

## Return of Private Foundation

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

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2022

Open to Public Inspection

For calendar year 2022 or tax year beginning OCT 1, 2022, and ending SEP 30, 2023

Name of foundation <b>Endowment For Health, Inc.</b>		A Employer identification number <b>02-0512290</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>One Pillsbury Street</b>	Room/suite <b>301</b>	B Telephone number <b>603-228-2448</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Concord, NH 03301</b>		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) <b>\$ 96,975,897.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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	89,634.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	152,661.	152,661.		Statement 1
	4 Dividends and interest from securities	961,203.	1,385,670.		Statement 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,689,074.			
	b Gross sales price for all assets on line 6a	33,543,863.			
	7 Capital gain net income (from Part IV, line 2)		5,076,827.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	0.	168,283.		Statement 3	
12 Total. Add lines 1 through 11	7,892,572.	6,783,441.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	353,839.	0.		353,839.
	14 Other employee salaries and wages	494,650.	0.		453,075.
	15 Pension plans, employee benefits	154,251.	0.		154,251.
	16a Legal fees				
	b Accounting fees	37,869.	0.		41,520.
	c Other professional fees	201,585.	140,264.		59,366.
	17 Interest				
	18 Taxes	205,525.	0.		56,760.
	19 Depreciation and depletion				
	20 Occupancy	59,422.	0.		59,422.
	21 Travel, conferences, and meetings	40,774.	0.		40,563.
	22 Printing and publications	7,510.	0.		7,271.
	23 Other expenses	121,793.	808,582.		121,807.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,677,218.	948,846.		1,347,874.
	25 Contributions, gifts, grants paid	4,137,463.			3,903,417.
26 Total expenses and disbursements. Add lines 24 and 25	5,814,681.	948,846.		5,251,291.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	2,077,891.				
b Net investment income (if negative, enter -0-)		5,834,595.			
c Adjusted net income (if negative, enter -0-)			N/A		

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 .....		422,888.	781,394.	781,394.
	2	Savings and temporary cash investments .....		3,925,693.	9,004,320.	9,004,320.
	3	Accounts receivable .....				
		Less: allowance for doubtful accounts .....		6,926,155.		
	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 .....				
		Less: allowance for doubtful accounts .....				
	8	Inventories for sale or use .....				
	9	Prepaid expenses and deferred charges .....		69,097.	43,551.	43,551.
	10a	Investments - U.S. and state government obligations .....				
	b	Investments - corporate stock .....				
	c	Investments - corporate bonds .....	Stmt 8	2,782,065.	2,186,039.	2,186,039.
	11	Investments - land, buildings, and equipment: basis .....				
Liabilities		Less: accumulated depreciation .....				
	12	Investments - mortgage loans .....				
	13	Investments - other .....	Stmt 9	78,973,111.	82,143,421.	82,143,421.
	14	Land, buildings, and equipment: basis .....	164,684.			
		Less: accumulated depreciation .....	Stmt 10	124,741.	0.	39,943.
	15	Other assets (describe .....	Statement 11)	1,502,292.	2,777,229.	2,777,229.
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) .....		94,601,301.	96,975,897.	96,975,897.
	17	Accounts payable and accrued expenses .....		452,798.	495,090.	
	18	Grants payable .....		1,594,975.	1,915,553.	
	19	Deferred revenue .....				
	20	Loans from officers, directors, trustees, and other disqualified persons .....				
	21	Mortgages and other notes payable .....				
	22	Other liabilities (describe .....	Statement 12)	0.	275,243.	
	23	Total liabilities (add lines 17 through 22) .....		2,047,773.	2,685,886.	
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 .....		90,546,465.	92,226,228.	
	25	Net assets with donor restrictions .....		2,007,063.	2,063,783.	
		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 .....				
	29	Total net assets or fund balances .....		92,553,528.	94,290,011.	
	30	Total liabilities and net assets/fund balances .....		94,601,301.	96,975,897.	

## 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	92,553,528.
2	Enter amount from Part I, line 27a .....	2	2,077,891.
3	Other increases not included in line 2 (itemize) <u>Deferred Excise Tax Benefit</u> .....	3	4,439.
4	Add lines 1, 2, and 3 .....	4	94,635,858.
5	Decreases not included in line 2 (itemize) <u>Unrealized Loss</u> .....	5	345,847.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	94,290,011.

**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.)
<b>1a Publicly Traded Securities</b>					
<b>b Investment Income K-1</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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))		
<b>a</b> 33,543,863.		26,854,789.	6,689,074.		
<b>b</b>			-1,612,247.		
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) 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			
<b>a</b>			6,689,074.		
<b>b</b>			-1,612,247.		
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2 Capital gain net income or (net capital loss)</b> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	5,076,827.	
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b> If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			<b>3</b>	N/A	

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

<b>1a</b> 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>1</b>	81,101.
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<b>2</b>	0.
<b>3</b> Add lines 1 and 2		<b>3</b>	81,101.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<b>4</b>	0.
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		<b>5</b>	81,101.
<b>6 Credits/Payments:</b>			
<b>a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022	<b>6a</b> 108,803.		
<b>b</b> Exempt foreign organizations - tax withheld at source	<b>6b</b> 0.		
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b> 0.		
<b>d</b> Backup withholding erroneously withheld	<b>6d</b> 0.		
<b>7</b> Total credits and payments. Add lines 6a through 6d		<b>7</b>	108,803.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		<b>8</b>	0.
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b>		<b>9</b>	
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		<b>10</b>	27,702.
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 27,702. <b>Refunded</b>		<b>11</b>	0.

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**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? .....		<b>X</b>
<b>b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<b>X</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> 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 .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	<b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>X</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> 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? .....	<b>X</b>	
<b>7</b> 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 XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <u>NH</u>		
<b>b</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 <i>General Instruction G</i> ? If "No," attach explanation .....	<b>X</b>	
<b>9</b> 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<b>X</b>
<b>11</b> 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 .....	<b>X</b>	
<b>12</b> 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 .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<b>X</b>	
Website address <u>www.endowmentforhealth.org</u>		
<b>14</b> 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>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	<b>15</b>	<b>N/A</b>
<b>16</b> At any time during calendar year 2022, 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? .....		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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**Part VI-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
<b>1a</b> 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?		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X	
(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)?		X
(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.)		X
<b>b</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		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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 2022?		X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?		X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)		N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		X
<b>b</b> If "Yes," did it have excess business holdings in 2022 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 2022.)		N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
<b>b</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 2022?		X

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**Part VI-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))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

**b** 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 instructions**c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** 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 14**

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?**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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?**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
5a(1)		X
5a(2)		X
5a(3)		X
5a(4)	X	
5a(5)		X
5b	X	
5d	X	
6a		X
6b		X
7a		X
7b		
8		X

**Part VII** 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 13		353,839.	54,164.	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	105,417.	36,581.	0.
Melina Hill Walker - One Pillsbury Street, Suite 301, Concord, NH 03301	Program Director 37.50	107,496.	24,781.	0.
Karen Ager - One Pillsbury Street, Suite 301, Concord, NH 03301	Director of Communications 37.50	103,633.	10,766.	0.
Andie Hession - One Pillsbury Street, Suite 301, Concord, NH 03301	Grants Program Associate 37.50	67,692.	11,551.	0.
Cheryl Dempsey - One Pillsbury Street, Suite 301, Concord, NH 03301	Administrative Manager 37.50	49,803.	16,410.	0.
Total number of other employees paid over \$50,000				0

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**Part VII** 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	89,771.
Total number of others receiving over \$50,000 for professional services		0

**Part VIII-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 15	338,163.
2 See Statement 16	250,268.
3 See Statement 17	204,289.
4 See Statement 18	84,759.

