

Department of Justice  
Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street  
Concord, NH 03301-6397



ANNUAL FILING FEE: \$75.00  
Make check payable to:  
STATE OF NEW HAMPSHIRE

DON'T FORGET TO ATTACH:  
Appendix, Filing, fee, Board List  
One of the following: NHCT-2A, 990, 990-EZ, or 990-PF

**ANNUAL REPORT CERTIFICATE**

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

Fiscal Year End: Septemer 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

Date 2/2/17

Yvonne Goldsberry  
(Print or Type) Name of Officer/Trustee

Title President

**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



5 2021

Catherine Richardson  
Notary Public

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.