Form 990-PF

OMB No. 1545-0047

Department of the Treas

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2023 or tax year beginning JUL	1, 2023	, and ending	JUN 30, 2024	
Name of foundation			A Employer identification	number
Health Strategies of New H	ampshire, Inc.		20-8632971	
Number and street (or P.O. box number if mail is not delivered to street a	ddress)		B Telephone number	
One Pillsbury Street		301	603-228-24	48
City or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	nding, check here
G Check all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	. check here
Final return	Amended return	mor public smalls		
Address change	Name change		Foreign organizations mee check here and attach cor	nputation
H Check type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation stat	us was terminated
	Other taxable private foundat		under section 507(b)(1)	(A), check here
I Fair market value of all assets at end of year J Account		X Accrual	F If the foundation is in a (
	ther (specify)		under section 507(b)(1)	(B), check here
\$ 319,059. (Part I, colu				(d) Disbursements
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	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	438,020.			
2 Check if the foundation is not required to attach Sch. B			40.704	
3 cash investments	12,534.	12,534.	12,534.	Statement 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 8a 7 Capital gain net income (from Part IV, line 2)				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain			0.	
9 Income modifications Gross sales less returns				
1UE and allowances			1000	
b Less: Cost of goods sold				
e Gross profit or (loss)				
11 Other income	450,554.	12,534.	12,534.	
13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees Stmt 2	4,085.	0.	0.	4,085.
c Other professional fees Stmt 3	239,538.	0.	0.	241,287.
17 Interest 18 Taxes Stmt 4	1			
18 Taxes Stmt 4	13.	0.	0.	0.
19 Depreciation and depletion				Prince The Lands
17 Interest 18 Taxes Stmt 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	A 601	0.	0.	4,681.
	4,681.	0.	0.	4,001.
22 Printing and publications	89,617.	0.	0.	85,201.
23 Other expenses Stmt 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions gifts greats paid	03,017.	0.	0.	03,2011
expenses. Add lines 13 through 23	337,934.	0.	0.	335,254.
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	0.	Sequel management	The same of the sa	0.
26 Total expenses and disbursements.				
Add lines 24 and 25	337,934.	0.	0.	335,254.
27 Subtract line 26 from line 12;			Republicani Dal	
& Excess of revenue over expenses and disbursements	112,620.	TO A TONE SHARE Y		
b Net investment income (if negative, enter -0-)	SHEEDING IS IN ISSUE	12,534.		
C Adjusted net income (if negative, enter -0-)		MERCH DI CENTRE	12,534.	

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

Part III Analysis of Changes in Net Assets or Fund Balances

29 Total net assets or fund balances

30 Total liabilities and net assets/fund balances

_				
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29	Τ		
	(must agree with end-of-year figure reported on prior year's return)	1		197,689.
2	Enter amount from Part I, line 27a	2	Г	112,620.
3	Other increases not included in line 2 (itemize)	3		0.
4	Add lines 1, 2, and 3	4		310,309.
5	Decreases not included in line 2 (itemize)	5	Г	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6		310,309.

197,689.

204,444.

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310,309.

319,059.

Form 990-PF (2023) Hea	lth Strategies of and Losses for Tax on In	f New Hampshir	e, Inc.	20-863	2971 Page 3
	the kind(s) of property sold (for exa		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
2-story brick w	arehouse; or common stock, 200 shs	. MLC Co.)	D - Donation	(mo., day, yr.)	(mo., day, yr.)
1a			1		
b NC)NE				
C					
1	<u></u>	<u> </u>			
e			100		
(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	
1					
b					
C					
d					
		the female in a 10/01/00			
Complete only for assets snow	ing gain in column (h) and owned by			(I) Gains (Col. (h) gain ol. (k), but not less tha	
(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		Losses (from col. (h))
8					
b					
C					
d					
e					
Capital gain net income or (net o Net short-term capital gain or {	capital loss) { If gain, also enter -0 If (loss), enter -0 OSS) as defined in sections 1222(5) a)- in Part I, line 7) 2		
If gain, also enter in Part I, line 8	B, column (c). See instructions. If (los	s), enter -0- in	3		ma)
	sed on Investment Incon			- see instructio	1118)
	described in section 4940(d)(2), che				174.
	n letter: (a			1	1/4.
	s enter 1.39% (0.0139) of line 27b. E				
	ol. (b)				0.
	stic section 4947(a)(1) trusts and tax				174.
					0.
, , ,	estic section 4947(a)(1) trusts and ta			1111	174.
	ome. Subtract line 4 from line 3. If z	ero or iess, enter -u-		.,,,,	Assert Control of the
6 Credits/Payments:	and 0000 accorpanies to added to 0	1 8 1		0.	
	and 2022 overpayment credited to 2			0.	
	- tax withheld at source			0.	
*	extension of time to file (Form 8868)			0.	
	sly withheld				0.
	Add lines 6a through 6d			8	0.
	ayment of estimated tax. Check here			9	174.
9 Tax due. If the total of lines 5	5 and 8 is more than line 7, enter amo	ount owed		Water B	2/30

