplies on hand previously deducted and/or not previously reported
- f** Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II
- g** Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ►
- h** **Net section 481(a) adjustment** (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26
- 3** Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☐ No
- 4** Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with the amounts shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.
- 5** Is the applicant making a change to the overall cash method as a small business taxpayer (see instructions)? ☐ Yes ☐ No

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

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

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

Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1** If the applicant is requesting to change to the deferral method for advance payments, as described in the instructions, attach the following information:
 - a** Explain how the advance payments meet the definition of advance payment, as described in the instructions.
 - b** Does the taxpayer use an applicable financial statement as described in the instructions and, if so, identify it.
 - c** Describe the taxpayer's allocation method, if there is more than one performance obligation, as defined in the instructions.
 - d** Describe the taxpayer's legal basis for deferral. See instructions.
 - e** If the applicant is filing under the non-automatic change procedures, see the instructions for the information required.

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

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

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

Part II Change in Pooling Inventories

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

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other**Section 263A Assets** (see instructions)**Part I Change in Reporting Income From Long-Term Contracts** (Also complete Part III on pages 7 and 8.)

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

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

- 1 Attach a description of the inventory goods being changed.
- 2 Attach a description of the inventory goods (if any) NOT being changed.
- 3a Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No
- b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? ☐ Yes ☐ No
If "No," attach a detailed explanation
- 4a Check the appropriate boxes in the chart.
- | | Inventory Method Being Changed | | Inventory Method Not Being Changed |
|---------------------------------------------------------------------------|--------------------------------|-----------------|------------------------------------|
| | Present method | Proposed method | Present method |
| Identification methods: | | | |
| Specific identification | | | |
| FIFO | | | |
| LIFO | | | |
| Other (attach explanation) | | | |
| Valuation methods: | | | |
| Cost | | | |
| Cost or market, whichever is lower | | | |
| Retail cost | | | |
| Retail, lower of cost or market | | | |
| Other (attach explanation) | | | |
| b Enter the value at the end of the tax year preceding the year of change | \$ | \$ | |
- 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- b **Only for applicants requesting a non-automatic change.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c **Only for applicants requesting an automatic change.** The statement required by section 23.01(5) of Rev. Proc. 2018-31 (or its successor).

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

Section A - Allocation and Capitalization Methods

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

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

Section B - Direct and Indirect Costs Required to be Allocated

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

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

Form **3115** (Rev. 12-2018)

Part III Method of Cost Allocation (continued) See instructions.**Section C - Other Costs Not Required To Be Allocated** (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included in Section B, line 26		
3 Bidding expenses not included in Section B, line 22		
4 General and administrative costs not included in Section B		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11 Other costs (Attach a list of these costs.)		

Schedule E - Change in Depreciation or Amortization. See instructions.

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

Applicants **must** provide this information for each item or class of property for which a change is requested.**Note:** See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section, such as section 263A? ☐ Yes ☐ No
If "Yes," enter the applicable section ► _____
- 3 Has a depreciation, amortization, expense, or disposition election been made for the property, such as the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? ☐ Yes ☐ No
If "Yes," state the election made ► _____
- 4a To the extent not already provided, attach a statement describing the property subject to the change. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No
- c Is the property public utility property? ☐ Yes ☐ No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- c The facts to support the asset class for the proposed method.
- d The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property.
- f The applicable convention of the property.
- g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
- h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Form **3115** (Rev. 12-2018)

Form 3115	Trade or Business Information	Statement 28
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Description	Bus. Code	Acct Sep.	Goods & Services	Method of Accounting	Req Chng
Applicant is a non-operating private foundation whose mission is to improve the health & reduce the burden of illness for the people of NH					

Form 3115	Items Changing If Not Overall Method Change	Statement 29
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Description	Present Method	Proposed Method	Overall Method
Cash to accrual reporting for pass-through investment income	Cash	Accrual	Accrual

Form 3115	Part IV - Section 481(a) Adjustment	Statement 30
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Line	Description or Explanation
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26	Capital accounts of pass-through partnership investments reported on:
	Cash basis \$19,928,490
	Accrual basis 21,803,621
	Total adj to reflect accrual basis -1,875,131
	Adj reported on Form 990-T for UBI portion 768,067
	Adj required on Form 990-PF - 1,107,064