

Form **990-PF****Return of Private Foundation**

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

OMB No 1545-0052

**2018**

Open to Public Inspection

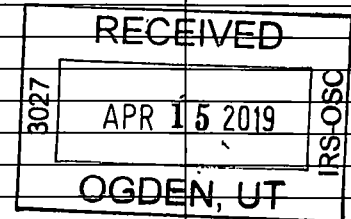
Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2018 or tax year beginning , and ending

Name of foundation <b>NEW HAMPSHIRE CHILDREN'S HEALTH FOUNDATION</b>		A Employer identification number <b>02-0497577</b>						
Number and street (or P.O. box number if mail is not delivered to street address) <b>49 SOUTH MAIN STREET</b>		B Telephone number <b>603-229-3260</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: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input checked="" type="checkbox"/> Name change</td> </tr> </table>		<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 checked="" 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"/>
<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 checked="" type="checkbox"/> Name change							
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>25,381,351.</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____								

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)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		707,031.	707,031.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		113,161.			
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			113,161.		
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		39,137.	12,500.		STATEMENT 2
12 Total. Add lines 1 through 11		859,329.	832,692.		
13 Compensation of officers, directors, trustees, etc		155,634.	0.		152,523.
14 Other employee salaries and wages		138,146.	0.		143,628.
15 Pension plans, employee benefits		14,594.	0.		14,594.
16a Legal fees STMT 3		769.	0.		769.
b Accounting fees STMT 4		14,925.	0.		14,925.
c Other professional fees					
17 Interest					
18 Taxes STMT 5		35,256.	0.		20,904.
19 Depreciation and depletion		3,242.	0.		
20 Occupancy		27,881.	0.		27,881.
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 6		270,113.	115,111.		152,280.
24 Total operating and administrative expenses Add lines 13 through 23		660,560.	115,111.		527,504.
25 Contributions, gifts, grants paid		798,097.			663,970.
26 Total expenses and disbursements. Add lines 24 and 25		1,458,657.	115,111.		1,191,474.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-599,328.			
b Net investment income (if negative, enter -0-)			717,581.		
c Adjusted net income (if negative, enter -0-)				N/A	



SCANNED MAY 16 2019

 OK 013252C  
 0423210807 APR 26 2019  
 Operating and Administrative Expenses

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<b>Part II Balance Sheets</b>		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
<b>Assets</b>	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		131,215.	187,239.	187,239.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	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				
	10a	Investments - U.S. and state government obligations <b>STMT 8</b>		2,337,071.	3,781,652.	3,781,652.
	b	Investments - corporate stock				
	c	Investments - corporate bonds <b>STMT 9</b>		3,253,787.	4,156,360.	4,156,360.
	11	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other <b>STMT 10</b>		20,833,066.	16,928,136.	16,928,136.	
14	Land, buildings, and equipment: basis ▶ <b>21,291.</b>					
	Less: accumulated depreciation ▶ <b>14,678.</b>		9,855.	6,613.	6,613.	
15	Other assets (describe ▶ <b>STATEMENT 11</b> )		312,581.	321,351.	321,351.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		26,877,575.	25,381,351.	25,381,351.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		44,474.	60,830.	
	18	Grants payable		374,094.	408,221.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ <b>STATEMENT 12</b> )		13,063.	0.	
	23	<b>Total liabilities</b> (add lines 17 through 22)		431,631.	469,051.	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> <b>X</b> and complete lines 24 through 26, and lines 30 and 31.					
	24	Unrestricted		26,435,944.	24,912,300.	
	25	Temporarily restricted		10,000.	0.	
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b>		26,445,944.	24,912,300.	
	31	<b>Total liabilities and net assets/fund balances</b>		26,877,575.	25,381,351.	

**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 30 (must agree with end-of-year figure reported on prior year's return)	1	26,445,944.
2	Enter amount from Part I, line 27a	2	-599,328.
3	Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 7</b>	3	100,105.
4	Add lines 1, 2, and 3	4	25,946,721.
5	Decreases not included in line 2 (itemize) ▶ <b>UNREALIZED LOSSES ON INVESTMENTS</b>	5	1,034,421.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	24,912,300.