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be: Credited to 2024 estimated tax

Refunded 11

	THA Cutomonto regulating Activities			
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1000	Yes	No
	any political campaign?	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			CHIEF THE
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ci	1901
	(1) On the foundation. \$ (2) On foundation managers. \$ 0 .			
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			200
	managers. \$ 0 .	JEE X		E
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.	0.3		3730
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	A PERSON		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	SE	Time	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			1000
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
		DATE:	USA	TOTAL T
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	31126	2000	181
	NH M	200	III III	1.3
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)	2353	1	
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	CAN		
	year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement, See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address endowmentforhealth.org/health-strategies-of-nh			
14	The books are in care of Susan Fulton Telephone no. 603-22	8-2	448	
	Located at One Pillsbury Street, Suite 301, Concord, NH ZIP+4 03			
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	M-
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	Margarita	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	202	17 mg	15,32
	foreign country	900) DE	(0000)

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5a During the year, did the foundation pay or incur any amount to:	TOTAL VIZO May Be II	ioquii ou (contin	nuea)	100	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	07-20-000-00		5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955);				3000	A 100 STE
any voter registration drive?				5a(2)	X
(3) Provide a grant to an individual for travel, study, or other similar purpose				5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organizat 4945(d)(4)(A)? See instructions				5a(4)	х
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or t	for		Symm	11/2
the prevention of cruelty to children or animals?		**********************		5a(5)	X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify to	•	•	/-	200	200
section 53.4945 or in a current notice regarding disaster assistance? See ins				5b	
c Organizations relying on a current notice regarding disaster assistance, check				3835	SEE SE
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption			NT / 3		SAS EN
expenditure responsibility for the grant?			N/A	5d	Participation of the later of
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, t					
	, , ,			6a	x
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a	narcanal hanatit contract?		0.0500100000100	6b	X
If "Yes" to 6b, file Form 8870.	personal benefit contracts		(1)111111111111111111111111111111111111	OD	A COL
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?			7a	x
b If "Yes," did the foundation receive any proceeds or have any net income attril				7b	- ^
8 Is the foundation subject to the section 4960 tax on payment(s) of more than				100	(S)(1)
	• • •			8	х
Part VII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly			
List all officers, directors, trustees, and foundation managers and	their compensation.		12		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions employee benefit pl and deferred	to (e) Expense
(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	and deterred compensation	all's ac	count, other allowances
				\top	
		1			
See Statement 7		0.).	0.
	_				
<u> </u>	_				
	<u></u>				
	_				
	\dashv				
2 Compensation of five highest-paid employees (other than those in	1	enter "NONE."	(d) Contributions	10 1	15
(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 employee benefit pl and deferred compensation	ans ac	 e) Expense count, other allowances
NONE	_				
				+	
	-				
		1		+	
	\dashv]		
· · · · · · · · · · · · · · · · · · ·	 			-	
	\dashv				
	-				
					
