Return of Private Foundation

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

OMB No. 1545-0047

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OIVID NO. 1343-0047	
2019	
Open to Public Inspection	

For	alend	lar year 2019 or tax year beginning JUL	1, 2019	, and ending	JUN 30, 2020	
Nar	ne of f	oundation			A Employer identification	number
Н	ea1	th Strategies of New H	ampshire, In	c.	20-8632971	
		d street (or P.O. box number if mail is not delivered to street	B Telephone number			
		Pillsbury Street		301	603-228-24	48
		wn, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	. check here
		Final return	Amended return	,		
		Address change	Name change		2. Foreign organizations med check here and attach cou	eting the 85% test, mputation
H C	_	ype of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated
			Other taxable private founda		under section 507(b)(1)	(A), check here
		ket value of all assets at end of year J Accounti		X Accrual	F If the foundation is in a 6	
(†r		art II, col. (c), line 16) Ot 198, 115. (Part I, colun	ther (specify)	ie \	under section 507(b)(1)	(B), check here▶∟
	rt I	Analysis of Revenue and Expenses	l I		(a) Adjusted not	(d) Disbursements
ГС	111	(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	for charitable purposes (cash basis only)
	1 (Contributions, gifts, grants, etc., received	248,701.			(caer a acre emp)
		Check if the foundation is not required to attach Sch. B	,			
	ا ما	Interest on savings and temporary cash investments	846.	846.	846.	Statement 1
		Dividends and interest from securities				
	5a (Gross rents				
	b r	Net rental income or (loss)				
ine	. (Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue		assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
æ		Net short-term capital gain			0.	
	9	ncome modifications				
	10a a	Gross sales less returns and allowances				
	b ι	Less: Cost of goods sold				
	c (Gross profit or (loss)				
		Other income	240 547	0.4.6	0.4.6	
		Total. Add lines 1 through 11	249,547.	846.	846.	0.
		Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
		Pension plans, employee benefits				
es	16a l	_egal fees				
ens	b /	_egal fees	1,415.	0.	0.	1,415.
Exp	c (Other professional fees Stmt 3	260,921.	0.	0.	268,421.
<u>i</u> .	17 I	nterest Taxes Stmt 4				
Operating and Administrative Expense			91.	0.	0.	0.
inis		Depreciation and depletion				
mb/		Occupancy	13,713.	0.	0.	13,713.
þρ		Travel, conferences, and meetings Printing and publications	1,420.	0.	0.	1,420.
gal	23 (Other expenses Stmt 5	52,368.	0.	0.	53,670.
atin		Total operating and administrative	027000	•	•	
per		expenses. Add lines 13 through 23	329,928.	0.	0.	338,639.
o	25 (Contributions, gifts, grants paid	0.			0.
		Total expenses and disbursements.			_	
		Add lines 24 and 25	329,928.	0.	0.	338,639.
		Subtract line 26 from line 12:	00 301			
		Excess of revenue over expenses and disbursements	-80,381.	846.		
		Net investment income (if negative, enter -0-)		040.	846.	
	1	rajastou not moonio (n negative, enter -u-)				

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	
Г	ai t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	287,274.	198,115.	198,115.
		Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
ğ		Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation			
	ı	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	287,274.		198,115.
		Accounts payable and accrued expenses	8,988.	185.	
		Grants payable			
es	ı	Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	F0	7.5	
_	22	Other liabilities (describe Statement 6	50.	75.	
	00	Tatal liabilities (add lines 17 through 22)	9,038.	260.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	5,050.	200•	
s		and complete lines 24, 25, 29, and 30.			
ces	24	Net assets without donor restrictions	278,236.	197,855.	
alar		Net assets with donor restrictions			
Fund Balan		Foundations that do not follow FASB ASC 958, check here ▶			
Ĕ		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds			
şţs		Paid-in or capital surplus, or land, bldg., and equipment fund			
SS		Retained earnings, accumulated income, endowment, or other funds			
Net Assets or	29	Total net assets or fund balances	278,236.	197,855.	
Ž					
	30	Total liabilities and net assets/fund balances	287,274.	198,115.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
•				1	278,236.
2	•	amount from Part I, line 27a			-80,381.
		r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3			197,855.
5	Decr	eases 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, co	lumn (b), line 29	6	197,855.
					Form 990-PF (2019)