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**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 VARIOUS GAINS AND LOSSES FROM STATEMENT A</b>			
<b>b</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>			<b>113,161.</b>
<b>b</b>			
<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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			<b>113,161.</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

2 Capital gain net income or (net capital loss)	2	
<div style="display: flex; justify-content: space-between;"> <span>{ If gain, also enter in Part I, line 7</span> <span>{ If (loss), enter -0- in Part I, line 7</span> </div>		<b>113,161.</b>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	3	
<div style="display: flex; justify-content: space-between;"> <span>{ If gain, also enter in Part I, line 8, column (c).</span> <span>{ If (loss), enter -0- in Part I, line 8</span> </div>		<b>N/A</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,270,796.	25,720,449.	.049408
2016	1,202,521.	24,378,346.	.049327
2015	1,182,332.	23,957,671.	.049351
2014	1,119,018.	23,610,625.	.047395
2013	1,163,446.	22,289,325.	.052197

2 Total of line 1, column (d)	2	
		<b>.247678</b>
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
		<b>.049536</b>
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
		<b>26,617,672.</b>
5 Multiply line 4 by line 3	5	
		<b>1,318,533.</b>
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
		<b>7,176.</b>
7 Add lines 5 and 6	7	
		<b>1,325,709.</b>
8 Enter qualifying distributions from Part XII, line 4	8	
		<b>1,191,474.</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

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

<p><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)</p> <p><b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b</p> <p><b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).</p>	1	14,352.
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
<b>3</b> Add lines 1 and 2	3	14,352.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	14,352.
<b>6</b> Credits/Payments:		
<p><b>a</b> 2018 estimated tax payments and 2017 overpayment credited to 2018</p> <p><b>b</b> Exempt foreign organizations - tax withheld at source</p> <p><b>c</b> Tax paid with application for extension of time to file (Form 8868)</p> <p><b>d</b> Backup withholding erroneously withheld</p>	6a 6b 6c 6d	16,000. 0. 0. 0.
<b>7</b> Total credits and payments. Add lines 6a through 6d	7	16,000.
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,648.
<b>11</b> Enter the amount of line 10 to be: Credited to 2019 estimated tax <span style="float:right">1,648.</span> Refunded <span style="float:right">0.</span>	11	0.

**Part VII-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?	1a		X
<b>1b</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 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
<b>c</b> Did the foundation file Form 1120-POL for this year?	1c		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <span style="float:right">\$ 0.</span> (2) On foundation managers. <span style="float:right">\$ 0.</span>			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <span style="float:right">\$ 0.</span>			
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
<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	3		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
<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?	6		X
<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 XV	7	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <span style="float:right">NH</span>			
<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 General Instruction G? If "No," attach explanation	8b	X	
<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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.NHCHILDRENSHEALTHFOUNDATION.ORG</b>	X	
14 The books are in care of <b>GAIL GARCEAU</b> Telephone no. <b>603-229-3260</b> Located at <b>49 SOUTH MAIN STREET, NO 204, CONCORD, NH</b> ZIP+4 <b>03301</b>		
15 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 <b>15</b>	N/A	
16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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. Organizations relying on a current notice regarding disaster assistance, check here <b>N/A</b>	1b	
c 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 2018?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement - see instructions.) <b>N/A</b>	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) <b>N/A</b>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2018?	4b	X

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**Part VII-B. Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

	Yes	No
<b>5a</b> 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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</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 Organizations relying on a current notice regarding disaster assistance, check here	N/A	
<b>c</b> 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<b>X</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII. 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		144,603.	7,230.	3,801.

**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
MS. PATTI BAUM - RESIDENT OF CONCORD, NH, CONCORD, NH 03301	PROGRAM OFFICER 37.50	101,791.	5,090.	14,269.

Total number of other employees paid over \$50,000

0

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**Part VIII 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
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-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 N/A	
2	
3	
4	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	26,519,221.
b	Average of monthly cash balances	1b	182,460.
c	Fair market value of all other assets	1c	321,336.
d	<b>Total</b> (add lines 1a, b, and c)	1d	27,023,017.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	27,023,017.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	405,345.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,617,672.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	1,330,884.