		1			
Total number of other employees paid over \$50,000					0

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations,	see instructions.)
1 Fa	r market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	mina)	
a Av	erage monthly fair market value of securities	1a	0.
b Av	erage of monthly cash balances	16	439,361.
c Fa	r market value of all other assets (see instructions)	1c	
d To	tal (add lines 1a, b, and c)	1d	439,361.
e Re	duction claimed for blockage or other factors reported on lines 1a and	5 4 5	
10	(attach detailed explanation)		
2 Ac	quisition indebtedness applicable to line 1 assets	2	0.
	btract line 2 from line 1d	3	439,361.
4 Ca	sh deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	6,590.
5 Ne	t value of noncharitable-use assets. Subtract line 4 from line 3	5	432,771.
6 Mi	nimum investment return. Enter 5% (0.05) of line 5	6	21,639.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations, check here X and do not complete this part.)		
	nimum investment return from Part IX, line 6	1	
2a Tax	c on investment income for 2023 from Part V, line 5	100	
b Inc	ome tax for 2023. (This does not include the tax from Part V.)	200	
c Ad	d lines 2a and 2b	20	
3 Dis	tributable amount before adjustments. Subtract line 2c from line 1	3	
4 Re	coveries of amounts treated as qualifying distributions	4	
	d lines 3 and 4	5	
	duction from distributable amount (see instructions)	6	
7 Dia	tributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	
Part	Qualifying Distributions (see instructions)		
1 Am	ounts paid (including administrative expenses) to accomplish charitable, etc., purposes;	6.23	
a Exp	penses, contributions, gifts, etc total from Part I, column (d), line 26	1a	335,254.
b Pro	gram-related investments - total from Part VIII-8	1b	0.
2 Am	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	ounts set aside for specific charitable projects that satisfy the:	8335	
	tability test (prior IRS approval required)	3a	
	sh distribution test (attach the required schedule)	3b	
	alifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	335,254.
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	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2022	2022	2023
1 Distributable amount for 2023 from Part X,	KI WATE SA		AND THE RESERVE TH	
line 7				1822
Undistributed income, if any, as of the end of 2023:				V V (Excess)
a Enter amount for 2022 only				TO WATER THE
b Total for prior years:				
Excess distributions carryover, if any, to 2023:				
a From 2018				To the contract of the contrac
b From 2019				
c From 2020 d From 2021				AND THE RESERVE
4 From 2022				
e From 2022 f Total of lines 3a through e				
Qualifying distributions for 2023 from	V STRUCK STRUCK	NAME OF TAXABLE PARTY.		
Part XI, line 4: \$				SIN PER
a Applied to 2022, but not more than line 2a		STATE OF STREET		Of the second second
b Applied to undistributed income of prior		100		
years (Election required - see instructions)				A Company of the Comp
c Treated as distributions out of corpus		Editor Control of		Marine Spin
(Clastica comitted and instructions)				
d Applied to 2023 distributable amount	and the last			
e Remaining amount distributed out of corpus				AND DOMESTIC
Excess distributions carryover applied to 2023	MEGATO VEA			
(If an amount appears in column (d), the same amount must be shown in column (a).)		REAL PROPERTY.		
Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	A A COLUMN TO SERVICE OF THE SERVICE			
line 4b from line 2b				71 10 51 1
c Enter the amount of prior years'	T. Marine Commis			
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b, Taxable	Automotive Control			Market State
amount - see instructions				
e Undistributed income for 2022. Subtract line	Lunin Stanton on Co	I SIP TENENT	- 111	
4a from line 2a. Taxable amount - see instr.		TYRIN LESSEN		NEW SURF
f Undistributed income for 2023. Subtract	E Water in Schilleton	S ARCHITECTURE MYSTATIS		25 A
lines 4d and 5 from line 1. This amount must				
be distributed in 2024		Z SHORE ZER	THE SETTING	
7 Amounts treated as distributions out of		BOOK STREET		ALSE MISS
corpus to satisfy requirements imposed by		FAST BUTTER		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)		SING DECEMBER AND ADDRESS OF THE PARTY OF TH		
Excess distributions carryover from 2018				
not applied on line 5 or line 7				05/8 1880 5
Excess distributions carryover to 2024.				The state of the s
Subtract lines 7 and 8 from line 6a		Recommendation of		THE TOWN IN THE
Analysis of line 9:				
a Excess from 2019		and the second s		
b Excess from 2020				The Land