Part I	V Capital Gains	and Lo	sses for Tax on In	vestmen	t Income					-
) of property sold (for exar or common stock, 200 shs		te,	(b) P D	How acquired - Purchase - Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1a										
b	NO:	NE								
C										
d										
<u>e</u>	ı					Ш,				
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss lus (f) minus	
<u>a</u>										
_b										
C										
d										
e Com	plata aply for agests showin	a aoin in a	solumn (h) and owned by	ha faundation	on 10/21/60			<i>.</i>	(0 1 (1)	
Com	plete only for assets showin		· · · · · · · · · · · · · · · · · · ·				c	(I) Gains ol (k) bu	(Col. (h) gain	minus n -0-) or
(i)	FMV as of 12/31/69		j) Adjusted basis as of 12/31/69		ccess of col. (i) col. (j), if any		0		es (from col. (
_a										
<u>b</u>										
<u>C</u>										
<u>d</u>										
<u>e</u>						_				
2 Capita	l gain not income or (not ca	nital loce\	If gain, also enter If (loss), enter -0-	in Part I, line	7	\	,			
•	Il gain net income or (net ca	. ,			<i>1</i>	٠ ا	2			
	ort-term capital gain or (los			d (6):		٦				
	, also enter in Part I, line 8, s), enter -0- in Part I, line 8						3			
Part \	/ Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	· Inv		come		
	onal use by domestic private		. , ,							
(i oi optic	mai aso by domestic private	Touridatio	ons subject to the section -	13+0(a) tax on	THE HIVESTITETT III	1001110	<i>5.</i>)			
If section	4940(d)(2) applies, leave the	iis part bla	ınk.							
Was the f	oundation liable for the sect	ion 4942	tax on the distributable am	ount of any ve	ear in the base per	riod?				Yes X No
	ne foundation doesn't qualif			, ,						,
	the appropriate amount in e					ntries	S.			
	(a)		(b)			(c)			Dietrik	(d)
Calend	Base periód years ar year (or tax year beginnin	ng in)	Adjusted qualifying dist		Net value of no		ritable-use asse	ts		oùtión ratio rided by col. (c))
	2018		32	7,900.			314,15	3.		1.043759
	2017		33	6,904.			327,31	6.		1.029293
	2016			2,030.			273,84			1.322025
	2015			7,022.			401,55			.963813
	2014		39	3,489.			213,27	2.		1.845010
		•								
2 Total	of line 1, column (d)							2		6.203900
	ge distribution ratio for the s									
the fo	undation has been in exister	nce if less	than 5 years					3		1.240780
4 Enter	the net value of noncharitab	le-use ass	ets for 2019 from Part X, I	ine 5				4		316,224.
5 Multip	ly line 4 by line 3							5		392,364.
6 Enter	1% of net investment incom	ne (1% of	Part I, line 27b)					6		8.
		•	, , , , , , , , , , , , , , , , , , , ,							
7 Add li	nes 5 and 6							7		392,372.
	qualifying distributions from							8		338,639.
	8 is equal to or greater than e Part VI instructions.	line 7, ch	eck the box in Part VI, line	1b, and comp	olete that part usin	ig a 1	% tax rate.			

