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

Fiscal Year End: September 2016
State Registration # 12315

Under the penalties of perjury set forth in RSA 641:1-3, I declare that I have examined the
attached report, including accompanying schedules and statements and to the best of my knowledge
and belief, it is true, correct and complete.

Yvonne Goldsberry
Signature of
PRESIDENT, TREASURER OR TRUSTEE

(Print or Type) Name of Officer/Trustee

2/2/17
Date

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization
does not have the office of "President" or "Treasurer", please attach an explanation or definition of
the authority vested in the signatory.)

STATE OF

COUNTY OF

On this the 2 day of February, 2017 before me personally appeared the above-
named officer or trustee who acknowledged himself/herself to be the officer/trustee, President,
Treasurer of the above-named organization and took oath or affirmed that the attached report:
including accompanying schedules and statements is to the best of his/her knowledge and belief
true, correct and complete.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: Oct. 5, 2021
Catherine Byrcheidson
Notary Public

doj.doc 10/5/16
OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: Endowment for Health

1. Is there currently a conflict of interest policy in effect? Yes ✓ No __
   A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

     If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary):

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties? (see RSA 7:19-a) Yes ___ No ✓

   If Yes, complete the following:

   A. Was any real estate transaction involved? Yes ___ No ___

   B. Was a loan made to any director, officer or trustee? Yes ___ No ___

   C. Was a pecuniary benefit paid in excess of $500? Yes ___ No ___

     If Yes, attach copy of Meeting Minutes.

   D. Was a pecuniary benefit paid in excess of $5,000? Yes ___ No ___

     If Yes, attach a copy of each of the following:
     - Public Notice made pursuant to RSA 7:19-a, II (d)
     - Meeting Minutes
     - Employment Contract

   E. Provide a list of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

     Name of Trustee: ___________________________ Nature & Amount of Benefit: ___________________________

     Name of Trustee: ___________________________ Nature & Amount of Benefit: ___________________________

NOTE: The Director of Charitable Trusts may request copies of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.