P	art XIII Private Operating Fo	oundations (see ins	tructions and Part VI-A	, question 9)				
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 2023, enter the date of the ruling 07/30/07							
ı	b Check box to indicate whether the founda		foundation described in			4942(j)(3) or 49	42(j)(5)	
2 :	a Enter the lesser of the adjusted net	Tax year		Prior 3 year				
	income from Part I or the minimum	(a) 2023	(b) 2022	(c) 202	1	(d) 2020	(e) Total	
	investment return from Part IX for	10 504	005	4	400	4 040	15 054	
	each year listed	12,534.	905.		187.	1,248.	15,874.	
	b 85% (0.85) of line 2a	10,654.	769.	1,	009.	1,061.	13,493.	
(e Qualifying distributions from Part XI,	225 254	400 674	602	600	020 500	2 260 126	
	line 4, for each year listed	335,254.	499,674.	603,	090.	930,500.	2,369,126.	
(d Amounts included in line 2c not							
	used directly for active conduct of	0.	0.		0.	0.	0.	
	e Qualifying distributions made directly	0.1	0.		0.	0.	0.	
•	for active conduct of exempt activities.							
	Subtract line 2d from line 2c	335,254.	499,674.	603,	698.	930,500.	2,369,126.	
3	Complete 3a, b, or c for the	333,2311	400,011.	005,	0,00.	330,3001	2,303,1201	
	alternative test relied upon:							
1	Assets' alternative test - enter: (1) Value of all assets						0.	
							•	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	ŀ				1	0.	
1	b "Endowment" alternative test - enter						* -	
	2/3 of minimum investment return							
	shown in Part IX, line 6, for each year listed	14,426.	8,647.	15.	180.	16,246.	54,499.	
	c "Support" alternative test - enter:						,	
•	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on							
	securities loans (section 512(a)(5)), or royalties)						0.	
	(2) Support from general public							
	and 5 or more exempt							
	organizations as provided in section 4942(j)(3)(B)(iii)						0.	
	(3) Largest amount of support from	1						
	an exempt organization	j					0.	
	(4) Gross investment income						0.	
Pa	art XIV Supplementary Infor			the founda	ation h	ad \$5,000 or mor	e in assets	
	at any time during th	e year-see instru	ctions.)					
1	Information Regarding Foundation	Managers:						
- 8	a List any managers of the foundation who			butions received	i by the fo	oundation before the close	e of any tax	
_	year (but only if they have contributed mo	ore than \$5,000). (See sec	ction 50/(d)(2).)					
	one							
ŀ	 List any managers of the foundation who other entity) of which the foundation has 			r an equally larg	e portion	of the ownership of a par	rtnership or	
NT -	••	a 10% of greater interest.	•					
_	one	- 101 111 . 11 . 11 . 11		E				
2	Information Regarding Contributio			_			January and the	
	Check here X if the foundation the foundation makes gifts, grants, etc., to	only makes contributions o individuals or organizati	•	•		•	uests for funds. If	
_				· ·				
8	a The name, address, and telephone numbe	or or eman address of the	herson in whom abbaca	00 DIDUNG SHOULD DE	auui esse	u.		
-	b The form in which applications should be	submitted and informatic	on and materials they sho	uld include:				
	o the form in which applications should be	IIJSIIIIUIIII UIIA POMINUULE	m and materials tiley SIII	rate microde,				
-	c Any submission deadlines:							
•	o, Japiniosion vodomios.							
_,	A Any restrictions or limitations on awards	such as hy dendraphical	areas charitable fields k	inde of inetitution	one or of	her factors		

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Total

Part XV-A	Analysis	of Income-	Producing	Activities
-----------	----------	------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a					
b					
6					
d			1		
0					
ř —					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	12,534.	
4 Dividends and interest from securities	9				
5 Net rental income or (loss) from real estate:			I Ritt	SVEREN AMERICA	
Debt-financed property					·
b Not debt-financed property					
6 Net rental income or (loss) from personal property	:				
7 Other investment income					-
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
4					
b					
c					
d			Т		
6				9	
12 Subtotal, Add columns (b), (d), and (e)		0	100	12,534.	0.
13 Total. Add line 12, columns (b), (d), and (e)			A. 100 H. 2017		
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
323621 12-20-	-23 Form 990-PF (2	2023)

	24/22				
		_ 4			
Sign Here	Under penalties of perjury, I declare that I have examined the and belief, It is true, correct, and complete. Declaration of purpose the suppose of the supp	oreparer (other than taxpayer) is based on	all information of whi	ch preparer has any knowledge. Sident	May the IRS discuss this return with the preparer shown below? See inst. X Yes No
			- T		Torus
	Frint/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
Paid	Melissa Magoon, CPA	Melissa Magoon	C 10/1		P01712842
Prepa Use 0		cNeil & Parker,	LLC	Firm's EIN 01	L-0523282
	Firm's address 2211 Congres	ss St		4	
	Portland, ME	E 04102		Phone no. (2	207)775-2387
			·		Form 990-PF (2023)

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	Health Strategies of New Hampshire, Inc. 20-8632971
Organization type (chec	:k 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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; EZ, line 1. Complete Parts I and II.
contributor, dui	ation described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering to line) instead of the contributor name and address), II, and III.
year, contribution is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 illing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

Health Strategies of New Hampshire, Inc.

20-8632971

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Endowment for Health, Inc. One Pillsbury Street, Suite 301 Concord, NH 03301	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

Name of organization

Employer identification number

Health Strategies of New Hampshire, Inc.