P	art VI Excise Tax Based on Investment Income (Section 4)	940(a), 4940(b), 4940(e), or 4	948 -	- see ir	ıstru	ctio	ns)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ an							
	Date of ruling or determination letter: (attach copy of letter if							
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1				17.
	of Part I, line 27b							
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	r 4% of Part I, line 12	2, 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				17.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y; others, enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				17.
6	Credits/Payments:							
	a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.					
	b Exempt foreign organizations - tax withheld at source	6b	0.					
	c Tax paid with application for extension of time to file (Form 8868)		0.					
	d Backup withholding erroneously withheld	6d	0.					
7	Total credits and payments. Add lines 6a through 6d			7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	attached		8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		>	9				17.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	d	>	10				
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded ▶	11				
	art VII-A Statements Regarding Activities							
1	f a During the tax year, did the foundation attempt to influence any national, state, or local le	-	•		L		Yes	
	any political campaign?					1a		Х
	f b Did it spend more than \$100 during the year (either directly or indirectly) for political pure			tion		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	es of any materials p	ublished or					
	distributed by the foundation in connection with the activities.							
	c Did the foundation file Form 1120-POL for this year?					1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	•	•					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managed							
	e Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed	on foundation					
	managers. > \$ 0.							
2	Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?				2		X
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing							7.7
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the					4a		Х
_	b If "Yes," has it filed a tax return on Form 990-T for this year?					4b		37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the ye	ear?				5		Х
_	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	ed either:						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no manda							37
_	remain in the governing instrument?					6	37	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, col. (c), and Part XV			7	X	
8	a Enter the states to which the foundation reports or with which it is registered. See instru	ctions. \blacktriangleright			— I			
	NH	44	- u destant V		— I			
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the		- ,			٥,	v	
•	of each state as required by General Instruction G? If "No," attach explanation				·····	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning or	.,,,,	.,,,,				v	
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," or				·····	9 10	Х	v

	1990-PF (2019) Health Strategies of New Hampshire, Inc. 20-8632 art VII-A Statements Regarding Activities (continued)	<u> 2971</u>		Page 5
			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	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	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	20 2	4.40	
14	The books are in care of Susan Fulton Telephone no. > 603-23	28-2 2201	448	·
45	Located at ▶One Pillsbury Street, Suite 301, Concord, NH ZIP+4 ▶03			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		 [/A	•
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	1/		No
10	securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
	foreign country			
Pá	art 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
18	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? $oxed{\Box}$ Yes $oxed{X}$ 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.)			
ŀ	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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			37
_	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)):			
í	that 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? Yes X No			
	, , , , , , , , , , , , , , , , , , , ,			
,	If "Yes," list the years,,,,,,,,			
	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.) N/A	2b		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
38	to Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ŀ	of "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.) N/A	3b	L	
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ŀ	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	1	X

5a During the year, did the foundation pay or incur any amount to:	om may be i	toquii ou (contint	1	Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e)) ?	□ v ₄	e X No	- 100		
(2) Influence the outcome of any specific public election (see section 4955); or			.3 [22] 110			
• • • • • • • • • • • • • • • • • • • •			es X No			
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?)		es X No			
			S ZZ NU			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes X No						
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or				
the prevention of cruelty to children or animals?			es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und			27 / 2			
section 53.4945 or in a current notice regarding disaster assistance? See instru	ıctions		N/A	5b	_	
Organizations relying on a current notice regarding disaster assistance, check h	ere		▶∟			
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?	N	[/A Ye	es L 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 p						
a personal benefit contract?		🔲 Ye	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a positive production of the foundation of the production of the productio				6b	X	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax st	helter transaction?	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$						
excess parachute payment(s) during the year?			es X No			
Part VIII Information About Officers, Directors, Trusto	es. Foundation Ma	nagers. Highly	v			
Paid Employees, and Contractors			•			
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expanding	pense	
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	account allowa	t, other	
	ιο ροσιίστ	Citici 0)	compensation	unowe	11003	
See Statement 7		0.	0.		0.	
bee blacement /		0.	· ·	<u>' </u>	<u> </u>	
				1		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(a)			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	oense t. other	
(a) Name and address of each employee paid more than \$60,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allowa		
NONE						
				1		
				†		
				+		
Total number of other employees paid over \$50,000				<u> </u>	0	
Total number of other employees paid over \$50,000				990-PF		
			Form	∵ プラ∪-ア ト	(ZU 19)	

Paid Employees, and Contractors (continued)		-9	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of ser	vice	(c) Compensation
T. L. Hill Group	Project and		
PO Box 1058, Intervale, NH 03845	Facilitation	Support	54,575.
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc			Expenses
See Statement 8			13,546.
See Statement 9			172,706.
See Statement 10			40,637.
See Statement 11			111,751.
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on 1 N/A	lines 1 and 2.		Amount
2			
All other program-related investments. See instructions. 3			
Total. Add lines 1 through 3		<u> </u>	0.