**Part XI 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.)

1	Minimum investment return from Part X, line 6	1	1,330,884.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	14,352.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	14,352.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,316,532.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,316,532.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,316,532.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,191,474.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,191,474.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	1,191,474.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,316,532.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			1,140,693.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ► \$ 1,191,474.				
a Applied to 2017, but not more than line 2a			1,140,693.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				50,781.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				1,265,751.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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N/A

- b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☒ 4942(j)(5)

- b 85% of line 2a

- d** Amounts included in line 2c not used directly for active conduct of exempt activities

- Subtract line 2d from line 2c

- a "Assets" alternative test - enter:

- (1) Value of all assets

- (2) Value of assets qualifying under section 4942(j)(3)(B)(i)**

- b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

- 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)

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

- (3) Largest amount of support from an exempt organization

- (4) Gross investment income

## 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).)

**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.

**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:

MS. PATTI BAUM, 603-229-3260

49 SOUTH MAIN STREET, SUITE 204, CONCORD, NH 03301

- b The form in which applications should be submitted and information and materials they should include:**

## FORMAL APPLICATION FORM

- c Any submission deadlines:**

NONE CURRENTLY

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

RESTRICTED TO THE GENERAL MISSION OF THE FOUNDATION.

**NEW HAMPSHIRE CHILDREN'S HEALTH  
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**Part XV 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)				
a Paid during the year				
ANTIOCH UNIVERSITY NEW ENGLAND 40 AVON STREET KEENE, NH 03431-3516	NONE	NC	TO BUILD A STRONG ADMINISTRATIVE, SUPERVISORY, AND CLINICAL NETWORK OF CHILD PARENT	29,909.
ANTIOCH UNIVERSITY NEW ENGLAND 40 AVON STREET KEENE, NH 03431-3516	NONE	NC	TO COMPLETE TWO CHILD PARENT PSYCHOTHERAPY TRAININGS FOR UP TO 30 EARLY CHILDHOOD MENTAL HEALTH CLINICIANS.	29,940.
COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY P.O. BOX 160 DOVER, NH 03821-0160	NONE	NC	FOR STARTUP COSTS TO EXPAND SUMMER MEALS PROGRAM.	29,667.
COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC. P.O. BOX 1016 CONCORD, NH 03302	NONE	NC	TO UPDATE COMMUNICATION VEHICLES (VIDEOS, SOCIAL MEDIA PRESENCE, ETC.) TO BETTER SERVE/REACH WIC	15,000.
EARLY LEARNING NH 2 DELTA DRIVE CONCORD, NH 03301	NONE	NC	TO PROVIDE GENERAL OPERATING SUPPORT FOR THE GOVERNOR'S CHILDREN'S CABINET, SPARK NH, TO ADDRESS	30,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				663,970.
b Approved for future payment				
NEW FUTURES 10 FERRY STREET, SUITE 307 CONCORD, NH 03301	NONE	NC	TO BUILD LOCAL LEVEL ADVOCACY CAPACITY TO ADVANCE EARLY CHILDHOOD AND RELATED EFFORTS, AND DEVELOP	405,000.
NH PUBLIC HEALTH ASSOCIATION 4 PARK STREET, SUITE 403 CONCORD, NH 03301	NONE	NC	TO INCREASE THE NUMBER OF EFFECTIVE BI-DIRECTIONAL PCP TO DENTIST REFERRALS BASED ON INCREASED	30,000.
Total ▶ 3b				435,000.