20-8632971

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		**************************************	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- $ $		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
453 12-26-2	23		Schedule B (Form 990) (20

Name of organization **Employer identification number** Health Strategies of New Hampshire, Inc. 20-8632971

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

323454 12-26-23

Form 990-PF Interest on Savi	ngs and Tem	porary Cas	h Investme	nts S	tatement 1	
Source	(a Reve Per B	nue Ne	(b) t Investme Income		(c) Adjusted Wet Income	
Ledyard Bank Operating Acct	1	2,534.	12,534.		12,534.	
Total to Part I, line 3	1	12,534.		12,534. 12,		
Form 990-PF	Accounti	ng Fees	<u> </u>	S	tatement 2	
Description	(a) Expenses Per Books	(b) Net Inves ment Inco) sted ncome	(d) Charitable Purposes	
Accounting Services	4,085.		0.	0.	4,085.	
To Form 990-PF, Pg 1, ln 16b	4,085.		0.	0.	4,085.	
_						
Form 990-PF O	ther Profes	sional Fee	es	S	tatement 3	

Form 990-PF	Other Profes	sional Fees	St	tatement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Research Consultants	75,945.	0.	0.	75,945.
Project Support	81,924.	0.	0.	79,211.
Technical Assistance	8,692.	0.	0.	8,692.
Facilitators	39,017.	0.	0.	43,017.
Interpreter Services	11,871.	0.	0.	12,226.
Public Policy Consultant	5,198.	0.	0.	4,380.
Advisor	14,865.	0.	0.	15,790.
Training	2,026.	0.	0.	2,026.
To Form 990-PF, Pg 1, ln 166	239,538.	0.	0.	241,287.

Form 990-PF	Taxes		Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Tax	13.	0.	0.	0.	
To Form 990-PF, Pg 1, ln 18	13.		0.	0.	
Form 990-PF	Other Expenses		Statement 5		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Supplies Fees Communications Speaker Community Outreach	990. 174. 65,203. 5,700. 17,550.	0. 0. 0.	0. 0. 0. 0.	990. 174. 60,787. 5,700. 17,550.	
To Form 990-PF, Pg 1, ln 23	89,617.	0.	0.	85,201.	

Form 990-PF Other Liabilitie	es	Statement 6	
Description	BOY Amount	EOY Amount	
Credit Card Payable	672.	0.	
Total to Form 990-PF, Part II, line 22	672.	0.	

Form 990-PF P		of Officers, Dir Foundation Manag		State	ement 7
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Yvonne Goldsberry One Pillsbury Stree Concord, NH 03301	t, Suite 301	President 1.00	. 0.	0.	0.
Susan Fulton One Pillsbury Stree Concord, NH 03301	t, Suite 301	CFO 1.00	0.	0.	0.
Maria Padin One Pillsbury Stree Concord, NH 03301	t, Suite 301	Board Chair 0.50	0.	0.	0.
Chris Mathews One Pillsbury Stree Concord, NH 03301	t, Suite 301	Vice Chair 0.50	0.	0.	0.
Stephen Lawlor One Pillsbury Stree Concord, NH 03301	t, Suite 301	Treasurer 0.50	0.	0.	0.
Frances Strayer One Pillsbury Stree Concord, NH 03301	t, Suite 301	Secretary 0.50	0.	0.	0.
Marie Ramas One Pillsbury Stree Concord, NH 03301	t, Suite 301	At-large member 0.50	0.	0.	0.
Betsy Paine One Pillsbury Stree Concord, NH 03301	t, Suite 301	Past Board Chai	ir 0.	0.	0.
Totals included on	990-PF, Page 6	, Part VII	0.	0.	0.

Form 990-PF Summary of Direct Charitable Activities	Statement 8
Activity One	
Collaborating with community partners to build health policy capacity in NH. Change public perceptions and values by advancing a multi-year campaign to foster shared purpose, mutual understanding, and respectful dialogue on important issues affecting Granite Staters. Engaging a wide range of individuals and organizations to build a movement for more equitable opportunity, and to change the public discourse to	
focus on possibilities and real solutions.	
	Expenses
To Form 990-PF, Part VIII-A, line 1	167,133.
Form 990-PF Summary of Direct Charitable Activities	Statement 9
Activity Two	
Supporting early childhood and children's behavioral health by promoting fair and just opportunities for all children and amplifying diverse voices and perspectives to co-create solutions to challenges identified by New Hampshire families of color.	
	Expenses
To Form 990-PF, Part VIII-A, line 2	113,207
Form 990-PF Summary of Direct Charitable Activities	Statement 10
Activity Three	
Advancing health and equity for racial, ethnic and language minorities in New Hampshire using a collective impact approach. Solving complex social problems by convening stakeholders, providing technical assistance, and supporting and expanding communication.	
	Expenses
To Form 990-PF, Part VIII-A, line 3	54,914
	