P	art X Minimum Investment Return (All domestic foundations	must complete this par	t. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	ole, etc., purposes:			
а	Average monthly fair market value of securities			1a	0.
	Average of monthly cash balances			1b	321,040.
	Fair market value of all other assets			1c	
d				1d	321,040.
е	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	321,040.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	4,816.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o			5	316,224.
6	Minimum investment return. Enter 5% of line 5			6	15,811.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ► X and do not complete this part	and (j)(5) private operating t.)	foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2019 from Part VI, line 5	2a			
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	
P	art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., pure	×20000			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	338,639.
a b				1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita			2	•
3	Amounts set aside for specific charitable projects that satisfy the:	ibie, etc., purposes			
-				3a	
a h	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; a			4	338,639.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax on net invited that the reduced rate of tax of tax on net invited that tax of ta			-	330,033.
J	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	338,639.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v				
	4940(e) reduction of tax in those years.	whom calculating whether i	no iounuation (juannos ioi lii	o occitori

Form 990-PF (2019) Page **9**

Part XIII Undistributed Income (se	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2018	2018	2019
1 Distributable amount for 2019 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only				
b Total for prior years:				
,,				
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				
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr				
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				
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)				
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a				
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				

Part XIV Private Operating Fo	undations (see instr	uctions and Part VII-	A, question 9)							
1 a If the foundation has received a ruling or o	determination letter that it	is a private operating								
foundation, and the ruling is effective for 2019, enter the date of the ruling \rightarrow \rightarrow \left[07/30/07										
b Check box to indicate whether the foundate	tion is a private operating	foundation described in	section X	1942(j)(3) or 49	42(j)(5)					
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years							
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total					
investment return from Part X for										
each year listed	846.	817.	399.	0.	2,062.					
b 85% of line 2a	719.	694.	339.	0.	1,753.					
c Qualifying distributions from Part XII,										
line 4, for each year listed	338,639.	327,900.	336,904.	362,030.	1,365,473.					
d Amounts included in line 2c not										
used directly for active conduct of										
exempt activities	0.	0.	0.	0.	0.					
e Qualifying distributions made directly										
for active conduct of exempt activities.										
Subtract line 2d from line 2c	338,639.	327,900.	336,904.	362,030.	1,365,473.					
3 Complete 3a, b, or c for the										
alternative test relied upon: a "Assets" alternative test - enter:										
(1) Value of all assets					0.					
(2) Value of assets qualifying										
under section 4942(j)(3)(B)(i)					0.					
b "Endowment" alternative test - enter										
2/3 of minimum investment return shown in Part X, line 6, for each year										
listed	10,541.	10,472.	10,911.	9,128.	41,052.					
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)					0.					
(2) Support from general public										
and 5 or more exempt										
organizations as provided in section 4942(j)(3)(B)(iii)					0.					
(3) Largest amount of support from										
an exempt organization					0.					
(4) Gross investment income					0.					
Part XV Supplementary Inform			f the foundation	had \$5,000 or mo	ore in assets					
at any time during th	e year-see instru	ctions.)								
1 Information Regarding Foundation	_									
a Liet any managers of the foundation who	hava cantributed mare the	n 00/ of the total centri	butions received by the fo	aundation bafara the aloc	o of any tay					

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

${\bf 2} \quad \text{Information $\underline{\textbf{Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:} \\$