**Part VIII-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	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1a</b>	89,885,881.
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	7,486,783.
<b>c</b>	Fair market value of all other assets (see instructions) .....	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	97,372,664.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	97,372,664.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	<b>4</b>	1,460,590.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	<b>5</b>	95,912,074.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	<b>6</b>	4,795,604.

**Part X 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.)

<b>1</b>	Minimum investment return from Part IX, line 6 .....	<b>1</b>	4,795,604.
<b>2a</b>	Tax on investment income for 2022 from Part V, line 5 .....	<b>2a</b>	81,101.
<b>b</b>	Income tax for 2022. (This does not include the tax from Part V.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	81,101.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	4,714,503.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	86,532.
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	4,801,035.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	0.
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	<b>7</b>	4,801,035.

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	<b>1a</b>	5,251,291.
<b>b</b>	Program-related investments - total from Part VIII-B .....	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	<b>4</b>	5,251,291.

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**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				4,801,035.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....			4,359,698.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....				
<b>b</b> From 2018 .....				
<b>c</b> From 2019 .....				
<b>d</b> From 2020 .....				
<b>e</b> From 2021 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ 5,251,291.				
<b>a</b> Applied to 2021, but not more than line 2a ...			4,359,698.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2022 distributable amount .....				891,593.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:	0.			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				3,909,442.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...				
<b>b</b> Excess from 2019 ...				
<b>c</b> Excess from 2020 ...				
<b>d</b> Excess from 2021 ...				
<b>e</b> Excess from 2022 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2022, enter the date of the ruling .....

**b** Check box to indicate whether the foundation is a private operating foundation described in section ..... ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed .....					
<b>b</b> 85% (0.85) of line 2a .....					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed .....					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities .....					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c .....					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets .....					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) .....					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed .....					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) .....					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .....					
<b>(3)</b> Largest amount of support from an exempt organization .....					
<b>(4)</b> Gross investment income .....					

**Part XIV 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 19

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

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
Dartmouth-Hitchcock Medical Center One Medical Center Drive Lebanon, NH 03756		PC	To develop interventions for perinatal persons experiencing symptoms of depression and	9,975.
Early Learning NH 2 Delta Drive Concord, NH 03301		PC	To strengthen the childcare sector and support its workforce by improving business and management	30,000.
Keene State College 229 Main Street Keene, NH 03435		PC	Assess the current status and progress in development of the Healthy Aging field.	35,000.
Marnita's Table Inc 1330 Lagoon Ave, 4th Floor Minneapolis, MN 55408		PC	To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive	50,000.
Marnita's Table Inc 1330 Lagoon Ave, 4th Floor Minneapolis, MN 55408		PC	To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive	50,000.
Total See continuation sheet(s)				3a 3,903,417.
<b>b Approved for future payment</b>				
New Hampshire Center for Justice & Equity 30 Amherst Street Manchester, NH 03104		PC	To advance issues of racial and economic justice for all residents of New Hampshire through a	800,000.
Building Community in New Hampshire (BCNH) 1045 Elm Street Suite 202 Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	100,000.
Conservation Law Foundation 62 Summer Street Boston, MA 02110		PC	To identify, prioritize and implement Environmental Justice (EJ) projects in	95,000.
Total See continuation sheet(s)				3b 1,915,553.

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**Part XIV 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 Center for Justice & Equity 30 Amherst Street Manchester, NH 03104		PC	To advance issues of racial and economic justice for all residents of New Hampshire through a	200,000.
New Hampshire Center for Nonprofits 3 North Spring Street, Suite 101 Concord, NH 03301		PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	55,000.
New Hampshire Children's Trust, Inc. 105B Loudon Rd., Suite 201 Concord, NH 03301		PC	To encourage alignment, coordination, and promotion of best practices across all	55,000.
New Hampshire Public Radio 2 Pillsbury St., 6th Floor Concord, NH 03301		PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	25,000.
Safari Youth Club 72 Concord St Manchester, NH 03101		PC	To build capacity of the organization for the future by developing a strategic plan and provide	15,000.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To engage a diverse set of constituents to find common ground around policy solutions addressing	270,000.
Black Heritage Trail of New Hampshire, Inc. 222 Court Street Portsmouth, NH 03801		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	10,000.
Blue Cross Blue Shield of Massachusetts Foundation 101 Huntington Ave, Suite 300 Boston, MA 02199		PF	To help newspaper, radio, television, and online reporters and editors do a better job covering critical	21,000.
Boys & Girls Clubs of Central NH 55 Bradley Street Concord, NH 03301		PC	To avoid a childcare crisis in the North Country by providing gap funding for Boys & Girls Club of Central	10,000.
Building Community in New Hampshire (BCNH) 1045 Elm Street Suite 202 Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	25,000.
<b>Total from continuation sheets</b>				<b>3,728,442.</b>

**Part XIV 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
Catchafire Foundation 2093 Philadelphia Pike #8715 Claymont, DE 19703		PC	To support 50 NH nonprofits to build capacity by providing access to Catchafire.	77,500.
Community Church of Durham 17 Main ST Durham, NH 03824-2501		PC	To increase knowledge of the intentions and outcomes of US immigration policies throughout history by	4,750.
Community Health Institute/JSI Research & Training 501 South Street Bow, NH 03304		PC	To expand and support New Hampshire's healthcare workforce by launching a foundational	45,343.
Conservation Law Foundation 62 Summer Street Boston, MA 02110		PC	To identify, prioritize and implement Environmental Justice (EJ) projects in	5,000.
Conservation Law Foundation 62 Summer Street Boston, MA 02110		PC	To build an environmental justice movement in New Hampshire that engages low-income communities	50,000.
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301		PC	To grow, retain, and sustain the health workforce so that high quality care can be provided to all by	212,338.
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301		PC	To improve the health of NH residents by increasing the quality of crisis behavioral health services	75,705.
Gibson Center for Senior Services PO Box 655 14 Grove St North Conway, NH 03860		PC	To improve access to resources in the Mount Washington Valley by developing an updated web presence.	8,000.
Granite State Organizing Project, Inc (GSOP) 1045 Elm St. Suite 201 Manchester, NH 03101		PC	To forge new partnerships in the NH early childhood equity movement by hosting community film	25,000.
Granite State Organizing Project, Inc (GSOP) 1045 Elm St. Suite 201 Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	25,000.
<b>Total from continuation sheets</b>				