**NEW HAMPSHIRE CHILDREN'S HEALTH  
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**Part XV 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
FAMILIES IN TRANSITION 122 MARKET STREET MANCHESTER, NH 03101	NONE	NC	TO IMPLEMENT POLICY AND ENVIRONMENT CHANGES FOR GREATER UTILIZATION OF RESOURCES AND COST	30,000.
GRANITE YMCA 117 MARKET STREET MANCHESTER, NH 03104	NONE	NC	TO CONDUCT CATCH TRAINING FOR STAFF AND IMPLEMENT IN LOCAL AREA EARLY LEARNING CENTERS.	9,835.
HAVEN 20 INTERNATIONAL DRIVE, SUITE 300 PORTSMOUTH, NH 03801	NONE	NC	PILOT TO INCREASE KNOWLEDGE OF SIGNS OF CHILD ABUSE FOR PRESCHOOL AND DAYCARE STAFF AND PARENTS, AND	25,000.
JSI RESEARCH AND TRAINING 501 SOUTH STREET, 2ND FLOOR BOW, NH 03304	NONE	NC	ESTABLISH AND FACILITATE AN ADVISORY COMMITTEE THAT WILL RESEARCH PRACTICES TO IMPROVE NH'S CAPACITY	30,000.
MANCHESTER COMMUNITY HEALTH CENTER 145 HOLLIS STREET MANCHESTER, NH 03101	NONE	NC	TO SUPPORT THE ADVERSE CHILDHOOD EXPERIENCE RESPONSE TEAM TO CONNECT CHILDREN EXPOSED TO VIOLENCE.	50,000.
NEW FUTURES 10 FERRY STREET, SUITE 307 CONCORD, NH 03301	NONE	NC	TO PROVIDE SUPPORT FOR THE NH ADVOCACY HUB.	135,000.
NH FISCAL POLICY INSTITUTE 64 NORTH MAIN STREET, 2ND FLOOR CONCORD, NH 03301	NONE	NC	TO CONDUCT STATE-LEVEL POLICY ANALYSIS TO INFORM CHILDREN'S HEALTH INSURANCE BENEFITS, AND FOOD	15,000.
NH PUBLIC HEALTH ASSOCIATION 4 PARK STREET, SUITE 403 CONCORD, NH 03301	NONE	NC	FOR GENERAL OPERATING SUPPORT TO CONVEY, FACILITATE, SUPPORT, AND EDUCATE PROVIDERS, POLICY-MAKERS, AND THE	27,000.
NORTH COUNTRY EDUCATION SERVICES 300 GORHAM HILL ROAD GORHAM, NH 03581	NONE	NC	TO BUILD KNOWLEDGE OF TRAUMA-INFORMED CARE (TIC) FOR A RANGE OF PROFESSIONALS WORKING WITH YOUNG CHILDREN.	30,000.
NORTH COUNTRY HEALTH CONSORTIUM 262 COTTAGE STREET, SUITE 230 LITTLETON, NH 03561	NONE	NC	TO ADDRESS THE GAP IN ACCESS TO ORAL HEALTH TREATMENT BY PROVIDING SCREENING AND REFERRAL SERVICES FOR CHILDREN	30,000.
<b>Total from continuation sheets</b>				<b>529,454.</b>

**NEW HAMPSHIRE CHILDREN'S HEALTH  
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**Part XV 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
PROGRESSNOW EDUCATION 4 PARK STREET, SUITE 207 CONCORD, NH 03301	NONE	NC	CONDUCT OUTREACH AND EDUCATION CAMPAIGN UTILIZING MULTIPLE SOCIAL MEDIA CHANNELS DURING ACA OPEN	25,000.
SEACOAST EAT LOCAL 2 WASHINGTON STREET, SUITE 331 DOVER, NH 03820	NONE	NC	TO INCREASE ACCESS TO LOCAL HEALTHY FOOD FOR SNAP PARTICIPANTS.	25,510.
STRAFFORD REGIONAL PLANNING COMMISSION 150 WAKEFIELD STREET, SUITE 12 ROCHESTER, NH 03867	NONE	NC	INFORM ACTIVE LIVING POLICIES AND PROJECTS FOR IMPLEMENTATION IN LOCAL PLANNING PROCESSES.	30,000.
UNH CARSEY SCHOOL OF PUBLIC POLICY HUDDLESTON HALL, 73 MAIN STREET DURHAM, NH 03824	NONE	NC	TO UPDATE THE 2012 RESEARCH BRIEF ON NH FOOD INSECURITY TO INCLUDE MAPS AND DISCUSSION OF	21,609.
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	NONE	NC	TO PROMOTE ACCESS TO HEALTHY AFFORDABLE FOODS TO 250-400 LOW-INCOME CHILDREN AND THEIR FAMILIES BY	25,500.
WILLING HANDS P.O. BOX 172 LEBANON, NH 03766	NONE	NC	FOR VOLUNTEER COORDINATION AND MANAGEMENT.	20,000.
<b>Total from continuation sheets</b>				

Part XV Supplementary Information

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

NAME OF RECIPIENT - ANTIOCH UNIVERSITY NEW ENGLAND

TO BUILD A STRONG ADMINISTRATIVE, SUPERVISORY, AND CLINICAL NETWORK OF  
CHILD PARENT PSYCHOTHERAPY PROVIDERS THROUGHOUT NH TO SUPPORT DELIVERY  
OF THE MODEL WITH FIDELITY.