Check here ► X 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:
- **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				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	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
	or substantial contributor	recipient		
a Paid during the year				
NT a see a				
None				
Total	I .		> 3a	0.
b Approved for future payment				
None				
Total		·····	▶ 3b	0.
			F	orm 990-PF (2019)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)
g g.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
L					
•					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
			14	846.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
					•
				13	846.
Program service revenue: a					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the or	ganization directly or indir	actly angage in any	of the followin	a with any other organizat	ion described in secti	on 501(c)		Yes	No
'		n section 501(c)(3) organ			• •		011 30 1(0)		103	110
•	•	from the reporting founda	•			:				
a					-			10/1)		Х
								1a(1)		X
L		assets						1a(2)		
D	Other tran							41.745		v
	(1) Sales	of assets to a noncharitat	ble exempt organizat	ion				1b(1)		X
	(2) Purcl	hases of assets from a nor	ncharitable exempt o	rganization				1b(2)		X
	(3) Renta	al of facilities, equipment, (or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loan	s or loan guarantees						1b(5)		X
								1b(6)		X
								1c		X
d				-	• •	•	narket value of the goods, ot		ets,	
					ed less than fair market va	lue in any transaction	or sharing arrangement, sh	ow in		
	·	d) the value of the goods, o								
(a)∟i	ine no.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and sh	naring ar	rangeme	nts
				N/A						
0-	la tha fau		de affiliata de critta a con	alatad ta . a.a.a		instinus described				
2a		ndation directly or indirect						٦.,	v	٦.,
		501(c) (other than section		ction 52/?			L	Yes	LA	No
b	If "Yes," co	omplete the following sche			(h) Type of organization	1	(a) Description of relationshi	n		
		(a) Name of org	anization		(b) Type of organization		(c) Description of relationshi	þ		
		N/A								
						1				
	1									
	and h	penalties of perjury, I declare t elief, it is true, correct, and com					has any knowledge May	the IRS		
Sig	gn 🔪		proto: Decidiation of pro	paror (ourier una			show	n with the n below	? See ins	
He						Presid	lent X	∐ Yes		J No
	Sigr	nature of officer or trustee			Date	Title				
		Print/Type preparer's na		Preparer's s	ignature	Date	Check if PTIN			
		Barbara J.					self- employed			
Pa		CPA			a J. McGuan		P00			
	eparer	Firm's name ▶Ber	ry Dunn M	cNeil	& Parker, Ll	LC	Firm's EIN ▶ 01-05	232	82	
Us	e Only									
		Firm's address ▶ P .	0. Box 11	00						
		Po	rtland, M	E 0410	4-1100		Phone no. (207)	775	-23	87
			•							(2019)

Schedule B

(Form 990, 990-EZ or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Health Strategies of New Hampshire,

Employer identification number

20-8632971

Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

Health Strategies of New Hampshire, Inc.

20-8632971

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Endowment for Health One Pillsbury Street, Suite 301 Concord, NH 03301	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NH Charitable Foundation 37 Pleasant Street Concord, NH 03301		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
000450 110		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Health Strategies of New Hampshire, Inc.

20-8632971

Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\ \ \ \ \ \ \	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\ \\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) (h) Description of noncash property given (h) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)

Employer identification number

Name of organization

alth	Strategies of New Ham	pshire, Inc.		20-8632971	
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line en	try For organizations		
	Use duplicate copies of Part III if additional	space is needed.	Cintor and years (Enter and anno. once.		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held	
_ -					
		(e) Transfer of gif	t		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee	
) No.	(h) Durnoso of gift	(c) Use of gift	(d) Docor	intion of how gift is hold	
art I	(b) Purpose of gift	(c) Use of gift	(a) Descr	iption of how gift is held	
_ -		(a) Turned on at airl			
		(e) Transfer of gif			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
-					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
_ -		(a) Transfer of sif			
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of tran	sferor to transferee	
-	Transferee 9 Hame, address, at		riciationship of trail		
No.					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
— -					
		(e) Transfer of gif	t		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee	
-					
-					

Form 990-PF Interest on Savi	ngs and Tem	porary Casi	h Ir	nvestments	St	atement	1
Source	(a Reve Per B	nue Ne		(b) nvestment ncome	N	(c) Adjusted Wet Income	€
Ledyard Bank Operating Acct		846.		846.		84	46.
Total to Part I, line 3		846.				846.	
Form 990-PF	Accounti	ng Fees			St	atement	2
Description	(a) Expenses Per Books	(b) Net Inves ment Incom		(c) Adjusted Net Incom		(d) Charitak Purpose	
Accounting Services	1,415.		0.		0.		15.
To Form 990-PF, Pg 1, ln 16b	1,415.		0.		0.	1,41	L5.
Form 990-PF C	ther Profes	sional Fee	s		St	atement	3
Description	(a) Expenses Per Books	(b) Net Inves ment Incom		(c) Adjusted Net Incom		(d) Charitak Purpose	
Research Consultants Grantwriting Project Support Technical Assistance Facilitators Training	126,300. 16,605. 85,148. 1,600. 17,813. 13,455.		0. 0. 0. 0.	0. 0. 0. 0.		0. 16,60 0. 85,14 0. 1,60 0. 17,81	
To Form 990-PF, Pg 1, ln 16c	260,921.		0.		0.	268,42	21.