**Part XIV 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		POF	To advance equity in early childhood development by amplifying diverse voices and	100,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To provide consultant support for development of a messaging framework for different	150,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To support the operations of Health Strategies by providing operating support.	2,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To conduct research, convene key stakeholders and develop community engagement materials	12,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To collect, analyze and disseminate shared measures for the early childhood field by maintaining an online	35,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To identify a NH-specific issue and NH representatives for creation of a NH State Team for the Racial	10,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To identify potential solutions to address poverty and vulnerability in NH by implementing unique	30,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To provide consultant support for development of a messaging framework for different	75,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To conduct research, convene key stakeholders and develop community engagement materials	20,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To provide national best practices and hands-on experience in narrative shifting techniques by	18,750.
<b>Total from continuation sheets</b>				



**Part XIV 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		POF	To create a shared narrative and messaging for a more welcoming state by supporting a community	20,000.
Health Strategies of New Hampshire One Pillsbury Street, Suite 301 Concord, NH 03301		POF	To provide a deeper level of awareness and engagement for journalists reporting on issues of race by	10,000.
Lamprey Health Care 207 South Main Street Newmarket, NH 03057		PC	To draw on the expertise of NHs Leaders of Color to train and develop a cohort of	35,000.
Leadership New Hampshire PO Box 3446 Concord, NH 03302		PC	Build a community of informed leaders in NH to increase civic engagement and strengthen communities	10,000.
Maine Council on Aging P.O. Box 988 Brunswick, ME 04011		PC	To advance a regional approach to address the challenges and opportunities presented by an aging	15,000.
Marnita's Table Inc 1330 Lagoon Ave, 4th Floor Minneapolis, MN 55408		PC	To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive	80,000.
Massachusetts Immigrant and Refugee Advocacy Coalition 105 Chauncy Street, #901 Boston, MA 02111		PC	To promote healthy NH communities which welcome immigrants and refugees by facilitating inclusive	60,000.
Mount Washington Valley Adult Day Center 987 East Main Street Center Conway, NH 03813		POF	To reduce stigma and increase awareness of early signs of dementia and Alzheimer's by	20,000.
National Alliance on Mental Illness NH 85 North State Street Concord, NH 03301		PC	To ensure quality advocacy, knowledge development and nonprofit capacity building leadership	25,000.
National Alliance on Mental Illness NH 85 North State Street Concord, NH 03301		PC	To continue cultivating and developing robust and resilient family and youth leaders, who are	119,739.
<b>Total from continuation sheets</b>				

**Part XIV 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 NH 85 North State Street Concord, NH 03301		PC	To raise awareness of resources and support available for children and their families experiencing mental	15,000.
New Futures 100 North Main Street Suite 400 Concord, NH 03301		PC	To create an advocacy structure that will serve as the foundation for achieving critical,	265,000.
New Futures 100 North Main Street Suite 400 Concord, NH 03301		PC	To create an advocacy structure that will serve as the foundation for achieving critical,	265,000.
New Hampshire Center for Justice & Equity 30 Amherst Street Manchester, NH 03104		PC	To advance issues of racial and economic justice for all residents of New Hampshire through a	150,000.
New Hampshire Center for Nonprofits 3 North Spring Street, Suite 101 Concord, NH 03301		PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	25,000.
New Hampshire Center for Nonprofits 3 North Spring Street, Suite 101 Concord, NH 03301		PC	To increase knowledge and understanding regarding demographic data collection by providing training.	10,471.
New Hampshire Children's Trust, Inc. 105B Loudon Rd., Suite 201 Concord, NH 03301		PC	To strengthen families throughout New Hampshire and reduce incidences of abuse and neglect by	40,000.
New Hampshire Community Loan Fund 7 Wall Street Concord, NH 03301		PC	To facilitate the resilience and growth of businesses owned by people of color that contribute to the	25,000.
New Hampshire Fiscal Policy Institute 100 North Main Street, Suite 400 Concord, NH 03301		PC	To ensure quality advocacy and knowledge development for the health system in NH by sustaining the general	75,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301		PC	To ensure quality advocacy and nonprofit capacity building by sustaining the general operations of key NH	25,000.
<b>Total from continuation sheets</b>				

**Part XIV 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 Legal Assistance 117 North State Street Concord, NH 03301		PC	To sustain an effective and sustainable statewide advocacy infrastructure that	25,000.
New Hampshire Legal Assistance 117 North State Street Concord, NH 03301		PC	To build advocacy capacity to advance the priorities and strategies of the New Hampshire Alliance for	65,000.
New Hampshire Public Broadcasting 268 Mast Road Durham, NH 03824		PC	To fill in coverage and data gaps that impact New Hampshire specifically related to the Collaborative's	15,000.
New Hampshire Public Health Association #4 Park St., Suite 403 Concord, NH 03301		PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	75,000.
New Hampshire Public Radio 2 Pillsbury St., 6th Floor Concord, NH 03301		PC	To ensure quality advocacy, nonprofit capacity building and knowledge development for the health system	25,000.
New Neighbor Connections 78 Whittemore Rd Londonderry, NH 03053		PC	To promote fairness, inclusion and opportunity for all young children and their families by	20,000.
NH Black Women Health Project P.O. Box 5932 Manchester, NH 03108		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	5,000.
Organization for Refugee & Immigrant Success (ORIS) 434 Lake Avenue Manchester, NH 03103		PC	To support communities of color in New Hampshire by building the capacity of key nonprofits.	25,000.
Positive Street Art 48 Bridge Street #3F Nashua, NH 03060		PC	To build community by supporting a Cultural Dance Workshop Series.	2,500.
Resist, Inc. PO Box 301240 Boston, MA 02130		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	10,000.
<b>Total from continuation sheets</b>				

**Part XIV 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
Resist, Inc. PO Box 301240 Boston, MA 02130		PC	To improve the quality of life in Manchester by bringing people together from diverse cultural backgrounds	10,000.
Safari Youth Club 72 Concord St Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	5,000.
Sunset Hill Educational Institute P.O. Box 435 South Sutton, NH 03440		PC	To build capacity of the organization for the future by developing a strategic plan.	8,500.
The Diversity Workforce Coalition PO Box 927 Manchester, NH 03105		PC	To increase participants' skills in having conversations around equity, power, and	6,000.
The Feminist Health Center of Portsmouth 559 Portsmouth Ave Greenland, NH 03840		PC	To increase the capacity of the Lovering Health Center to provide equitable reproductive health	15,000.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To address disparities and advance behavioral health equity in underserved and disproportionately	12,490.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To enhance equitable access to behavioral healthcare for children, youth and families, particularly	68,356.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	Advance a shared vision for age friendly communities in NH through a collective impact	233,000.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To identify healthcare access trends for transgender and non-binary adults in New Hampshire by	20,000.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	NH Listens will strengthen the field of people in NH giving sustained attention and taking action to	100,000.
<b>Total from continuation sheets</b>				