NAME OF RECIPIENT - COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES,  
INC.

TO UPDATE COMMUNICATION VEHICLES (VIDEOS, SOCIAL MEDIA PRESENCE, ETC.)  
TO BETTER SERVE/REACH WIC PARTICIPANTS.

NAME OF RECIPIENT - EARLY LEARNING NH

TO PROVIDE GENERAL OPERATING SUPPORT FOR THE GOVERNOR'S CHILDREN'S  
CABINET, SPARK NH, TO ADDRESS THE HEALTH, EDUCATION AND  
SOCIAL/EMOTIONAL WELL-BEING OF NH'S CHILDREN, AGES 0-8.

NAME OF RECIPIENT - FAMILIES IN TRANSITION

TO IMPLEMENT POLICY AND ENVIRONMENT CHANGES FOR GREATER UTILIZATION OF  
RESOURCES AND COST SAVINGS.

NAME OF RECIPIENT - HAVEN

PILOT TO INCREASE KNOWLEDGE OF SIGNS OF CHILD ABUSE FOR PRESCHOOL AND  
DAYCARE STAFF AND PARENTS, AND IMPLEMENT AN AGE-APPROPRIATE  
MODIFICATION OF SAFE KIDS STRONG TEENS PROGRAM FOR PRESCHOOL AGE  
CHILDREN.

NAME OF RECIPIENT - JSI RESEARCH AND TRAINING

ESTABLISH AND FACILITATE AN ADVISORY COMMITTEE THAT WILL RESEARCH  
PRACTICES TO IMPROVE NH'S CAPACITY OF BEHAVIORAL HEALTH/TRAUMA RECOVERY

Part XV Supplementary Information

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

SERVICES FOR CHILDREN WHO HAVE EXPERIENCED ABUSE.

NAME OF RECIPIENT - NH FISCAL POLICY INSTITUTE

TO CONDUCT STATE-LEVEL POLICY ANALYSIS TO INFORM CHILDREN'S HEALTH  
INSURANCE BENEFITS, AND FOOD INSECURITY/SNAP BENEFIT POLICY PLANNING.

NAME OF RECIPIENT - NH PUBLIC HEALTH ASSOCIATION

FOR GENERAL OPERATING SUPPORT TO CONVENE, FACILITATE, SUPPORT, AND  
EDUCATE PROVIDERS, POLICY-MAKERS, AND THE PUBLIC ON THE STATUS AND  
ADVANCEMENT OF ORAL HEALTH WITHIN OUR STATE AND NATIONAL ENVIRONMENTS.

NAME OF RECIPIENT - NORTH COUNTRY HEALTH CONSORTIUM

TO ADDRESS THE GAP IN ACCESS TO ORAL HEALTH TREATMENT BY PROVIDING  
SCREENING AND REFERRAL SERVICES FOR CHILDREN THROUGH AGE 5, WHO ATTEND  
HEAD START PROGRAMS IN THE AREA.

NAME OF RECIPIENT - PROGRESSNOW EDUCATION

CONDUCT OUTREACH AND EDUCATION CAMPAIGN UTILIZING MULTIPLE SOCIAL MEDIA  
CHANNELS DURING ACA OPEN ENROLLMENT PERIOD.

NAME OF RECIPIENT - UNH CARSEY SCHOOL OF PUBLIC POLICY

TO UPDATE THE 2012 RESEARCH BRIEF ON NH FOOD INSECURITY TO INCLUDE MAPS  
AND DISCUSSION OF GEOGRAPHIC TRENDS.

NAME OF RECIPIENT - VITAL COMMUNITIES

TO PROMOTE ACCESS TO HEALTHY AFFORDABLE FOODS TO 250-400 LOW-INCOME  
CHILDREN AND THEIR FAMILIES BY CONNECTING THOSE TO THE NEAREST FARMERS'  
MARKET OR FARM STAND OFFERING EBT REDEMPTION.