Form 990-PF	Tax	es 		Statement 4
Description	(a) (b) Expenses Net Invest- Per Books ment Income		(c) Adjusted Net Incom	
Tax	91.	0.		0. 0.
To Form 990-PF, Pg 1, ln 18	91.	0.		0.
Form 990-PF	Other E	xpenses		Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
Supplies Fees Communications Evaluation Administrative Support	675. 75. 23,103. 12,277. 16,238.	0. 0. 0. 0.		0. 490. 0. 75. 0. 24,590. 0. 12,277. 0. 16,238.
To Form 990-PF, Pg 1, ln 23	52,368.	0.		0. 53,670.
Form 990-PF	Other Lia	bilities		Statement 6
Description		воз	Y Amount	EOY Amount
Credit Card Payable			50.	75.
Total to Form 990-PF, Part II		50.	75.	

		t of Officers, Di Foundation Manag		State	ement 7
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Mike Ostrowski One Pillsbury Street, Concord, NH 03301	Suite 301	Board Chair 0.50	0.	0.	0.
Ned Helms One Pillsbury Street, Concord, NH 03301	Suite 301	Vice Chair 0.50	0.	0.	0.
Brian Presti One Pillsbury Street, Concord, NH 03301	Suite 301	Treasurer 0.50	0.	0.	0.
Anthony Poore One Pillsbury Street, Concord, NH 03301	Suite 301	Secretary 0.50	0.	0.	0.
Betsy Paine One Pillsbury Street, Concord, NH 03301	Suite 301	Director 0.50	0.	0.	0.
Yvonne Goldsberry One Pillsbury Street, Concord, NH 03301	Suite 301	President 0.50	0.	0.	0.
Susan Fulton One Pillsbury Street, Concord, NH 03301	Suite 301	CFO 1.00	0.	0.	0.
Randy Foose One Pillsbury Street, Concord, NH 03301	Suite 301	Past Board Chai	ir 0.	0.	0.
Jody Hoffer Gittell One Pillsbury Street, Concord, NH 03301	Suite 301	Past Vice Chair 0.50	0.	0.	0.
John Wallace One Pillsbury Street, Concord, NH 03301	Suite 301	Past Secretary 0.50	0.	0.	0.
Totals included on 99	0-PF, Page 6	, Part VIII =	0.	0.	0.

Health Strate	gies of New Hampshire, Inc.	20-8632	9/1
Form 990-PF	Summary of Direct Charitable Activities	Statement	8
Activity One			
underserved pop issues related for health care	th care providers serving medically ulations by focusing on workforce shortage to policy and practice barriers to licensure workers, as well as assessing best practices clinical placements.		
		Expenses	
To Form 990-PF,	Part IX-A, line 1	13,5	46.
Form 990-PF	Summary of Direct Charitable Activities	Statement	9
Activity Two			
Advancing the h language minori stakeholders th	ealth and equity for racial, ethnic and ties in New Hampshire by convening rough a Symposium, providing technical immigrant integration and communication.		
		Expenses	
To Form 990-PF,	Part IX-A, line 2	172,7	06
Form 990-PF	Summary of Direct Charitable Activities	Statement	1(
Activity Three			
Ensuring the he by promoting a social and econ stage of life,	alth and dignity of elders in New Hampshire culture that supports the physical, mental, omic well-being of all people - through every creating a shared identity and building the in the field of healthy aging.		
		Expenses	
To Form 990-PF,	Part IX-A, line 3	40,6	37.

Form 990-PF Summary of Direct Charitable Activities Statement 11

Activity Four

Building health policy capacity in New Hampshire to enable policy and systems changes that are advancing some of the most critical health matters facing residents by supporting research for Medicaid and value based delivery; defining values and evaluation of hospital mergers on clinical cost, qualify and access; and exploration of a state health plan for New Hampshire.

Expenses 111,751.

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