### 3 Grants and Contributions Paid During the Year (Continuation)

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**Part XIV 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
Foundation for Healthy Communities 125 Airport Road Concord, NH 03301		PC	To improve the health of NH residents by increasing the quality of crisis behavioral health services	71,754.
Granite State Organizing Project, Inc (GSOP) 1045 Elm St. Suite 201 Manchester, NH 03101		PC	To enhance leadership capabilities and educational attainment of primarily youth of color in the	30,000.
Granite State Organizing Project, Inc (GSOP) 1045 Elm St. Suite 201 Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	100,000.
Keene State College 229 Main Street Keene, NH 03435		PC	To assess the current status and progress in development of the Children's Behavioral Health field and to	43,000.
Massachusetts Immigrant and Refugee Advocacy Coalition 105 Chauncy Street, #901 Boston, MA 02111		PC	To grow and build the early childhood equity movement infrastructure by creating communication	32,826.
New Hampshire Center for Justice & Equity 30 Amherst Street Manchester, NH 03104		PC	To advance issues of racial and economic justice for all residents of New Hampshire through a	150,000.
New Hampshire Children's Trust, Inc. 105B Loudon Rd., Suite 201 Concord, NH 03301		PC	To encourage alignment, coordination, and promotion of best practices across all	55,000.
NH Black Women Health Project P.O. Box 5932 Manchester, NH 03108		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	20,000.
Organization for Refugee & Immigrant Success (ORIS) 434 Lake Avenue Manchester, NH 03103		PC	To support communities of color in New Hampshire by building the capacity of key nonprofits.	100,000.
Safari Youth Club 72 Concord St Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	20,000.
<b>Total from continuation sheets</b>				<b>920,553.</b>

**Part XIV** 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
Seacoast Outright PO Box 842 Portsmouth, NH 03802		PC	To improve access to and quality of behavioral healthcare for LGBTQ+ youth by increasing the number	44,960.
Special Needs Support Center 129 South Main Street, Suite 103 White River Junction, VT 05001		PC	To support more accessible communities by developing a best practices guide.	18,700.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To improve access to and quality of behavioral healthcare for LGBTQ+ youth by increasing the number	100,000.
University of New Hampshire UNH-Sponsored Programs Administration 51 College Rd, Room 109 Durham, NH 03824-3585		PC	To scale, incentivize and sustain a credentialing infrastructure for early childhood and	34,313.
Victory Women of Vision 50 Bridge St STE 203 Manchester, NH 03101		PC	To create equitable communities for all in New Hampshire by building the capacity of key nonprofits.	100,000.
Total from continuation sheets .....				

**Part XIV** Supplementary Information

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

Name of Recipient - Dartmouth-Hitchcock Medical Center

To develop interventions for perinatal persons experiencing symptoms of depression and anxiety by conducting a study.

Name of Recipient - Early Learning NH

To strengthen the childcare sector and support its workforce by improving business and management resources and supports.

Name of Recipient - Marnita's Table Inc

To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive community of practice, while focusing on building trust across differences.

Name of Recipient - Marnita's Table Inc

To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive community of practice, while focusing on building trust across differences.

Name of Recipient - New Hampshire Center for Justice & Equity

To advance issues of racial and economic justice for all residents of New Hampshire through a collective impact approach by providing support for the NH Center for Justice & Equity's core programs.

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.



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

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

To encourage alignment, coordination, and promotion of best practices across all early childhood coalitions in the state by facilitating a community of practice (COP) and supporting regional coalitions with Alliance leadership.

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 - Safari Youth Club

To build capacity of the organization for the future by developing a strategic plan and provide coaching for the Executive Director.

Name of Recipient - University of New Hampshire

To engage a diverse set of constituents to find common ground around policy solutions addressing health, social, and public health systems in NH 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 shape policy pathways.

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.

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

Name of Recipient - Boys & Girls Clubs of Central NH

To avoid a childcare crisis in the North Country by providing gap funding for Boys & Girls Club of Central NH to support the North Woods Child Care Center.

Name of Recipient - Community Church of Durham

To increase knowledge of the intentions and outcomes of US immigration policies throughout history by developing an engaging exhibit.

Name of Recipient - Community Health Institute/JSI Research & Training

To expand and support New Hampshire's healthcare workforce by launching a foundational governance entity for statewide planning, collaboration, coordination, and dissemination of strategic actions and best practices.

Name of Recipient - Conservation Law Foundation

To identify, prioritize and implement Environmental Justice (EJ) projects in Manchester by advancing a facilitated process to engage members of the Manchester Environmental Justice Advisory Group (AG) and other community partners, with support from staff of the Conservation Law Foundation, to determine specific action steps and implementation processes to address identified concerns.

Name of Recipient - Conservation Law Foundation

To build an environmental justice movement in New Hampshire that engages low-income communities and communities of color by establishing and supporting environmental advocacy communities throughout the state.

**Part XIV** Supplementary Information

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

Name of Recipient - Foundation for Healthy Communities

To grow, retain, and sustain the health workforce so that high quality care can be provided to all by establishing and maintaining a backbone infrastructure, Health Force NH, to implement the Giving Care strategic plan.

Name of Recipient - Foundation for Healthy Communities

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

Name of Recipient - Granite State Organizing Project, Inc (GSOP)

To forge new partnerships in the NH early childhood equity movement by hosting community film screenings.

Name of Recipient - Health Strategies of New Hampshire

To advance equity in early childhood development by amplifying diverse voices and perspectives to co-create solutions to challenges identified by New Hampshire families of color.

Name of Recipient - Health Strategies of New Hampshire

To provide consultant support for development of a messaging framework for different audiences.

Name of Recipient - Health Strategies of New Hampshire

To conduct research, convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

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

Name of Recipient - Health Strategies of New Hampshire

To collect, analyze and disseminate shared measures for the early childhood field by maintaining an online child wellbeing data hub.

Name of Recipient - Health Strategies of New Hampshire

To identify a NH-specific issue and NH representatives for creation of a NH State Team for the Racial Justice Institute 2024 by facilitating a planning process.

Name of Recipient - Health Strategies of New Hampshire

To identify potential solutions to address poverty and vulnerability in NH by implementing unique approaches in pilot communities and/or populations identified through a NH-specific data review and methodology.

Name of Recipient - Health Strategies of New Hampshire

To provide consultant support for development of a messaging framework for different audiences.

Name of Recipient - Health Strategies of New Hampshire

To conduct research, convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

Name of Recipient - Health Strategies of New Hampshire

To provide national best practices and hands-on experience in narrative shifting techniques by providing keynote speaker and workshop facilitation.