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<b>Part XV</b>	<b>Supplementary Information</b>
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### 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution



NEW HAMPSHIRE CHILDREN'S HEALTH  
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Part XV Supplementary Information

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

NAME OF RECIPIENT - NEW FUTURES

TO BUILD LOCAL LEVEL ADVOCACY CAPACITY TO ADVANCE EARLY CHILDHOOD AND  
RELATED EFFORTS, AND DEVELOP AND ENHANCE ADVOCACY LEADERSHIP CAPACITY  
ACROSS NH NONPROFIT ORGANIZATIONS.

NAME OF RECIPIENT - NH PUBLIC HEALTH ASSOCIATION

TO INCREASE THE NUMBER OF EFFECTIVE BI-DIRECTIONAL PCP TO DENTIST  
REFERRALS BASED ON INCREASED ORAL HEALTH KNOWLEDGE, RELATIONSHIPS, AND  
REFERRAL MECHANISMS.

## Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations.)

[illegible]

**NEW HAMPSHIRE CHILDREN'S HEALTH  
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**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:		
<b>(1)</b> Cash	<b>1a(1)</b>	<b>X</b>
<b>(2)</b> Other assets	<b>1a(2)</b>	<b>X</b>
<b>b</b> Other transactions:		
<b>(1)</b> Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	<b>X</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	<b>X</b>
<b>(3)</b> Rental of facilities, equipment, or other assets	<b>1b(3)</b>	<b>X</b>
<b>(4)</b> Reimbursement arrangements	<b>1b(4)</b>	<b>X</b>
<b>(5)</b> Loans or loan guarantees	<b>1b(5)</b>	<b>X</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	<b>X</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	<b>X</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		<b>N/A</b>	

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				May the IRS discuss this return with the preparer shown below? See instr <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee <i>Gail M. Garceau</i>	Date <i>4-9-19</i>	Title <b>PRESIDENT</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SHAUNA BROWN, CPA</b>	Preparer's signature <i>Shauna Brown</i>	Date <i>4/1/19</i>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01390350</b>
	Firm's name <b>▶ LEONE, MCDONNELL &amp; ROBERTS, P.A.</b>			Firm's EIN <b>▶ 02-0417217</b>	
	Firm's address <b>▶ 5 NELSON STREET DOVER, NH 03820-3714</b>			Phone no. <b>(603)-749-2700</b>	

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FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT AND CHECKING ACCOUNT	707,031.	0.	707,031.	707,031.	
TO PART I, LINE 4	707,031.	0.	707,031.	707,031.	

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FORM 990-PF OTHER INCOME STATEMENT 2

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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME ON THE NH COMMUNITY LOAN FUND	12,500.	12,500.	
OTHER INCOME	26,637.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	39,137.	12,500.	

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FORM 990-PF LEGAL FEES STATEMENT 3

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	769.	0.		769.
TO FM 990-PF, PG 1, LN 16A	769.	0.		769.

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDIT FEES	14,925.	0.		14,925.
TO FORM 990-PF, PG 1, LN 16B	14,925.	0.		14,925.

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FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	14,352.	0.		0.
PAYROLL TAXES	20,904.	0.		20,904.
TO FORM 990-PF, PG 1, LN 18	35,256.	0.		20,904.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES, MEMBERSHIP AND SUBSCRIPTION FEES	4,995.	0.		4,995.
INVESTMENT FEES	115,111.	115,111.		0.
INSURANCE EXPENSE	11,685.	0.		11,685.
OFFICE EXPENSE	4,194.	0.		4,194.
TELEPHONE	4,625.	0.		4,625.
UTILITIES	306.	0.		306.
PROGRAM INITIATIVE				
CONSULTING FEES	48,033.	0.		48,033.
COMMUNICATIONS	43,834.	0.		43,834.
CONFERENCES, MEETINGS AND TRAVEL	26,936.	0.		26,936.
TECHNICAL SUPPORT	4,375.	0.		4,375.
OTHER EXPENSES	4,527.	0.		1,805.
PAYROLL SERVICE FEES	1,492.	0.		1,492.
TO FORM 990-PF, PG 1, LN 23	270,113.	115,111.		152,280.