**Part XIV** Supplementary Information

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

Name of Recipient - Health Strategies of New Hampshire

To create a shared narrative and messaging for a more welcoming state by supporting a community of practice by developing a toolkit of communications collateral.

Name of Recipient - Health Strategies of New Hampshire

To provide a deeper level of awareness and engagement for journalists reporting on issues of race by creating and moderating an ongoing Community of Practice for idea sharing, story critiquing and learning about better reporting for and about communities of color.

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.

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 - Maine Council on Aging

To advance a regional approach to address the challenges and

**Part XIV** Supplementary Information

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

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 - Marnita's Table Inc

To engage diverse individuals across the state to participate, learn, sustain, and grow their inclusive community of practice, while focusing on building trust across differences.

Name of Recipient - Massachusetts Immigrant and Refugee Advocacy Coalition

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

Name of Recipient - Mount Washington Valley Adult Day Center

To reduce stigma and increase awareness of early signs of dementia and Alzheimer's by developing a campaign.

Name of Recipient - National Alliance on Mental Illness NH

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.

**Part XIV** Supplementary Information

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

Name of Recipient - National Alliance on Mental Illness NH

To continue cultivating and developing robust and resilient family and youth leaders, who are full partners in transforming and strengthening NHs childrens behavioral health system, by providing opportunities for leadership development, community engagement, education, training, and advocacy and by strengthening communication capacity.

Name of Recipient - National Alliance on Mental Illness NH

To raise awareness of resources and support available for children and their families experiencing mental health challenges by using film as a medium to promote education, normalize help-seeking, and reduce the stigma surrounding mental illness.

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

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

Name of Recipient - New Hampshire Center for Justice & Equity

To advance issues of racial and economic justice for all residents of

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

New Hampshire through a collective impact approach by providing backbone support to the NH Center for Justice & Equity.

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 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 - New Hampshire Community Loan Fund

To facilitate the resilience and growth of businesses owned by people of color that contribute to the vitality and health of New Hampshire by establishing a platform from which minority-owned businesses can access capital and technical assistance.

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 - 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 Hampshire Legal Assistance



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

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

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 - New Hampshire Public Broadcasting

To fill in coverage and data gaps that impact New Hampshire specifically related to the Collaborative's race and equity initiative by sustaining the general operations of the Granite State News Collaborative.

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 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 Neighbor Connections

To promote fairness, inclusion and opportunity for all young children and their families by engaging community members and early childhood stakeholders in a series of community meetings to increase knowledge of challenges associated with early care and education and to identify

**Part XIV** Supplementary Information

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

solutions.

Name of Recipient - Resist, Inc.

To improve the quality of life in Manchester by bringing people together from diverse cultural backgrounds to create a strategic plan for the Manchester Community Action Coalition.

Name of Recipient - The Diversity Workforce Coalition

To increase participants' skills in having conversations around equity, power, and injustice by providing tools and knowledge.

Name of Recipient - The Feminist Health Center of Portsmouth

To increase the capacity of the Lovering Health Center to provide equitable reproductive health care by completing a strategic plan.

Name of Recipient - University of New Hampshire

To address disparities and advance behavioral health equity in underserved and disproportionately affected populations by producing and disseminating videos that lift and amplify community voices with lived experience.

Name of Recipient - University of New Hampshire

To enhance equitable access to behavioral healthcare for children, youth and families, particularly those in the African American, Latino/Latina, refugee and immigrant, and disability communities in NH, by creating and distributing tools, information, and resources to promote cultural responsiveness.

**Part XIV** Supplementary Information

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

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 (NH AHA).

Name of Recipient - University of New Hampshire

To identify healthcare access trends for transgender and non-binary adults in New Hampshire by conducting a study.

Name of Recipient - University of New Hampshire

NH Listens will strengthen the field of people in NH giving sustained attention and taking action to address race, equity and justice issues in the state by supporting and cultivating relationships and infrastructure among field actors, in addition to providing programmatic design, facilitation, affinity and multiracial group support to address this work.

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

Name of Recipient - New Hampshire Center for Justice & Equity

To advance issues of racial and economic justice for all residents of New Hampshire through a collective impact approach by providing support for the NH Center for Justice & Equity's core programs.

Name of Recipient - Conservation Law Foundation

To identify, prioritize and implement Environmental Justice (EJ) projects in Manchester by advancing a facilitated process to engage members of the Manchester Environmental Justice Advisory Group (AG) and other community partners, with support from staff of the Conservation Law Foundation, to determine specific action steps and implementation processes to address identified concerns.

Name of Recipient - Foundation for Healthy Communities

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

Name of Recipient - Granite State Organizing Project, Inc (GSOP)

To enhance leadership capabilities and educational attainment of primarily youth of color in the Manchester/Nashua School Districts by supporting leadership training and student directed educational equity activities.

Name of Recipient - Keene State College

To assess the current status and progress in development of the Children's Behavioral Health field and to revise evaluative tools.

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

Name of Recipient - Massachusetts Immigrant and Refugee Advocacy  
Coalition

To grow and build the early childhood equity movement infrastructure by  
creating communication channels, digital tools and platforms to connect  
and engage community members, share information, and facilitate  
collaboration.

Name of Recipient - New Hampshire Center for Justice & Equity

To advance issues of racial and economic justice for all residents of  
New Hampshire through a collective impact approach by providing  
backbone support to the NH Center for Justice & Equity.

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

To encourage alignment, coordination, and promotion of best practices  
across all early childhood coalitions in the state by facilitating a  
community of practice (COP) and supporting regional coalitions with  
Alliance leadership.

Name of Recipient - Seacoast Outright

To improve access to and quality of behavioral healthcare for LGBTQ+  
youth by increasing the number and geographic distribution of providers  
with knowledge and confidence to competently and effectively treat  
children and teens.

Name of Recipient - University of New Hampshire

To improve access to and quality of behavioral healthcare for LGBTQ+  
youth by increasing the number and geographic distribution of providers  
with knowledge and confidence to competently and effectively treat

**Part XIV** Supplementary Information

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

children and teens.

Name of Recipient - University of New Hampshire

To scale, incentivize and sustain a credentialing infrastructure for  
early childhood and family mental health professionals and explore  
funding options.

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Endowment For Health, Inc.

Employer identification number

02-0512290

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
<b>Endowment For Health, Inc.</b>	<b>02-0512290</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mascoma Bank 255 West Street Keene, NH 03431	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization	Employer identification number
<b>Endowment For Health, Inc.</b>	<b>02-0512290</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Form 990-PF

OMB No. 1545-0123

**2022**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>Endowment For Health, Inc.</b>	Employer identification number <b>02-0512290</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

## Part I Required Annual Payment

1 Total tax (see instructions) .....	1	81,101.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c Credit for federal tax paid on fuels (see instructions) .....	2c	
d Total. Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	81,101.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	132,361.
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	81,101.

## Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	02/15/23	03/15/23	06/15/23	09/15/23
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10		4,903.	55,923.	20,275.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11	33,090.		55,525.	20,188.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12		33,090.	28,187.	27,789.
13 Add lines 11 and 12 .....	13		33,090.	83,712.	47,977.
14 Add amounts on lines 16 and 17 of the preceding column .....	14				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	33,090.	33,090.	83,712.	47,977.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18	33,090.	28,187.	27,789.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	<b>38</b>			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.**Part I Adjusted Seasonal Installment Method****Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.					
a Tax year beginning in 2019 .....	1a				
b Tax year beginning in 2020 .....	1b				
c Tax year beginning in 2021 .....	1c				
2 Enter taxable income for each period for the tax year beginning in 2022. See the instructions for the treatment of extraordinary items	2				
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2019 .....	3a				
b Tax year beginning in 2020 .....	3b				
c Tax year beginning in 2021 .....	3c				
4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a .....	4				
5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b .....	5				
6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c .....	6				
7 Add lines 4 through 6 .....	7				
8 Divide line 7 by 3.0 .....	8				
9a Divide line 2 by line 8 .....	9a				
b Extraordinary items (see instructions) .....	9b				
c Add lines 9a and 9b .....	9c				
10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ...	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a .....	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b .....	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c .....	11c				
12 Add lines 11a through 11c .....	12				
13 Divide line 12 by 3.0 .....	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) .....	14				
15 Enter any alternative minimum tax (trusts only) for each payment period. See instructions .....	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16 .....	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- .....	19				

**Part II** **Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions) .....	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21		176,351.	4,250,099.	5,870,640.
22 Annualization amounts (see instructions) .....	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22 ..	23a		705,404.	8,500,198.	7,827,500.
b Extraordinary items (see instructions) .....	23b				
c Add lines 23a and 23b .....	23c		705,404.	8,500,198.	7,827,500.
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	24		9,805.	118,153.	108,802.
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions) .....	25				
26 Enter any other taxes for each payment period. See instr. ....	26				
27 Total tax. Add lines 24 through 26 .....	27		9,805.	118,153.	108,802.
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	29		9,805.	118,153.	108,802.
30 Applicable percentage .....	30	25%	50%	75%	100%
31 Multiply line 29 by line 30 .....	31		4,903.	88,615.	108,802.

**Part III** **Required Installments**

		1st installment	2nd installment	3rd installment	4th installment
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	32	0.	4,903.	88,615.	108,802.
33 Add the amounts in all preceding columns of line 38. See instructions .....	33			4,903.	60,826.
34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ..	34		4,903.	83,712.	47,976.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	35	20,275.	20,276.	20,275.	20,275.
36 Subtract line 38 of the preceding column from line 37 of the preceding column .....	36		20,275.	35,648.	
37 Add lines 35 and 36 .....	37	20,275.	40,551.	55,923.	20,275.
38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	38	0.	4,903.	55,923.	20,275.

Form 2220 (2022)

**\*\* Annualized Income Installment Method Using Standard Option**

## 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	152,661.	152,661.	
Total to Part I, line 3	152,661.	152,661.	

## 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	961,203.	0.	961,203.	961,203.	
Investment Income - K-1	0.	0.	0.	424,467.	
To Part I, line 4	961,203.	0.	961,203.	1,385,670.	

## Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Investment Income - K-1	0.	168,283.	
Total to Form 990-PF, Part I, line 11	0.	168,283.	

## Form 990-PF Accounting Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	37,869.	0.		41,520.
To Form 990-PF, Pg 1, ln 16b	37,869.	0.		41,520.

Form 990-PF	Other Professional Fees		Statement 5	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting - Investments	89,771.	89,771.		0.
Consulting	61,321.	0.		59,366.
Investment Fees	50,493.	50,493.		0.
To Form 990-PF, Pg 1, ln 16c	201,585.	140,264.		59,366.

Form 990-PF	Taxes		Statement 6	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Federal Excise Tax	144,027.	0.		0.
Payroll Tax	56,760.	0.		56,760.
Other Tax	4,738.	0.		0.
To Form 990-PF, Pg 1, ln 18	205,525.	0.		56,760.

Form 990-PF	Other Expenses		Statement 7	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Miscellaneous	26,315.	0.		28,851.
Insurance	23,873.	0.		23,873.
Office Expenses	14,172.	0.		11,935.
Telephone Expense	9,362.	0.		9,362.
Computer/Equipment Repairs & Maintenance	47,208.	0.		46,923.
Freight/Postage	863.	0.		863.
Other Portfolio Deductions from Passthroughs	0.	808,582.		0.
To Form 990-PF, Pg 1, ln 23	121,793.	808,582.		121,807.



Form 990-PF

Corporate Bonds

Statement 8

Description	Book Value	Fair Market Value
TIAA Cref	1,948,712.	1,948,712.
Colchis	237,327.	237,327.
Total to Form 990-PF, Part II, line 10c	2,186,039.	2,186,039.

## Form 990-PF

## Other Investments

## Statement 9

Description	Valuation Method	Book Value	Fair Market Value
VNG International	FMV	5,504,844.	5,504,844.
VNG Domestic	FMV	4,295,404.	4,295,404.
Varde	FMV	1,767,430.	1,767,430.
Southpoint	FMV	2,914,868.	2,914,868.
Silver Point	FMV	451,772.	451,772.
Rose Affordable Housing	FMV	1,074,821.	1,074,821.
RhumbLine	FMV	12,142,221.	12,142,221.
RCPDirect Fund IV	FMV	621,289.	621,289.
RCP Fund 9	FMV	992,369.	992,369.
RCP Fund 14	FMV	720,920.	720,920.
RCP 16	FMV	260,139.	260,139.
RCP 13	FMV	1,045,436.	1,045,436.
RCP 12	FMV	1,152,297.	1,152,297.
RCP 11	FMV	1,023,525.	1,023,525.
Nyes Lege	FMV	3,924,692.	3,924,692.
Nut Tree	FMV	2,877,537.	2,877,537.
NGP	FMV	1,087,798.	1,087,798.
NC Growers	FMV	500,000.	500,000.
Lyme Timber	FMV	430,137.	430,137.
Lone Cascade	FMV	1,328,058.	1,328,058.
Lone Cedar	FMV	1,301,159.	1,301,159.
Legacy XI	FMV	33,565.	33,565.
Legacy X	FMV	513,590.	513,590.
Legacy VIII	FMV	1,937,638.	1,937,638.
Legacy VII	FMV	2,433,144.	2,433,144.
Legacy VI	FMV	1,612,477.	1,612,477.
Legacy 9	FMV	1,453,276.	1,453,276.
Juniper II	FMV	1,237,450.	1,237,450.
Juniper 3	FMV	973,812.	973,812.
Invesco SP	FMV	5,754,456.	5,754,456.
Generation Global	FMV	4,693,922.	4,693,922.
Generation Asia	FMV	1,638,336.	1,638,336.
GEM	FMV	519,678.	519,678.
Garcia Hamilton	FMV	4,332,636.	4,332,636.
Equus Fund VII	FMV	743,577.	743,577.
DK VI	FMV	46,015.	46,015.
DK V	FMV	1,036,724.	1,036,724.
Davidson Kemper	FMV	2,969,184.	2,969,184.
Brown Capital	FMV	1,953,862.	1,953,862.
Borealis	FMV	442,746.	442,746.
Bain Capital	FMV	94,867.	94,867.
Artimis	FMV	70,138.	70,138.
Anchorage	FMV	177,187.	177,187.
AG Realty XI	FMV	135,807.	135,807.
AG Realty X	FMV	718,410.	718,410.
AG Realty Fund 9	FMV	646,154.	646,154.
Accolade Partners II	FMV	476,478.	476,478.
Accolade Partners Growth III	FMV	64,299.	64,299.
Accolade Empowerment II	FMV	17,277.	17,277.