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FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
UNUSED AND UNPAID GRANTS AWARDED IN PRIOR YEARS	100,000.
UNUSED AND RETURNED GRANTS AWARDED IN PRIOR YEARS	105.
TOTAL TO FORM 990-PF, PART III, LINE 3	100,105.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US GOVERNMENT & AGENCY BONDS	X		3,781,652.	3,781,652.
TOTAL U.S. GOVERNMENT OBLIGATIONS			3,781,652.	3,781,652.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			3,781,652.	3,781,652.

FORM 990-PF CORPORATE BONDS STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	4,156,360.	4,156,360.
TOTAL TO FORM 990-PF, PART II, LINE 10C	4,156,360.	4,156,360.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	FMV	15,325,779.	15,325,779.
PRIVATE EQUITY	FMV	725,829.	725,829.
FIXED INDEX ANNUITY	FMV	876,528.	876,528.
TOTAL TO FORM 990-PF, PART II, LINE 13		16,928,136.	16,928,136.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST REC, PREPAIDS AND OTHER ASSETS	62,581.	69,703.	69,703.
PROGRAM RELATED INVESTMENT - LOAN RECEIVABLE, COMMUNITY LOAN FUND	250,000.	250,000.	250,000.
FEDERAL EXCISE TAX RECEIVABLE	0.	1,648.	1,648.
TO FORM 990-PF, PART II, LINE 15	312,581.	321,351.	321,351.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	12
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
FEDERAL EXCISE TAX PAYABLE	13,063.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22	13,063.	0.

FORM 990-PF

PART VIII - 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
MS. GAIL GARCEAU RESIDENT OF BEDFORD, NH BEDFORD, NH 03110	PRESIDENT 37.50	144,603.	7,230.	3,801.
MS. PAMELA BROWN RESIDENT OF MOULTONBOROUGH, NH MOULTONBOROUGH, NH 03031	TREASURER 0.50	0.	0.	0.
MR. JOHN HUNT RESIDENT OF RINDGE, NH RINDGE, NH 03461	DIRECTOR 0.50	0.	0.	0.
MS. BOBBIE BAGLEY RESIDENT OF LONDONDERRY, NH LONDONDERRY, NH 03053	DIRECTOR 0.50	0.	0.	0.
MR. MATTHEW BOYLE RESIDENT OF CONTOOCOOK, NH CONTOOCOOK, NH 03229	DIRECTOR 0.50	0.	0.	0.
MS. ALISA DRUZBA RESIDENT OF CONCORD, NH CONCORD, NH 03301	DIRECTOR 0.50	0.	0.	0.
MS. MEL GOSSELIN RESIDENT OF MANCHESTER, NH MANCHESTER, NH 03109	DIRECTOR 0.50	0.	0.	0.
DR. BENJAMIN CHAN RESIDENT OF LEBANON, NH LEBANON, NH 03766	DIRECTOR 0.50	0.	0.	0.
MS. KATHY CROMPTON RESIDENT OF NEWFIELDS, NH NEWFIELDS, NH 03856	CHAIR 0.50	0.	0.	0.
DR. STEVEN A. PARIS RESIDENT OF BEDFORD, NH BEDFORD, NH 03110	SECRETARY 0.50	0.	0.	0.
MR. THOMAS A. CLAIRMONT RESIDENT OF BELMONT, NH BELMONT, NH 03220	VICE CHAIR 0.50	0.	0.	0.



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MS. LIŞA KAPLAN HOWE RESIDENT OF MANCHESTER, NH MANCHESTER, NH 03104	DIRECTOR 0.50	0.	0.	0.
DR. KATHLEEN THIES RESIDENT OF BEDFORD, NH BEDFORD, NH 03110	DIRECTOR 0.50	0.	0.	0.
MS. DEBORAH FOURNIER RESIDENT OF EXETER, NH EXETER, NH 03833	DIRECTOR 0.50	0.	0.	0.
DR. BARBARA WAUCHOPE RESIDENT OF LEE, NH LEE, NH 03861	DIRECTOR 0.50	0.	0.	0.
MR. ROLAND LAMY, JR. RESIDENT OF BOW, NH BOW, NH 03304	DIRECTOR 0.50	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

144,603.	7,230.	3,801.
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