Endowment For Health, Inc.

02-0512290

Total to Form 990-PF, Part II, line 13

82,143,421.

82,143,421.

Form 990-PF Depreciation of Assets Not Held for Investment Statement 10

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Equipment	88,393.	88,393.	0.
Furniture	48,603.	36,348.	12,255.
Renovations Costs	27,688.	0.	27,688.
Total To Fm 990-PF, Part II, ln 14	164,684.	124,741.	39,943.

Form 990-PF Other Assets Statement 11

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Deposits	2,292.	2,292.	2,292.
Right-of-use asset - Operating	0.	274,937.	274,937.
Mission Related Investments	1,500,000.	2,500,000.	2,500,000.
To Form 990-PF, Part II, line 15	1,502,292.	2,777,229.	2,777,229.

Form 990-PF Other Liabilities Statement 12

Description	BOY Amount	EOY Amount
Lease obligation - Operating	0.	275,243.
Total to Form 990-PF, Part II, line 22	0.	275,243.

Form 990-PF

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

Statement 13

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Yvonne Goldsberry One Pillsbury Street, Suite 301 Concord, NH 03301	President 37.50	224,949.	33,728.	0.
Susan Fulton One Pillsbury Street, Suite 301 Concord, NH 03301	Chief Financial Officer 37.50	128,890.	20,436.	0.
Betsy Paine One Pillsbury Street, Suite 301 Concord, NH 03301	Board Chair 1.00	0.	0.	0.
Maria Padin One Pillsbury Street, Suite 301 Concord, NH 03301	Vice Chair 1.00	0.	0.	0.
Chris Matthews One Pillsbury Street, Suite 301 Concord, NH 03301	Secretary 1.00	0.	0.	0.
Frances Strayer One Pillsbury Street, Suite 301 Concord, NH 03301	Secretary 1.00	0.	0.	0.
Steve Lawlor One Pillsbury Street, Suite 301 Concord, NH 03301	Treasurer 1.00	0.	0.	0.
Virginia Irwin 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.
John Snow One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.

<u>Endowment For Health, Inc.</u>		<u>02-0512290</u>		
Kathleen McGuire 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.
Mike Devlin One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Ned Helms One Pillsbury Street, Suite 301 Concord, NH 03301	Director 1.00	0.	0.	0.
Patti Stolte 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.
Tim Murphy 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.
Totals included on 990-PF, Page 6, Part VII		<u>353,839.</u>	<u>54,164.</u>	<u>0.</u>

Form 990-PF

Expenditure Responsibility Statement  
Part VI-B, Line 5d

Statement 14

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.	09/27/21	25,000.

Purpose of Grant

To collect, analyze and disseminate shared measures for the early childhood field by maintaining an online child wellbeing data hub.

Dates of Reports by Grantee

June 30, 2022. June 30, 2023.

Any Diversion by Grantee

\$15,000 was returned to the Endowment for Health. All other funds were expended as intended.

Results of Verification

September 30, 2022. June 30, 2023.

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>
175,000.	09/27/21	166,374.

Purpose of Grant

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

Dates of Reports by Grantee

September 30, 2022. June 30, 2023.

Any Diversion by Grantee

\$8,626 was returned to the Endowment for Health. All other funds were expended as intended.

Results of Verification

September 30, 2022. June 30, 2023.

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.	09/27/21	15,000.

Purpose of Grant

To strengthen the field of childrens behavioral health by strategically supporting technical assistance to leverage funding from federal and/or national foundation sources.

Dates of Reports by Grantee

September 30, 2022. June 30, 2023.

Any Diversion by Grantee

No

Results of Verification

September 30, 2022. June 30, 2023.



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>
75,000.	08/31/22	75,000.

Purpose of Grant

To provide consultant support for development of a messaging framework for different audiences.

Dates of Reports by Grantee

June 30, 2023; September 30, 2023.

Any Diversion by Grantee

No

Results of Verification

June 30, 2023; September 30, 2023.

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.	06/20/22	24,151.

Purpose of Grant

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

Dates of Reports by Grantee

September 30, 2022. June 30, 2023.

Any Diversion by Grantee

\$10,849 was returned to the Endowment for Health. All other funds were expended as intended.

Results of Verification

September 30, 2022. June 30, 2023.

Grantee's Name

New Hampshire Center for Justice & Equity

Grantee's Address

30 Amherst Street  
Manchester, NH 03104

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
1,000,000.	09/26/22	200,000.

Purpose of Grant

To advance issues of racial and economic justice for all residents of New Hampshire through a collective impact approach by providing support for the NH Center for Justice & Equity's core programs.

Dates of Reports by Grantee

July 31, 2023

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Grantee received 501c3 public charity designation from the IRS November 18, 2022. Expenditure Responsibility is no longer required for this grant.

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>
9,488.	04/13/22	7,369.

Purpose of Grant

To strengthen the field of healthy aging by leveraging funding from federal sources.

Dates of Reports by Grantee

June 30, 2022. June 30, 2023.

Any Diversion by Grantee

\$2119.37 was returned to the Endowment for Health. All other funds were expended as intended

Results of Verification

June 30, 2022. June 30, 2023.

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.	10/08/21	10,000.

Purpose of Grant

To create a shared narrative and messaging for a more welcoming state by supporting a community of practice.

Dates of Reports by Grantee

June 30, 2022. June 30, 2023.

Any Diversion by Grantee

No

Results of Verification

June 30, 2022. June 30, 2023.

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>
20,000.	11/22/21	20,000.

Purpose of Grant

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

December 31, 2022.

Any Diversion by Grantee

No

Results of Verification

December 31, 2022.

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>
6,000.	07/31/22	6,000.

Purpose of Grant

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

Dates of Reports by Grantee

June 30, 2022.

Any Diversion by Grantee

No

Results of Verification

June 30, 2023.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
10,000.	09/23/22	8,285.

Purpose of Grant

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, 2023; September 30, 2023. Report due June 30, 2024.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

June 30, 2023; September 30, 2023. Report will be verified June 30, 2024.



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>
40,333.	09/23/22	38,020.

Purpose of Grant

To enhance access to a high-quality system of care for early childhood mental health services by conducting research.

Dates of Reports by Grantee

June 30, 2023. Report is due June 30, 2024.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

June 30, 2023. Report will be verified June 30, 2024.

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>
28,000.	07/31/22	22,713.

Purpose of Grant

To provide policy and decision makers with information that helps them understand and address the underlying structural factors that perpetuate inequities by amplifying diverse voices and perspectives to examine how social and structural determinants impact childrens outcomes in New Hampshire.

Dates of Reports by Grantee

June 30, 2023; September 30, 2023. Report due June 30, 2024.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

June 30, 2023; September 30, 2023. Report will be verified on June 30, 2024.

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>
39,900.	07/31/22	39,900.

Purpose of Grant

To ensure effective messaging on welcoming, racial justice and equity in New Hampshire that resonates with Granite Staters across ideologies and demographics by conducting qualitative message testing research.

Dates of Reports by Grantee

June 30, 2023

Any Diversion by Grantee

No

Results of Verification

June 30, 2023.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
10,000.	08/31/22	1,609.

Purpose of Grant

To strengthen the capacity of funders in NH to strategically coordinate and co-fund grantmaking by completing a baseline report that maps the states philanthropic landscape.

Dates of Reports by Grantee

June 30, 2023; September 30, 2023. Report due June 30, 2024.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

June 30, 2023; September 30, 2023. Report will be verified on June 30, 2024.

Grantee's Name

New Hampshire Center for Justice & Equity

Grantee's Address

30 Amherst Street  
Manchester, NH 03104

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
200,000.	08/31/22	150,000.

Purpose of Grant

To advance issues of racial and economic justice for all residents of New Hampshire through a collective impact approach by providing backbone support to the NH Center for Justice & Equity.

Dates of Reports by Grantee

September 30, 2023.

Any Diversion by Grantee

No

Results of Verification

September 30, 2023. Grantee received 501c3 public charity designation from the IRS November 18, 2022. Expenditure Responsibility is no longer required for this grant.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
18,750.	12/20/22	15,236.

Purpose of Grant

To provide national best practices and hands-on experience in narrative shifting techniques by providing keynote speaker and workshop facilitation.

Dates of Reports by Grantee

September 30, 2023. Report is due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

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.	01/09/23	20,000.

Purpose of Grant

To conduct research, convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

Dates of Reports by Grantee

September 30, 2023.

Any Diversion by Grantee

No

Results of Verification

September 30, 2023.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
100,000.	09/20/23	0.

Purpose of Grant

To advance equity in early childhood development by amplifying diverse voices and perspectives to co-create solutions to challenges identified by New Hampshire families of color.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.



Grantee's Name

Blue Cross Blue Shield of Massachusetts Foundation

Grantee's Address

101 Huntington Ave, Suite 300  
Boston, MA 02199

<u>Grant Amount</u>	<u>Date of Grant</u>	<u>Amount Expended</u>
21,000.	01/01/23	0.

Purpose of Grant

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 is due December 31, 2023.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

Report will be verified on December 31, 2023.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
12,000.	08/01/23	1,425.

Purpose of Grant

To conduct research, convene key stakeholders and develop community engagement materials to support improved health policy decision-making.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
10,000.	10/31/22	4,100.

Purpose of Grant

To provide a deeper level of awareness and engagement for journalists reporting on issues of race by creating and moderating an ongoing Community of Practice for idea sharing, story critiquing and learning about better reporting for and about communities of color.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
35,000.	07/01/23	0.

Purpose of Grant

To collect, analyze and disseminate shared measures for the early childhood field by maintaining an online child wellbeing data hub.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024.

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
75,000.	03/17/23	2,786.

Purpose of Grant

To provide consultant support for development of a messaging framework for different audiences.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
150,000.	09/20/23	0.

Purpose of Grant

To provide consultant support for development of a messaging framework for different audiences.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
20,000.	11/30/22	19,490.

Purpose of Grant

To create a shared narrative and messaging for a more welcoming state by supporting a community of practice by developing a toolkit of communications collateral.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
30,000.	04/01/23	7,700.

Purpose of Grant

To identify a NH-specific issue and NH representatives for creation of a NH State Team for the Racial Justice Institute 2024 by facilitating a planning process.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024.



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>
2,000.	08/07/23	2,000.

Purpose of Grant

To support the operations of Health Strategies by providing operating support.

Dates of Reports by Grantee

September 30, 2023.

Any Diversion by Grantee

No.

Results of Verification

September 30, 2023.

Grantee's Name

Health Strategies of New Hampshire

Grantee's Address

One Pillsbury Street, Suite 301  
Concord, NH 03301

Grant Amount	Date of Grant	Amount Expended
10,000.	04/20/23	0.

Purpose of Grant

To identify a NH-specific issue and NH representatives for creation of a NH State Team for the Racial Justice Institute 2024 by facilitating a planning process.

Dates of Reports by Grantee

September 30, 2023. Report due June 30, 2024

Any Diversion by Grantee

All funds will be expended as intended in the grant.

Results of Verification

September 30, 2023. Report will be verified June 30, 2024

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Form 990-PF	Summary of Direct Charitable Activities	Statement 15
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Activity One

Staff working to collaborate with community partners to advance 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 VIII-A, line 1	338,163.

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Form 990-PF	Summary of Direct Charitable Activities	Statement 16
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Activity Two

Staff working to collaborate with community partners to ensure the healthy development of children, advancing equity, 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 VIII-A, line 2	250,268.

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

Staff working to collaborate with community partners to build health policy capacity in NH to solve complex social problems (including health care workforce) by convening stakeholders, providing technical and policy expertise, expanding communication about issues and building organizational capacity.

	Expenses
To Form 990-PF, Part VIII-A, line 3	204,289.

Activity Four

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 VIII-A, line 4	84,759.

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Form 990-PF

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

Statement 19

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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](http://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.

## General Explanation

Statement 20

## Form/Line Identifier

Form 990-PF, Page 5, Part VII-A, Line 11

## Explanation:

Name of Controlled Entity: Health Strategies of New Hampshire, Inc.

EIN: 20-8632971

Address: One Pillsbury Street, Suite 301, Concord, NH 03301

Excess Business Holding: No

## General Explanation

Statement 21

## Form/Line Identifier and Description/Return Reference

Form 990-PF, Page 4, Part VI-A, Line 11: - Transfer to Controlled Entity

## Explanation:

Name of Controlled Entity: Health Strategies of New Hampshire, Inc.

EIN: 20-8632971

Address: One Pillsbury Street, Suite 301, Concord, NH 03301

Description of Transfer: Grant to wholly-owned subsidiary.

Amount of Transfer: \$446,156